



Jersey Care  
Commission

## **INSPECTION REPORT**

**Tutela Jersey Limited**

**Home Care Service**

**Ground Floor  
CTV House  
La Pouquelaye  
St Helier  
JE2 3TP**

**8, 9 November & 9 December 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 Tutela Jersey Ltd (Tutela). The service is situated in the parish of St Helier within a commercial property which provides offices to multiple businesses. Tutela provide an Island wide service which ranges from a few hours per week, to the provision of 24-hour care in a person's own home.

The service became registered with the Commission on 9 August 2019.

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| Regulated Activity         | Home care service  |
| Conditions of Registration | <u>Mandatory</u><br><br>Type of care: personal care, personal support<br><br>Category of care: Old Age, Dementia Care, Physical Disability, Mental Health, Learning Disability, Autism, Substance Misuse<br><br>Maximum number of personal care / personal support hours: 2500+ hours per week<br><br>Age range of care receivers: 16 years 8 months and over<br><br><u>Discretionary</u><br><br>Tutela Jersey Ltd may not provide a care package to any care receiver other than those to |

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|   | whom it already provides support. This condition is to remain active until such time as the Commission is satisfied that it need no longer apply. |
| Dates of Inspection   | 8, 9 November & 9 December 2022   |
| Times of Inspection   | 10am to 4:30pm, 10am to 4:30pm and 4:30pm to 6pm  |
| Type of Inspection  | Announced   |
| Number of areas for improvement   | Nine  |
| Number of care receivers using the service on the day of the inspection | 62  |

The Home Care Service is operated by Tutela Jersey Ltd and the Registered Manager is Martin Shotbolt.

Since the last inspection on 16 and 18 May 2022, the Commission held a formal meeting with the Registered Manager and the Human Resources (HR) & Operations Manager on 5 October 2022. The purpose of this meeting was to discuss concerns raised following safeguarding alerts that had been brought to the Commission's attention. As a result, actions were identified relating to Tutela's responsibilities as a regulated service.

A letter detailing all the actions required and timescales for completion was sent to the Provider on 6 October. Notification was also given of the Commission's intention to conduct an inspection in November 2022.

A discretionary condition on the service's registration was proposed on the 29 November 2022 and came in to effect on 13 December 2022. The decision to impose this discretionary condition was a direct result of the findings of this inspection.

The Commission received a notification of absence of the Registered Manager in December 2022. The notification included details of the Registered Provider's arrangements to ensure that the service had a suitable interim management plan in place and the timescales for the proposed absence. As a result of this absence, the Registered Manager was not present for all of the inspection process.

An updated copy of the service's Statement of Purpose was submitted on 19 May 2022. This incorporated minor amendments identified as part of the previous 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.

Since the last inspection on 16 and 18 May 2022 where five areas of improvement were identified, Tutela have achieved the required improvements in two areas, with three remaining as areas for improvement. This relates to the induction, supervision and ongoing training opportunities for staff.

Feedback received from care receivers and their relatives was generally positive about the care and support that they receive and the staff teams who support them. This was also witnessed by one Regulation Officer who visited care receivers at home. However, some concern was expressed regarding the quality of service delivery and lack of knowledge and understanding of staff.

This was echoed in the views of professionals who expressed their concerns relating to a variety of issues which included staff training, lack of consistency within staff teams and the ongoing support for staff. Several professionals also identified issues with communication, failures to implement recommendations, or to seek advice and support from professionals when issues are identified.

Generally, staff reported that they felt supported in their roles. There was a commitment to providing support which is responsive to individual needs and preferences.

Staffing levels were identified as an area of concern with insufficient levels of contracted staff available, to meet the number of support hours required each week. This has resulted in some staff working excessive hours on a regular basis.

There were sufficient systems for reporting of incidents / accidents. However, there were multiple examples of under reporting of notifiable incidents to the Commission. It was also noted that there are no systems in place to monitor and audit incidents / accidents internally and poor recording of outcomes and actions taken following incidents.

There was a lack of governance systems and processes within the service. This included audit, quality assurance frameworks and alert systems. Governance frameworks provide the foundation upon which safe systems of working can be established. This is, therefore, a particular area for concern.

Regulation Officers identified that the growth of the service has been out of pace with the development of appropriate management structures and governance frameworks, leaving the service to rely upon informal practices. This was acknowledged by the Registered Manager. It is therefore essential that a development plan is put in place which identifies the actions required to improve and maintain safe and effective delivery of services.

There are nine areas for improvement made as a result of this inspection.

## INSPECTION PROCESS

This inspection was announced and was completed on 8, 9 November by two Regulation Officers. A further visit was undertaken on 9 December 2022 by one Regulation Officer for the purposes of reviewing training logs.

Notice of the inspection was given to the Registered Manager prior to the visit. This was to ensure that the Registered Manager and all other relevant members of the team would be available. The Registered Manager was not present for all of the inspection process.

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**
- **Management and review of service provision**

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, communication records, notification of incidents, safeguarding referrals and complaints.

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

During the inspection, the Regulation Officers spoke with the Registered Manager, Head of Human Resources (HR) & Operations manager, Client Coordinator, Finance Manager and the Information Technology (IT) Consultant.

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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/>

Arrangements were made to meet with two support workers and one care receiver at the Tutela offices. This took place at various times during the inspection process.

One Regulation Officer established contact with a further five care receivers to obtain their views on the care and support that they receive. This took place within the care receivers' own homes, with their prior consent. One further observational visit was made to monitor the delivery of care for a care receiver who was unable to provide verbal feedback.

The views of six family members and eleven professionals were also obtained as part of the inspection process. This was undertaken through a combination of e-mail, telephone and face to face contact.

During the inspection, records including policies, care records, training logs, incident reports, staffing rotas, complaints and governance processes were examined.

At the conclusion of the inspection, the Regulation Officers provided initial feedback to the Registered Manager, with written feedback being submitted to the Provider on 28 November 2022.

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, five 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 two of the improvements had been made. This means that there was evidence of written on-call procedures for care receivers and monthly reporting is now in place.

It was concerning to note that insufficient progress had been made to address three of the areas for improvement. This means that the Registered Provider has not met the Standards in relation to:

- The provision of regular formalised supervision for staff
- The provision of an induction policy and programme for new recruits which includes an assessment of competency
- A clearly defined mandatory training plan for staff which takes account of the categories of care provided by the service and ensures that staff have the relevant qualifications to undertake their roles and responsibilities.

The Regulation Officers acknowledged that some progress had been made in each of the areas; details of which will be included in the focused lines of enquiry below. However, there was insufficient evidence to establish the effectiveness of all the measures taken. It is also important to note that Tutela did not alert the Commission that they would not be able to meet completion dates set out in the previous inspection report.

At the time of inspection, the service was working towards reducing the number of support hours provided each week from 2589 hours to 2288 hours. This was in response to the actions identified by the Commission relating to Tutela's



responsibilities as a regulated service, which included insufficient staffing resources available to meet the volume of support hours required.

A total of 62 care receivers were being supported by the service. The size of packages ranged from a few hours per week, to 24-hour support within care receivers' own homes. There were 61 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.

## **Safety**

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| <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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Recruitment practices for the service were reviewed in relation to new recruits from May 2022. A total of 15 recruitment files were examined. All files were found to have all the necessary documentation in place and were compliant with the requirements of safe recruitment practices. Where additional measures were required, such as risk assessments all relevant information was found to be in place.

During the inspection process a concern was raised with Regulation Officers relating to Disclosure and Barring Service (DBS) checks for existing staff. During the third inspection visit, one Regulation Officer reviewed the file of an existing staff member. It was noted that the original DBS was missing from the file. However, there was evidence that steps had been taken retrospectively to correct this.

As a consequence, the Regulation Officer requested that an audit of all existing staff members DBS checks be undertaken and a time frame for completion was given. This information will be reviewed with the Provider out with the inspection process.

An examination of the current policies and procedures was undertaken by the Regulation Officers. The content was found to be satisfactory with references to key legislation and supporting agencies where appropriate. It was noted that the majority

of policies were due for review by the end of 2022. This was brought to the attention of the Registered Manager.

Tutela had received one informal complaint. Another complaint was raised via the Adult Social Care team which was reviewed by the relevant case coordinator. The Registered Manager was able to provide an account of the steps taken to resolve both matters. Regulation Officers also followed up with the case coordinator who confirmed the actions taken.

There have been two safeguarding alerts raised since the last inspection, both of which were ongoing at the time of the current inspection.

The service also provided details of two internal disciplinary procedures which had been dealt with under the relevant HR policies.

The Registered Manager made the Regulation Officers aware of a recent breach which had occurred in relation to a renewal of a Significant Restriction of Liberty (SROL) authorisation. Steps had been taken immediately to rectify the situation. A further six care receivers have been identified who require SROL's and applications have been made.

It was noted by Regulation Officers that there had been no submissions of notifiable incidents. A review of a sample of care receivers files determined that there were good internal reporting systems and staff were submitting regular reports. However, it was identified that a range of reports required notification to the Commission.

During discussions with senior members of staff and the Registered Manager it was evident that there was a lack of understanding of both the thresholds for reporting to the Commission and the process for doing so. This an area for improvement.

Prior to the inspection, the Commission raised concerns with Tutela regarding insufficient staffing resources to meet the requirements of the support hours to be delivered. This had resulted in staff regularly working beyond 48 hours per week, which is the maximum number of hours care / support staff are permitted to work, as set out in Standard 3.9 of the Home Care Standards.

There was evidence that there was a reliance upon senior staff who held office-based roles within the organisation to provide direct support. This resulted in their management / office based duties not being undertaken. There was also evidence that the service continued to consider the introduction of new packages of support. As a result, the Commission requested a reduction in the level of care hours provided to match the staffing hours available.

Progress was reviewed as part of the inspection process. It was noted that the required reductions had almost been met, with further reductions planned in the coming weeks. Due to the complex needs of some care receivers who require specialist support, there were areas of the service where staff continued to work excessive hours. It was acknowledged by the Regulation Officers that it will take time to recruit, train and induct staff with the correct skill set. This was discussed with the Tutela Director who accepted that further recruitment was required.

It was further noted that there is no mechanism in place for the service to regularly monitor and review support hours required against the number of contracted staffing hours available. Such a system would assist in ensuring that the service does not exceed capacity or overextend existing resources.

A review of the current support staff list and the hours they were employed to work was reviewed. It was noted that staff who were not available or did not provide direct support had been included. This was brought to the attention of the Director who amended the list upon request.

There remains a deficit between the contracted hours available and the hours of support required. It was noted that there was some improvement; however, more requires to be done to ensure a stable and consistent workforce. 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.

A sample of care plans and risk assessments were reviewed by the Regulation Officers. Care plans are detailed and some include direct quotations from care receivers about what they want to achieve from the support they receive. The strengths and needs of each individual are clearly defined and all plans link to relevant risk assessments that have been undertaken. There was also evidence of recent reviews.

During visits to care receivers' homes by one Regulation Officer, staff were witnessed utilising, and gave accounts of, the various communication methods used to ensure the people are involved in making choices about their support. This was an area of good practice.

One support worker was witnessed communicating with a care receiver using Makaton sign language. In another area, staff explained how they all use the same words and phrases when responding to a care receiver to provide continuity. This also prevents raising their anxiety.

One further example was given of an area of the service where a system of using emotion faces has been used to help determine a care receiver's satisfaction with the team who support them.

Packages of support are tailored to the needs of each individual and this determines what activities are undertaken. For care receivers living independently, the focus is more upon life skill development.

One care receiver described having assistance with cooking and cleaning on a weekly basis. For care receivers who have 24-hour packages of support there are timetables of activities in place. This includes indoor and outdoor activities, as well as support to attend college, work or voluntary placements.

For several of the visits made by one Regulation Officer; staff were supporting care receivers with complex needs. Teams demonstrated a commitment to working with care receivers to ensure positive outcomes and to support a valued presence within their local communities.

Tutela have a policy of allowing staff members to bring their dogs in to the work environment providing the appropriate risk assessments are in place. The Regulation Officer acknowledged the benefits to care receivers in some circumstances where consent can be given. However, further consideration must be given to allowing such activities where care receivers cannot give consent. This was acknowledged by the Director.

Staff spoken to during feedback were generally happy in their roles and felt supported. One staff member commented, "Tutela really support their staff".

Positive, friendly and professional attitudes were witnessed during visits to care receivers' homes. All reported that they would be confident to raise any concerns that they had with the management team.

Some inconsistencies in relation to staff experiences of induction and training were noted and this was reported back to the Director.

A common theme from feedback received from professionals and some relatives was a lack of consistent and open communication, delays in implementing agreed interventions, failing to keep relevant people informed of care receivers progress and a lack of recognition when support from professionals was required.

A professional and relative both gave an example of an agreement to supply a care receiver with a written apology following an issue which had arisen with their support. Despite agreement from Tutela and reminders from professionals, this was not undertaken. Other comments included,

*“Xxx was experiencing difficulties but there was no recognition that help was needed”.*

*“Advice was given but the team were not putting anything in place”.*

*“Promises were made but nothing came to fruition”.*

*“Communication was poor with the staff team and management”.*

*“If I had been made aware of the difficulties the service was facing, I would have understood but no-one got in touch”.*

*“Recommendations were made with no actions. This was despite monthly consultations with the team”.*

*“Communication with families is poor”.*

*“They are not voicing when they are struggling”.*

*“There is no acting on outcomes of reviews and communication is poor”.*

Partnership working with professionals and families is integral to the delivery of appropriate support for individuals. The service must be open and transparent when they are facing difficulties and embrace the support that is open to them from professionals and agencies. This is an area for improvement.

There was also a lot of positive feedback received from care receivers and relatives. Care receivers spoke positively of the staff who support them and positive interactions were witnessed by the Regulation Officer between staff and care receivers.

One care receiver spoke about the support not being quite right for them in the beginning but they worked with the Client Coordinator to get the right support team in place and things are now working very well. Other comments included,

*“The support I get is very good. I would recommend Tutela to others”*

*“I get to meet staff before they work with me and they always come with staff I know”.*

*“Staff respect me and listen to me”*

*“My team understand my needs and can pick up on signs that I need help”*

Generally, relatives spoke positively of the services provided and the relationship that they had with the staff teams. Comments from relatives included:

*“Tutela were key to getting and keeping Xxx into their own home”.*

*“I work alongside the team and I have so much faith in them because I have witnessed the good care given to Xxx”.*

*“Tutela are very brave in their approach, broad minded and person centred”.*

*“I am more than happy with the service. Nothing is too much trouble”.*

*“Xxx is very well placed”.*

*“I am quite happy; the team have listened to what I have to say”.*

## Training

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| <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 service has taken steps in the last few months to re-introduce an initial face to face induction session for staff, with the first session taking place in early November.

A new general induction booklet has been devised which covers topics such as, health and safety, safeguarding, care planning and promoting choice. Each section has provision for reflection on learning and requires review by a line manager.

Regulation Officers discussed with the Registered Manager the importance of incorporating a final review section which would capture staff and management comments and provide a review and sign off of the induction process.

Implementation of the new induction booklet had not yet commenced at the time of the inspection.

There is no consistent approach for induction of staff to their specific area of work and staff rely upon shadowing with more experienced staff members. Staff often work with care receivers who have complex needs and require specific support and interventions, it is therefore essential that there is a detailed and consistent approach to support. A comprehensive induction booklet was found to be in place within one area of service. This needs to be replicated in all areas to ensure that staff have a thorough introduction to their area of work. Provision of appropriate induction programmes for staff remains an area for improvement.

Progress in implementing regular supervision was reviewed. Discussion with the Registered Manager identified that there had been steps taken to provide training for senior staff who will be facilitating supervision sessions. The service intends to provide four supervision sessions per year which is the minimum requirement of the Home Care Standards. However, consideration will need to be given to the complexity of needs and interventions required for some care receivers, for which staff may require additional support.



The service had also developed appropriate paperwork to support the process and a schedule had been identified but this was not due to commence until December 2022, therefore Regulation Officers were unable to measure the effectiveness of the interventions identified. Supervision for staff remains an area for improvement.

Following the last inspection on 16 and 18 May 2022, the service has recognised the need to provide a more structured approach to training which meets the requirements of the Home Care Standards.

Staff who hold supervisory roles have now been offered the opportunity to undergo appropriate training for their position, or to transfer to another role within the organisation. New recruits to supervisory roles will be required to hold a level 3 Regulated Qualification Framework (RQF) in health and social care, or working towards the qualification.

The service is in the process of transferring to a new electronic recording system which will incorporate staff training packages and logs. At the time of the inspection, information was in the process of being transferred to the new system. Mandatory training for staff currently includes First Aid, food hygiene, safeguarding safe handling and Maybo (which provides positive and safer approaches to behaviour support).

In relation to the categories of care for which the service is registered to provide (autism, learning disability, adults 60+, physical disability and/or sensory impairment, dementia care, mental health and substance misuse), there was no structured provision for training in these areas. The service has recently facilitated training in the areas of psychosis and autism in order to support the needs of specific care receivers. This needs to be developed to ensure the consistent provision of training programmes which encompass the categories of care, as well as specific needs of care receivers. Any such training programmes must ensure that training updates are provided which advance knowledge and skills. All such training must be incorporated into the training database.

It is anticipated that once the new system is fully operational, that there will be clearly identified mandatory and specialist training identified for each member of staff which reflects the specific needs of the care receivers that they support. Staff progress can be monitored and the requirements of the Care Certificate will be met for all new members of staff who do not hold a RQF qualification.

Upon review of the current training logs, courses are currently recorded as complete, with no date recorded. This was brought to the attention of the Director and Information IT Consultant who agreed to incorporate completion dates into the database.

Current records also highlighted several areas where training was out of date or yet to be undertaken. There is also a significant proportion of staff who do not hold RQF qualifications. This was raised by a member of staff who felt that there was a lack of training in place to support their role and the needs of the care receivers they were supporting.

The service has a training policy in place which incorporates the requirements for induction. Regulation Officers identified that the policy needs to be reviewed to incorporate the developments the service is planning.

Tutela provide online medication training for staff. Before commencing medication administration, staff are required to undergo an assessment of competency in the workplace. This consists of 5 observations by staff who have a RQF level 3 qualification. All observations are recorded and signed. Currently the service has no provision for competency reviews to be undertaken on at least an annual basis.

It was also noted by Regulation Officers that a number of medication errors had been recorded and reported. The head of HR and Compliance explained that plans were underway to develop a process for the review of medication errors with appropriate follow up with staff members. This may include re-training or re-assessment of competency. It was also highlighted that outcomes following errors are not being recorded appropriately and medication audits are not currently undertaken.

Specialist training is in place for the team who support one care receiver with specific health needs. This allows staff to undertake delegated tasks related specifically to the care receiver. At the time of inspection, the service was in the process of arranging refresher training for existing staff and initial training for new recruits to the team.

Upon review of the care plan relating to the delegated task, the Regulation Officer noted a discrepancy which was brought to the attention of the Team Coordinator who agreed to an immediate amendment.

Training and development for staff remains an area for improvement.

### **Management and review of service provision**

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| The Standards outline that care services will be well managed. There will also be mechanisms in place to regularly review services and sort out any issues in order to make things better for you and others. |
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The issues identified in relation to staffing deficits, responsiveness of the service and lack of governance systems led the Regulation Officers to explore in more detail the management and review systems in place for the service.

The management structure in place for the service was found to be disproportionate to the needs, size and complexity of the service. In some areas staff were unaware of who had line management responsibility. Staff reported that support was always available via the Tutela offices and that there was an on-call system for evening and weekends. However, responses would be provided by whoever was available and only upon request. There was a lack of an onsite presence to provide support and direction to staff. Senior staff were often found to have dual roles, with the size of remits leaving them overstretched.

During feedback, some senior members of staff identified the need for clearly defined roles, clear escalation processes and a clear communication strategy. Some frustration was felt that staff were regularly diverted to other tasks which prevented them from carrying out their roles.

Team coordinators have responsibility for the day to day management of particular areas of the service which included care planning, rotas and staff management, with little or no oversight from senior management. As a result, some instances were identified where practices had been put in place which did not meet Home Care Standards, best practice or the recommendations of professionals.

As set out in Standard 9 of the Home Care Standards, a structure needs to be in place which is reflective of the size of the service. There is also a requirement for strong leadership which ensures that both managers and staff are supported, provided with clear lines of reporting, and provides accountability and responsibility within the service. This is an area for improvement.

The Regulation Officers found an absence of appropriate governance frameworks to support the service. Areas where this was particularly prevalent were audits in relation to medication management, incidents/ accidents, monitoring of staff performance, staffing resources and training. In addition, no protocols or guidelines were present for the escalation of risk within the service. Their absence or limited development was having a significant impact upon safe and effective service delivery.

There was evidence that the Client Coordinator had implemented a process for quality assurance checks for 24-hour support packages. Findings are reported to Team Coordinators with an expectations that any actions will be acted upon, however this is not followed up. Any serious concerns are reported to the Registered Manager. There is no provision for thematic reviews of findings. Regulation Officers noted that there is no prioritisation of quality assurance checks. Staff can often be directed to other duties.

Governance frameworks provide the foundation upon which safe systems of work can be established and the lack of their provision and prioritisation was a particular area of concern for the Regulation Officers. This is an area for improvement.

Regulation Officers identified that there is no development in place which captures the actions required to improve and maintain safe and effective delivery of services. There is an over reliance upon informal practices which has led to a lack of accountability and responsibility. A written development plan should have clearly identified outcomes with details of the action required, person(s) responsible and timescales for achievement. The plan must be reviewed regularly to evaluate progress. This is an area for improvement.

As an outcome of the previous inspection, the service has recently implemented monthly reports to review compliance with the Home Care Standards. Reports were made available for the months of August, September and October 2022. The service may need to consider how the reports can be developed to assist in addressing some of the deficits identified in relation to quality assurance and audit within this report.

As a result of the findings detailed within this report, the Commission has imposed a discretionary condition upon Tutela's conditions of registration as follows:

*“Tutela Jersey Ltd may not provide a care package to any care receiver other than those to whom it already provides support. This condition is to remain active until such time as the Commission is satisfied that it need no longer apply”.*

The service have also been informed of the Commission's intention to undertake an increased programme of inspection until it is satisfied that the service has addressed all areas for improvement and adhering to its responsibilities as a regulated service.

## IMPROVEMENT PLAN

There were nine areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

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| <p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3.14</p> <p><b>To be completed by:</b> 2 months from the date of inspection (9 February 2023).</p> | <p>The Registered Manager must ensure that all care / support staff are given regular opportunities to discuss their role and identify any issues through formal supervision. Supervision sessions must be carried out a minimum of four times per year with records retained.</p> <hr/> <p><b>Response by registered provider:</b></p> <p>Online and onsite training has been given to selected team coordinators staff, who are either enrolled on or have an RQF Level 3 or higher, to take on the role as supervisors for members of care/support/office staff. Supervisions have now been allocated on a quarterly basis with one of the qualified team coordinators with an end of year appraisal (3x supervisions/annum &amp; 1 appraisal). The deadline date of the 1<sup>st</sup> April 2024 has been set for all team leaders to hold an RQF of Level 3.</p> <p>Team coordinators will receive supervisions from the registered manger and an external professional who initially trained them in supervisions and is a member of Tutela's developing coaching team. This supervision will be specific to their supervision role for the initial 12 months.</p> <p>Both directors will receive monthly mentoring of 1 hour's duration from an external management/risk management consultant.</p> <p>Further details and deadlines can be found on Tutela's Development plan under section 'L&amp;M SP 7' which will be reviewed and updated at the end of each month.</p> |
| <p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3.10</p>   | <p>The Registered Manager must ensure that there is a structured induction programme for staff to follow during the first few months of employment which includes an assessment of competency.</p>   |

**To be completed by:** 2 months from the date of inspection (9 February 2023).

**Response by registered provider:**

Tutela has an induction course that is delivered in two parts and covers the following:

- Being a 'Care Partner' with Tutela
- Our History, Culture, Beliefs and Direction
- Underpinning Psychological Models
- The Science of Safety and Trauma Informed Care
- Autism Spectrum Disorder.
- Learning Difficulties and Common Mental Health Conditions, Personality Disorders and Psychosis
- Self-Harm

A formal induction program is in place for new staff with regular viewpoints in place. Each recruit is guided/supervised through the process by the Team and Client Support Co-Ordinator who liaises closely with the relevant Team Co-Ordinator.

A competency framework and check list is in place for the Team and Client Support Co-Ordinator and team coordinators to use within the induction period and prior to final sign off. The competency framework will continue to be reviewed in supervision.

An induction process for team coordinators has also been designed which include a role specific competency framework.

The signing off of new staff and new team coordinators will be conducted at the end of the 4-week induction period. A mentoring/coaching course is currently being piloted by two team coordinators. The first induction commences 01/04/23.

Further details and deadlines can be found on Tutela's Development plan under section 'L&M SP 1' which will be reviewed and updated at the end of each month.

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| <p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 3.11, 3.12</p> <p><b>To be completed by:</b> 2 months from the date of inspection (9 February 2023).</p> | <p>The service needs to clearly identify the statutory and mandatory training required and ensure the provision of specialist training in relation to the categories of care provided by the service. Staff members who hold supervisory / senior positions must either possess or be working towards the appropriate type and level of qualification. Staff training must be completed within agreed timeframes and recorded accurately within a training database.</p>   |
|   | <p><b>Response by registered provider:</b></p> <p>Tutela has identified the statutory and mandatory training required, this is all covered in staff members care passports which are completed online through the companies outsourced eLearning platform. A further and up to date database sheet with completion dates is currently in progress and will be implemented into our new and upcoming care management software, Tagtronics.</p> <p>Trauma informed approach training, Level 1, has been initiated and will be rolled out to all staff to complete. Team coordinators will complete Levels 1 and 2. SRols and Mental Capacity training will also be rolled out to all staff in 2023. Dates are being coordinated.</p> <p>Specific training is also available and has been identified for care/support in relation to the categories of care provided by the service staff pool of external and internal trainers which we work with to deliver this. Members of support/care staff are also encouraged to let their supervisors know about any training they may want to undertake.</p> <p>Further details and deadlines can be found on Tutela's Development plan under section 'L&amp;M SP 5' which will be reviewed and updated at the end of each month.</p> <p>Although there is a learning disability module delivered in the induction training a supplementary online course has been identified for care staff to complete as a component of their CPD commitment in 2023.</p> <p>Bespoke condition/client presentation training continues; an example is a specific 2hr training delivered 20/02/2023 to a team around the principles</p> |



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|   | and use of the SPELL framework and working with rumination and emotional de-regulation.  |
| <p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 4.3</p> <p><b>To be completed by:</b> 2 month from the date of inspection (9 February 2023).</p> | <p>The Registered Manager must ensure that there is sufficient training in place for staff to identify when accidents and incidents must be reported to the Commission. This should include an understanding of the process for reporting. The intended outcome is that all notifications which must be made to the Commission are made in a timely manner.</p> <p><b>Response by registered provider:</b></p> <p>Protocols and guidance have been utilised for reviewing and responding to incidents of challenging behaviour and medication errors. Bespoke training in the appropriate use of ABC tracking charts and completing incident reports is being organised for team-coordinators and office staff to ensure they understand the procedures to follow through-out the process.</p> <p>Training for team coordinators and managers needs to be sourced from the JCC in the reporting of notifiable incidents and a roll out planned, these training dates are yet to be confirmed a deadline of the 28<sup>th</sup> of April 2023 has been set for this.</p> <p>Further details and deadlines can be found on Tutela’s Development plan under section ‘L&amp;M SP 2’ which will be reviewed and updated at the end of each month.</p> |
| <p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>To be completed by:</b> 3 months from the date of inspection (9 March 2023).</p>   | <p>There must be a management structure in place which reflects the size of the service, volume and complexity of the care provided.</p> <p><b>Response by registered provider:</b></p> <p>This was completed by the registered manager on the 17<sup>th</sup> February 2023, where the management structure clearly defines roles, responsibilities, and areas of accountability.</p>   |
| <p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>To be completed by:</b> 3 months from the date of inspection (9 March 2023).</p>     | <p>The Registered Provider and Registered Manager must ensure that there are sufficient governance frameworks in place which is appropriate to the needs, size and complexity of the service. This should include quality assurance, audit, alert systems, guidelines and protocols.</p>   |

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|   | <p><b>Response by registered provider:</b></p> <p>This was completed in February 2023 by the registered manager with guidance from an external management/risk consultant.</p>  |
| <p><b>Area for Improvement 7</b></p> <p><b>Ref:</b> Standard 3.9, 9.3</p> <p><b>To be completed by:</b> 2 months from the date of inspection (9 February 2023).</p> | <p>There must be at all times a sufficient number of support staff available to meet the needs of care receivers. Staffing resources available must be regularly monitored and measured against the hours of support required with appropriate action taken when deficits are highlighted.</p> <p><b>Response by registered provider:</b></p> <p>Recruitment is ongoing and advertisements for support staff are placed on the Gov.je website and various social media platforms including Facebook and Instagram. Care hours are now analysed weekly. Tutela has now met the target set by the JCC to reduce care hours. The Company is now in credit in staff hours available when matched against care hours delivered each week.</p>                    |
| <p><b>Area for Improvement 8</b></p> <p><b>Ref:</b> Standard 9</p> <p><b>To be completed by:</b> 3 months from the date of inspection (9 March 2023).</p>           | <p>There must be a written development plan in place for the service which identifies the actions required to improve and maintain safe and effective service delivery, timescales for implementation and individuals responsible for implementation.</p> <p><b>Response by registered provider:</b></p> <p>Tutela's Development plan has been completed and is readily available. The Development Plan will be reviewed and updated at the end of each month and will be a live document. A SharePoint link has been offered to the JCC, so they have full visibility of progress. An invitation to attend the monthly review meetings has also been extended to the JCC should they want to attend. Dates for the next 3 meetings have been provided.</p> |
| <p><b>Area for Improvement 9</b></p> <p><b>Ref:</b> Regulation 5 (2), 6 (1), 8 (1) and Standard 6.5</p>   | <p>The service must ensure that there are open and transparent practices in place which ensure that families are appropriately involved and that professionals are consulted when assistance in providing appropriate care and support is required.</p>   |

**To be completed by:** with immediate effect

**Response by registered provider:**

One of the Directors is responsible for liaising with families on a regular basis. These contacts will be recorded formally, and any concerns raised by families acted upon in a timely manner. In addition, the Team and Client Support Co-Ordinator will be coordinating client and family reviews to be carried out and at 6 month intervals. Any concerns will be acted upon in a timely manner.

Monthly meetings with several key professionals are currently being organised and held by the Team and Client Support Co-Ordinator. These include Highlands College, The Community Adult Mental Health, and Learning Disabilities Teams the Adult Respite Service. A standard has been set within Tutela that all Emails and telephone call from external professionals will be responded within 24hr of the communication being received.

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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