



**Jersey Care
Commission**

INSPECTION REPORT

Youniversal Care Limited

Home Care Service

**Suite 24
4 Wharf Street
St Helier
JE2 3NR**

29 March and 6 April 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 Youniversal Care Limited. The service office is situated on the first floor of a business address in the parish of St Helier. The team also has access to a boardroom on the second floor, which can be used for various purposes, including interviewing and teaching. This is the first inspection of the service since it became registered with the Commission on 5 July 2022.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support. Category of care: Young adult, Adult 60+, Autism, Learning Disability, Physical Disability and/or sensory impairment, Mental Health, Dementia Care and Substance Misuse (drug and/or alcohol). Maximum number of hours of care that can be provided: 600 (medium). Age range of care receivers: 19 years and above.

	<u>Discretionary</u> Katia Fernandes registered as manager of Youniversal Care Limited must complete a Level 5 Diploma in Leadership in Health and Social Care by 5 July 2025.
Dates of Inspection	29 March and 6 April 2023
Times of Inspection	11:45 - 13:50 and 13:30 - 14:30.
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	15 clients. Average of 200 – 250 care hours per week.

Youniversal Care Limited operates the Home Care Service and the Registered Manager is Katia Fernandes.

The discretionary condition on the service's registration was discussed, and the Registered Manager confirmed that they are making good progress with Level 5 and expect to have it completed in 2023.

The service's Statement of Purpose was reviewed with the Provider and the Registered Manager at the inspection. The Provider would like to vary the condition of registration concerning the age range of care receivers from 19 years and above to 18 years and above. It was agreed at the second visit that the Registered Manager would submit a variation request regarding the new age range and that an updated Statement of Purpose should accompany the variation application.

The service offers a variety of care packages, including 24/7 care and respite packages. The Statement of Purpose describes the ethos of the service as being 'humanistic' and 'person-centred' at its core.

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 structure of the service remains small but is proportionate to the staffing levels and the client group. The Provider and Registered Manager have established a core staff team and policies, documents, and procedures to ensure the safety of staff and care receivers. It was positive to note what had been achieved since the service registered with the Commission only eight months ago, in July 2022.

There was evidence of appropriate induction and training for staff, and the Provider had developed supervision and appraisal documents that were clear and comprehensive. Following feedback from a recent staff survey, further improvements to the supervision process have been introduced. This is highlighted further under the heading 'Management of the Service.'

The feedback received from care receivers, relatives, and health professionals was overwhelmingly positive. There was feedback regarding the service being 'person-centred,' in addition to positive feedback regarding the quality of the care provided. The service uses an electronic system called 'Care Line Live.' All information is stored electronically, including the care plans. New care receivers are given a welcome letter containing contact details for the management team and the complaints process. A sample of care plans was reviewed. The care plans included a section 'about me,' which evidenced personalisation. The plans also contained appropriate risk assessments and referrals to other healthcare professionals.

The importance of promoting the choice and independence of care receivers was highlighted frequently throughout the inspection process and in the feedback provided. This is an area of good practice.

The Provider had written policies for the service in line with Appendix 2 of the Standards. After reviewing a sample of the policies, the Regulation Officer identified that further modification was required. This is an area for improvement.

INSPECTION PROCESS

This inspection was announced and was completed on 29 March and 6 April 2023. The Registered Manager and the Provider received notice of the inspection visit two days before the first visit. This was to ensure that the Registered Manager would be available during the visit. The second visit was to review the recruitment files and procedures to complete the inspection.

The Home Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the Statement of Purpose provided on registration and notifications.

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

The Regulation Officer contacted four care receivers and/or their relatives.

This contact was made by phone. In addition, to speaking with the Provider and Registered Manager, the Regulation Officer received feedback from two staff members by phone and email. The Regulation Officer contacted all of the staff team by email to provide them with the opportunity to provide feedback via email or phone.

The views of four health professionals were also obtained as part of the inspection process.

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 monthly reports were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to Registered Manager and the Provider.

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

Management of the service

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size and complexity of the service.

There was evidence that the structure and size of the service are appropriate to support care receivers' care needs. The Provider explained that the service could not expand currently due to staffing. The service has nine members of an established, dedicated staff team, including the Provider and Registered Manager. However, recruitment remains challenging, as is reflected elsewhere within the care sector currently in Jersey. The Provider spoke of advertising for staff in the paper and the desire to attract the right staff and spoke of 'high standards.' Indeed the management team said they would prefer to keep the service small and take time to grow the right staff team. The Provider explained that as soon as the staffing quota is exceeded, the service could accept new care packages.

The service provides both private and government-funded care packages. Each care receiver receives a contract/ care agreement and a welcome pack. There is a notice period of four weeks for any contract termination.

An accountant for general bookkeeping and oversight of finances supports the staff team. The Provider on 'Care Line Live' generates invoices for the care receivers.

One of the care workers also provides administrative support to the team. The staff team meets collectively at a team meeting on alternate months.

There was evidence of safe recruitment processes and documentation; this is discussed further under the heading of 'choice and safety.' Staff training and induction were in line with the Standards. Induction includes shadow shifts, shadow sign-off, and training. Shadow shifts are easily identifiable on Care Line Live as they are in a different colour.

The Provider and Registered Manager confirmed a blended approach to training, with both e-learning and face-to-face training provided for staff. New staff members complete a mandatory package of 22 training courses entitled 'Passport to Care' (this is equivalent to the Care Certificate). An accredited local college provides this training package. First Aid and Manual Handling are delivered face-to-face, and there was evidence of capacity and self-determination training that refers to local guidance and laws. The Provider has completed the train-the-trainer training in safeguarding to provide safeguarding training to staff. All staff are also trained in medication administration to the Regulated Qualifications Framework (RQF) Level 3. The Registered Manager also offered examples of service specific training such as aging well, Down's syndrome awareness (let's talk), and buccal midazolam training. The Registered Manager records and tracks the training for all staff on a spreadsheet. If training is out of date, this is highlighted in red, and training coming up for renewal is recorded in orange. Training is also recorded on Care Line Live for each staff member, with the expiry date documented. The Regulation Officer at inspection viewed this as evidence.

The Provider had developed templates for staff supervision and appraisal. It was positive to note that these documents were clear and comprehensive. The supervision record included performance, reflection, well-being, and concerns sections. Performance was reviewed relative to the expected standards. The appraisal form had two sections. The first was more performance related and included reflection. The second was more personal and included training and development needs. In addition, a pre-appraisal questionnaire asks staff members to consider their strengths and training requirements before the appraisal. The

results of a recent staff survey suggested that the staff team felt that supervision was happening informally but required to be more formalised. This has led the management team to offer formal supervision more regularly in addition to the group and work supervision that had been happening.

The Registered Manager carries out a monthly quality assurance report. The monthly reports for December 2022, January, and February 2023 were reviewed during the inspection. It was evident that the monthly reports link directly to the Statement of Purpose. Whilst this is positive, it was suggested that it might also be of benefit to consider a specific Standard each month and to examine how this is being met in some detail. There are plans for one of the senior care workers to assist with the monthly quality assurance reports with oversight from the Registered Manager. The Provider had also developed a feedback questionnaire for professionals as part of the monthly reporting process. This was detailed and contained open-ended questions.

The service's policies were provided to the Regulation Officer as evidence. The Provider had written these. A sample of five policies and procedures were cross-referenced with the Home Care Standards and included medication, safeguarding, and complaints. The content was generally good, with reference to local laws and some supporting agencies where appropriate.

The medication policy is clear about the issue of assessing capacity concerning covert medicines. However, it does not refer to a best-interest discussion and documentation, such as a Record of the Decision to Administer Medication Covertly. This ought to be best practice and, as such, was discussed with the Provider. Transcribing medication is included appropriately within the policy, but the transcribing guidance could be enhanced. A copy of the community transcribing guidance was provided to the Provider. The safeguarding policy was brief but did contain most of the essential information. However, it was discussed that a link to the Safeguarding Partnership Board should be included to assist staff and provide further knowledge about the types of abuse. The Provider thought there was already a link and agreed to add this immediately. Therefore, some further review/development of the policies is an area for improvement.

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>

The management team completes a referral pathway form with any potential client of service to ensure the service can meet the individual's care needs before commencing care. A welcome pack is provided, and a contract is agreed upon. A care plan is then developed with the care receiver and/or their relatives.

All staff members are provided with a work phone. Therefore, all have access to the 'Care Line Live' App. All visits are recorded on the app. Staff must check in and out of visits. Management receives an alert if a staff member is 5-10 minutes late for a visit. Staff are allocated 15 minutes of driving time between visits. The feedback from care receivers and relatives was consistently positive, concerning no one having late or missed visits. The app is divided into sections entitled overview, tasks, notes, and documents. All care workers can access the electronic care plans and update a care receiver's daily notes or report a concern. All care receivers are offered a hard copy of their care plan to be kept in the home should they so wish.

The Regulation Officer reviewed a sample of three care plans. There was evidence of the referral pathway form and an appropriate contract for a care receiver. The care plans were organised and generally easy to navigate. There was evidence of updates and reviews, although it was discussed with the management team that it should be more apparent when a care plan had been reviewed, and no updates had been made. The management team had noted this already and was discussing with their support member at 'Care Line Live' how to rectify this.

During the inspection, feedback from care receivers and relatives confirmed their appreciation of person-centred care and support provided by the staff and management team. Comments and feedback included some of the below shared with the Regulation Officer:

“The staff are absolutely delightful.” “They could not have been more perfect.”

“The staff are highly approachable, informed, and professional.”

“They just seem to get it.” “They provide a very personal service, are cohesive as a team and engaged.”

“xxxx absolutely loves it and is so fond of the carers.”

“I would give them five stars.” “They are a breath of fresh air.”

Relatives and care receivers also felt that communication was good. Two relatives confirmed good accessibility to the management team with a fast response to emails. All confirmed no cancelled or late visits.

The Regulation Officer also received positive feedback from health professionals regarding their experience of the service. Comments and feedback included some of the following:

“They are person-centred and approachable.” “They are prompt to respond to change and make appropriate referrals such as a SPOR referral for mobility. If the service needs to increase care, it would be for the right reasons.”

“I have found them to be exceptionally good in their understanding of the client's needs and in supporting their emotional wellbeing, independence, and choice when accessing these services.”

“I feel Nicola and Katia are approachable and attentive to the needs of the individuals who access their services, always going above and beyond to ensure they receive quality respite support. All individuals enjoy their experience during respite as we gain regular feedback via direct conversations.”

“Always putting the client's needs at the centre of their practice and showing real insight into the individual's needs.”

The management team is clear regarding their approach to person-centred care and has a dedicated, core staff team who are clear about the values of the organisation and the way care should be delivered.

The management team described frequently working alongside staff and regular, random 'spot checks' to ensure the quality of care provided to their clients. The management team also split their time between being office based and providing hands on care. Staff members are generally lone working providing one-to-one care unless it is a respite care package where they would work in pairs. The service has a Lone Working Policy; work phones can track carers if there is a concern. The management team also operate an on-call service to support staff out of hours. The Provider and Registered Manager spoke positively of collaborating with other organisations in Jersey and being part of the Learning Disability Alliance. This alliance was proving useful as a network of support.

Choice and safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled and empowered to be as independent and autonomous as practicable. People's rights will be supported and protected.

It was apparent from feedback and a review of the care plans that care receivers are actively involved in the planning and delivery of their care needs. The service was also described as being 'flexible' and 'adaptive' to changing care needs. The service promotes independence and choice for care receivers, which aligns with its Statement of Purpose.

The Gifts Policy was reviewed as evidence, and the service has a clear no-gifting policy for staff. There are only two care receivers who receive assistance with finances, one of whom has a financial delegate. Receipts are kept, logged, and returned monthly if cash is used.

Staff may be involved in providing transport for care receivers. The team would, in this case, add work cover to their own car insurance. The service also owns a

seven-seater vehicle that can be used if required. The Regulation Officer could not find a transport policy, and it was discussed with the Registered Manager that this should be included in the service's policy list. However, the Registered Manager demonstrated transportation guidance/policy contained within the staff handbook. The service does have an activities policy and access to meaningful activities is encouraged.

Appropriate risk assessments are contained within the care plans. An example of this was evidence of a risk assessment completed for joint working with another agency for a care receiver.

There have been no complaints concerning the service since it was registered with the Commission in July 2022. The Provider discussed one potential safeguarding concern that had been discussed but did not require escalation to the safeguarding team. If staff have a concern, they are advised to log it on their phone app and escalate it to the management team immediately.

There was evidence of safe recruitment practices from a review of a sample of six staff personnel files. These are stored electronically. All staff undergo a six-month probation period which can be extended if necessary. This is reviewed on a case-by-case basis. The recruitment files were organised, and all safer recruitment checks were completed before staff commenced employment. Where there had been evidence of a positive DBS disclosure, an appropriate risk assessment process was also in place.

All staff are trained in medication administration to RQF Level 3. There are currently only two care receivers who require assistance with their medications. Staff are signed off as competent after their initial medication training, and then medication competency is reviewed six months following that or sooner if required. The medication policy is discussed under the heading of 'management of the service.'

Incident reporting and notifications to the Commission were discussed with the management team, appropriate and timely notifications had been made to the

Commission since registration, and the Provider and the Registered Manager were clear regarding notifiable events in line with the Standards.

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>Area for Improvement 1</p> <p>Ref: Standard 4</p> <p>To be completed by: within three months from the date of inspection.</p>	<p>The Registered Provider must ensure that policies include appropriate links for staff and include local guidance/legislation and best practice.</p>
	<p>Response of Registered Provider:</p> <p>On meeting with our inspector and discussing the improvement area, we have made the required changes and updates to our policies. Policies are and remain live documents, that will require ongoing changes and development to remain in line with guidance and the company.</p>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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