



**Jersey Care
Commission**

INSPECTION REPORT

Tranquil Home Care Ltd

Home Care Service

**Jayen House
Goose Green Marsh
St Peter
JE3 8BU**

4 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 conducted 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 Tranquil Home Care Ltd. The service is in a semi-rural area within the parish of St Peter. The building is shared with other local businesses and is situated on the first floor. The premises consist of an office area and a large meeting room which is also used for training.

The service operates in the west of the island. The type of support ranges from assistance to access leisure and social opportunities, to daily support within care receivers' own homes.

| Regulated Activity | Home care service |
|----------------------------|---|
| Conditions of Registration | <u>Mandatory</u> Type of care: personal care, personal support Category of care: Adult 60+, Dementia care, Learning Disability, Autism, Physical and/or Sensory Impairment Maximum number of hours to be provided each week: 600 hours per week Maximum number of personal care / personal support hours: 600 hours per week Age range of care receivers: 18 and above |

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|---|---|
| | <u>Discretionary</u> There are no discretionary conditions |
| Date of Inspection | 4 April 2023 |
| Times of Inspection | 9:30am to 1:30pm |
| Type of Inspection | Announced |
| Number of areas for improvement | None |
| Number of care receivers using the service on the day of the inspection | Eight |

The Home Care Service is operated by Tranquil Home Care Ltd and the Registered Manager is Elaine Gladwell.

Since the last inspection on 16 June 2022, the Registered Manager has contacted the Commission to seek clarification on operational issues when required. No formal applications to vary the home's conditions of registration have been received.

An updated copy of the service's Statement of Purpose was submitted following a routine review in November 2022. The Regulation Officer reviewed the Statement of Purpose as part of the inspection process, and it was found to be reflective of the services provided.

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 findings of this inspection were positive. Feedback from care receivers and relatives consistently praised the management and staff team for the professionalism demonstrated and the quality of care provided. This was echoed by professionals who described the team as very proactive whilst always willing to seek and take on board advice when required.

There was evidence that the service was well-led. Thorough induction and training programmes are in place, which focuses on assuring that staff have the necessary competencies to undertake their roles. There was regular liaison between the Registered Manager and the staff team. This created opportunities for staff to discuss changes in need and raise any concerns promptly. In addition, staff received regular supervision and opportunities to attend staff meetings.

Care plans and risk assessments focus on each care receiver's specific needs, wishes and preferences. All plans are considerate of the routines that people wish to maintain. Care staff have clear guidance, which ensures that care / support is delivered consistently and promotes choice and control for each individual whilst ensuring the fundamental aspects of care are provided.

The service has a proactive approach to managing risk and maintaining safety. There is a comprehensive continuity and contingency plan and a risk register.

In addition, various daily, weekly and monthly checks are in place to monitor quality and safety, including medication audits, incident reporting and fire safety.

There are no areas for improvement as a result of this inspection.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Registered Manager eleven days before the visit. This was to ensure that the Registered Manager would be available during the visit.

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 the information held by the Commission about this service was reviewed, including the previous inspection report, the service's Statement of Purpose, communication records and notification of incidents.

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 established contact with one care receiver and two relatives. This contact was made by phone.

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

Contact was also made with two staff members who were invited to provide feedback on their experiences of working for the agency.

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, risk assessments, incidents and complaints were examined.

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

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

INSPECTION FINDINGS

At the last inspection, one area for improvement was 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 all of the improvements had been made. This means that there was evidence of written procedures for the provision of on-call. This supported by an on-call rota for staff.

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.

Tranquil Care is a small home care service that operates west of the island. The Provider is also the Registered Manager who leads a small team of permanent staff. The team consists of one trainee deputy manager, one senior carer and three carers. A zero-hour contracted staff member has recently been recruited. The service also hopes to recruit a registered nurse to the team.

There are currently eight people in receipt of a service. Hours of support range from nine to 30 hours per week. Types of support include waking nights, personal care in the home and access to leisure / social opportunities.

The Registered Manager spoke of the plans to grow the service. However, the current staff shortage in the sector has prevented this. The service is also exploring opportunities to move its offices to a different location west of the island.

The Registered Provider is also the Registered Manager for the service. There was evidence of strong leadership of the team and a dedication to ensuring the delivery of high-quality care / support.

The Registered Manager understands care receivers' needs well and works as part of the care team when required. There is daily contact with the staff team to review progress and address any issues or concerns. Regular visits to clients' homes are also undertaken to check the standard of care delivery and seek feedback from care receivers or their relatives.

Professionals offered positive feedback on the management of the service. One commented, "*The management of the agency is a very high standard*". Another spoke of their confidence in the manager to act autonomously, "*I can rely upon them to use their own initiative rather than having to always direct*".

The Registered Manager recognised that the input she provides is proportionate to the current size and scope of the service. However, adjustments will be required as the service expands to maintain a comprehensive overview. To prepare for this, a trainee deputy manager has been employed, and the Registered Manager was aware of the need to develop new systems for delegation and review of standards.

Recruitment practices were examined by reviewing four recruitment files, including recent recruits and new applicants. All safe recruitment checks were present, including references and Disclosure and Barring Service (DBS) certificates. There was also information relating to applications, interviews, job descriptions and contracts of employment.

It was also noted that the Registered Manager has proactively sought advice from the Commission on recruitment issues out with the inspection process.

Recruits are supported by a robust induction process which focuses on the standards of care expected by the service. This is supported by an induction policy and comprehensive induction programme, which includes relevant training and assessment of competency.

New staff undertake the care certificate where required. The induction training programme combines online, practical and in-house training. Further self-directed learning is then undertaken with the completion of workbooks for dementia care, safeguarding and the Code of Practice for Health and Social Care Support Workers in Jersey. One staff member reflected on their induction experience, stating, *“I liked the in-house training and workbooks the best. It was more informal, and I was able to ask questions which helped to build my confidence”*.

Another staff member described their experiences of shadowing which was an excellent opportunity to learn from more experienced staff. They also spoke of the first team meeting that they had recently attended. There was an opportunity to review all care receivers and discuss general operational issues. This helped them to gain a better understanding of the service. They further commented, *“I was impressed with the support received from the Registered Manager. She is really flexible and supportive”*.

Formalised supervision sessions are in place for all staff and are undertaken every two to three months. All sessions are recorded, and records are kept in their personnel files. The Regulation Officer viewed a sample of documents, and staff confirmed during feedback that they receive regular supervision.

Training logs for a sample of staff were examined. There were clear recordings of the training completion date and when it was due to be updated. All staff undertake mandatory training, which includes First Aid, manual handling, infection control and food hygiene.

Staff also receive additional training in relation to the categories of care provided, for example, dementia care and mental health, and for specific health needs of care receivers. Recent examples include catheter care training. The team will also attend oxygen therapy training in the coming weeks.

The service is registered for learning disabilities and autism but reported they were not supporting any care receivers at the time of the inspection. Basic training is offered to staff in these areas, and the Registered Manager is aware of the need to review training needs should support commence in these areas.

The Regulation Officer noted that the service has a comprehensive suite of policies and procedures. The Registered Manager ensures that all inductees read all policies in the first few weeks of employment. This was confirmed by one inductee who was in the process of reading the policies.

Paper copies are available within the office at all times for staff reference. There was evidence that all are reviewed regularly, the last review date being March 2023. The Regulation Officer examined a sample of the policy documents, which included whistleblowing (with references to relevant local agencies), handling of care receivers' monies, lone working and health and safety.

The Registered Manager has devised a business continuity and contingency plan. The document gives an overview of the risks to providing continuous service delivery and the controls to mitigate them. Consideration has been given to situations such as inclement weather, transport breakdown, staff absence and failure of the online care planning system.

A quality assurance report is compiled each month by the Registered Manager. The Regulation Officer reviewed samples of the reports. There was evidence of examining key areas related to the Home Care Standards, clearly identified actions and recognition of learning from incidents.

The service has received one complaint since the last inspection. This was dealt with as part of a formal process with the Registered Manager providing written outcomes, evidence of which was reviewed by the Regulation Officer. During feedback, the complainant confirmed that matters were resolved to their satisfaction.

Care and support

The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.

The assessment process was found to be reflective of the standards set within the Statement of Purpose. The service will receive a copy of the referrer's assessment. An initial consultation visit is then arranged to assess the needs of the individual and any additional requirements.

It was evident from the discussion with the Registered Manager that she is aware of the limitations of the service and the scope of practice that the team must work within. This also applies to recognising when care receivers need to move on to other types of support. One professional confirmed this and commented, *"The Registered Manager gave the patient and his relative all choices available and offered what was within her agency's capabilities to provide, always respecting the patient and his relative's choices and building good relations"*.

Welcome packs and client handbooks are made available to all new care receivers. Information about the service, relevant contacts, complaints and data protection processes are included. A contract agreement is also signed when services commence, which provides details of fees, cancellation and termination periods.

The service has recently introduced a new electronic care planning system. All staff have access to care plans via an online application linked to their phones.

The application also records the times of visits and reminds staff of all activities that must be completed during each visit. The visit can only be closed once all tasks have been recorded as complete.

Issues such as late / missed visits will create an alert for the Registered Manager on the system. Instant alerts are also sent to carers if there are any reviews or updates of care plans.

The Regulation Officer examined a sample of care plans during the inspection visit. The plans are separated into sections starting with a general overview and essential health information, such as their wishes regarding resuscitation and relevant documentation.

Care plans were relevant to the needs of each care receiver. They provided comprehensive information which took account of the individual's desired goals and detailed the intervention required by staff. One example voiced the desire of the care receiver to maintain as much independence as possible and the subsequent care / support offered by staff reflected this.

There was a clear person-centred approach reflected in the plans. They reflected a compassionate and considered approach towards care delivery, taking account of the uniqueness of each individual's needs. It was also noted that people's anxieties and worries about receiving care had been captured, creating awareness for staff on how to approach their duties within the person's own home sensitively.

Attention was taken to ensure that the fundamentals of care were delivered. This included the monitoring of nutritional needs and daily skin integrity checks.

Appropriate risk assessments were in place, which took account of individual and environmental risks. Details of all risk reduction strategies were recorded.

Evidence showed that care plans and risk assessments were reviewed every three months. There is a traffic light system in place which alerts the manager when reviews are due / overdue.

The Registered Manager identified communication as a key strength of the team, a view shared by team members who spoke with the Regulation Officer. This also included interactions with other professionals and agencies. Any necessary changes

requiring professional intervention are reported immediately, with appropriate referrals actioned. This was echoed by the professionals who provided feedback. They felt the team was proactive and always willing to seek advice when required. There was also praise for the professionalism and inclusive practices demonstrated by the team. Some comments included.

"Always on joint visits, the Registered Manager has treated patients with dignity and respect and gave choices on how they would like to be supported, for example, personal hygiene and which foods they would like for meals".

"Two different patients stated to me that they and their family are very much involved in the care planning to meet their needs".

"The team are respectful of the person as an individual".

The Regulation Officer also viewed samples of feedback surveys and monthly telephone updates, which were consistently positive. One relative spoke of the support given had helped to keep their relative at home for as long as possible. They further commented, *"We were very lucky to have Tranquil Care".*

Comments received from care receivers and relatives who spoke with the Regulation Officer included.

"We get on like a house on fire".

"The manager pops in to make sure everything is going well. I am comfortable to tell her if something is not right".

"We couldn't have better care; they go over and above".

"We are really lucky for the continuity and consistency our relative has. This is particularly important for their dementia".

"The support provided has prevented a care home admission and we are grateful for that".

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.

The service has a safeguarding policy which references local policies and organisations. All staff have undergone safeguarding training. No safeguarding alerts have been raised within the service. However, the Registered Manager gave an example of a recent safeguarding that was raised relating to practices within another area.

A system is in place for reporting accidents and incidents linked to the online care planning system. Any submissions are flagged on the system for review by the Registered Manager. Incidents or accidents which require notification to the Commission are submitted promptly, as evidenced by a review of the notifications received.

The service will support fire safety checks for care receivers living on their own, for example, by checking smoke detectors. All such checks are detailed and recorded in the care receiver's file.

All staff undertake the level 3 Regulated Qualification Framework (RQF) stand-alone unit for medication administration. Medication practices, including medication administration records, blister packs and storage, are audited every two weeks by the Registered Manager, who also liaises with relatives to ensure medication is ordered regularly.

Staff members also undertake RQF level 2 and 3 awards as part of their ongoing training and development. At the time of the inspection, all staff, except for two new recruits, had or working towards an RQF qualification.

Personal Protective Equipment (PPE) packs and first aid kits are available to all staff.

Staff members use their own vehicles to travel to care receivers' homes and to support attendance at appointments / social events. There is a policy to support vehicle use, with the service ensuring that the necessary insurance requirements are in place. Two company vehicles are available for use and act as a contingency in case of untoward events, such as breakdowns.

The Registered Manager reported that no Significant Restriction of Liberty (SROL) authorisations were in place. One care-receiver has a financial delegate. The service's responsibilities for handling care receivers' monies are specified within the care plan and appropriate records are maintained. A detailed policy supports this.

The service currently supports several care receivers living with dementia. Several family members praised the team for the compassion and patience demonstrated by the staff. Staff were consistently referred to as *"going above and beyond"*. An example shared described the efforts made to engage care receivers in meaningful activities which reflected their interests and previous life experiences.

A proactive approach is also taken to ensure independence for care receivers within their homes. This includes pictorial and verbal prompts, written reminders of which staff will be coming and the reason for their visit, and visual timetables where required.

Consistency within the staff team supporting each individual was highlighted as a real strength by both care receivers and relatives, particularly for those who have dementia. The Registered Manager has put a rolling staffing rota in place, copies of which were examined at the inspection. This ensures continuity, with changes only occurring for sickness or annual leave.

IMPROVEMENT PLAN

There were no areas for improvement 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.



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