



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Tutela Jersey Limited**

**Home Care Service**

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

**13 and 15 March 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 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.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u>  Type of care: personal care, personal support  Category of care: Old Age, Dementia Care, Physical Disability, Mental Health, Learning Disability, Autism, Substance Misuse  Maximum number of personal care / personal support hours: 2500+ hours per week  Age range of care receivers: 16 years 8 months and over  <u>Discretionary</u>  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.
Dates of Inspection	13 and 15 March 2023
Times of Inspection	11:30am to 4:30pm and 10:45am to 4pm
Type of Inspection	Announced
Number of areas for improvement	Four
Number of care receivers using the service on the day of the inspection	51

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

Since the last inspection on 8, 9 November and 9 December, the Commission received notification of the absence of the Registered Manager in November 2022. The notification included details of the Registered Provider's arrangements to ensure the service had a suitable interim management plan. The Registered Manager returned in January 2023 and was present for the current inspection.

The discretionary condition on the service's registration was discussed. The Director confirmed that the service had not provided new care packages and was compliant with reducing care hours to match the contracted staffing hours.

## **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.

Overall, there was evidence that progress and advances have been made to address the areas of improvement identified during the November 2022 inspection.

Processes for induction and supervision have been established. Progress will be monitored and reviewed to ensure ongoing effectiveness.

The service now has a development plan in place which takes account of the need to establish effective governance arrangements within the service. Whilst not all targets have yet been met, senior staff have a good understanding of the common goals for the service and the benefits of implementing robust quality assurance processes.

The Regulation Officer acknowledged that much work had been undertaken to establish an accurate baseline for training requirements and build an accurate training database. This has included establishing a clear mandatory training plan. Nevertheless, work still needs to be done to ensure that all staff achieve compliance with the new training requirements.

Recruitment practices were found to meet the requirements of the Home Care Standards, with administrators having a clear understanding of the principles of safer recruitment.

In other areas, there is work still to be done. The Provider of the Regulated Activity who has demonstrated a commitment to continued improvement, recognises this.

The management / organisational structure and monitoring of staffing levels have been identified as areas where further improvement is required.

Feedback from professionals indicated that the service could do more to improve communication and respond more proactively when needs or issues are identified.

Four areas for improvement remain in place as a result of this inspection.

## INSPECTION PROCESS

This was an announced follow-up inspection undertaken on 13 and 15 March 2023. The purpose of the inspection was to assess compliance with the areas for improvement identified at the last inspection on 8, 9 November and 9 December 2022. The Provider has maintained contact with the Commission to advise of operational issues and provide updates on progress.

The Home Care Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the nine areas for improvement and one additional area relating to safer recruitment practices.

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed.

During the inspection, records including staff recruitment, training logs, incidents, supervisions and induction programmes.

There was also an opportunity to speak with members of the staff team as part of the inspection visits. Two further staff members were contacted via telephone and e-mail to discuss their experience of the supervision process.

In addition, the Regulation Officer followed up with four professionals who provided feedback at the last inspection and spoke with three family members. This was in relation to a specific area of improvement relating to transparent practices and communication.

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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.je/Standards/>

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and Director. This was followed by final written feedback on 31 March 2023.

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, nine areas for improvement were identified and the improvement plan was discussed during this inspection. It was positive to note that progress has been demonstrated. However, further work is required in some areas.

As a result of concerns raised at the last inspection, both current and historical safe recruitment practices were also examined as part of this inspection. The results of which are detailed under the inspection findings.

### **Area for improvement 1**

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.

Key staff within the service have undergone coaching and mentoring training in preparation for facilitating supervision for support staff. Initial supervision sessions were underway at the time of the inspection, with an expectation that all would be complete by the end of March 2023.

The Regulation Officer reviewed a sample of five supervision records. All records included agenda setting, personal well-being, professional development and personal competencies.

Supervisors' and supervisees' feedback was positive, with a focus on support to help individuals achieve goals and address any issues raised. Individuals were also encouraged to share their aspirations.

One supervisor said they hoped to draw upon their experiences to guide and support staff through a particular training programme.

Other staff members said they felt comfortable raising issues and were confident they had been listened to.

The service has set a cycle for four supervision sessions over 12 months, with one session incorporating an annual appraisal. The need to consider an increased cycle of supervision for staff who support care receivers with complex needs was discussed with the Registered Manager. It was confirmed that this is incorporated within the service development plan.

## **Area for improvement 2**

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.
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The service was able to evidence that it has developed a new induction programme planned to be implemented with the new recruits who were scheduled to commence work in the coming weeks.

The programme includes a classroom-based induction day that provides new staff with an overview of the service and some initial induction training.

There is also an induction booklet in place which is designed to guide new recruits through their first few weeks of employment. This provides learning opportunities in key areas, allows reflection on individual learning and provides evaluation from an assigned mentor on progress.

The Team and Client Support Co-ordinator explained that the induction booklet is being reviewed to incorporate learning from feedback received and outcomes of recent quality assurance audits.

A sample of a care receiver specific induction was also made available. This provides a comprehensive introduction to individuals who have complex support needs. This can be utilised for new or existing staff transferring to a new area. The Team and Client Support Co-ordinator discussed the importance of continuity and consistency in the support offered to care receivers, highlighting the benefits such focused inductions could have in achieving this.

The service has also developed a staff competency framework which sets out the standards of practice and conduct for all support staff working at Tutela.

The Regulation Officer noted an improvement in the approach to supporting newly appointed staff to senior roles. This includes a four-week induction plan with access to an experienced mentor to guide them through the principal responsibilities of their new position.

### **Area for improvement 3**

<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>
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The service has worked to establish a mandatory training schedule for all support staff. This is based upon the requirements of the Home Care Standards.

A comprehensive review of paper-based and historical online records has been undertaken to establish an accurate baseline of staff training undertaken.

All information has been inputted into a training database which identifies the dates training was undertaken. A traffic light system is in place which identifies when training is approaching a renewal date or has expired and requires renewal.

At the time of the inspection, it was noted that there is still a considerable number of training courses to be undertaken to ensure compliance with the mandatory training schedule.



It was encouraging to note that the service has established a new provider for online training delivery. Links have also been established to provide classroom training for First Aid, manual handling and capacity and self-determination.

There are also plans to enrol ten team members to undertake Regulated Qualification Framework (RQF) awards. The Regulation Officer highlighted the need for the service to ensure that such awards focus upon units that match the care categories for which the service is registered.

The Regulation Officer explored the plans of the service to ensure that appropriate additional training is in place to support the categories of care provided and meet individual needs. The service intends to develop an additional training schedule for each staff team that focuses on the specific needs of each care receiver.

Some work has already been undertaken to facilitate training for autism, fragile x, epilepsy and mental health first aid. Consideration has also been given to appropriate training to support the delegation of clinical tasks, such as the administration of buccal midazolam. However, work still needs to be done to establish additional training pathways for support staff.

To ensure compliance with the completion of training in the future, the service plans to schedule training sessions before staffing rotas are completed to ensure that staff will be available to attend and suitable arrangements made to cover direct support.

The Regulation Officer acknowledged the Provider's work in this area. Nonetheless, there is still much work to be done to ensure all staff complete the required mandatory training and have all the additional training necessary to support individual needs. This is an area for improvement.

#### **Area for improvement 4**

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.

Since the last inspection, the service has contacted the Commission to request the facilitation of notification training. However, a date is yet to be set by the Provider.

#### **Area for improvement 5**

There must be a management structure in place which reflects the size of the service, volume and complexity of the care provided.

The organisational structure of the service has been redefined as part of the development plan. Upon review, it was noted that some areas of the service do not have defined points of contact for families / professionals, leading to difficulties with communication and delivery of appropriate support.

The lack of a clear structure with defined management oversight was an issue consistently raised by professionals. One relative also spoke of their concerns about no management oversight of their relative's care. However, this had been raised with the service and the relative felt positive that steps were being taken to rectify this.

There was also one member of the office management team assuming team leader responsibilities for areas of service where they did not work as part of the team. This is an area of concern as staff do not have direct support or supervision in place. It also poses a risk that staff assuming team leader responsibilities dilute their ability to perform their roles should this continue longer term.

Further consideration needs to be given to the organisational / management structure to ensure that each area of service has managerial oversight and that there is a straightforward clear escalation process for support staff. This is an area for improvement.

## Area for improvement 6

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.

Tutela is implementing a new online software system that will bring together all aspects of care planning, reporting, auditing, rotas and staff details, such as training records. The IT and Training Manager reported that the system would be introduced in phases from April 2022 and will run alongside a training programme for staff. Once fully integrated, the system will play an integral role in providing alert systems and audits and a central access point for training, policies, guidelines and protocols.

The service has also improved quality assurance and governance in the following areas:

- Medication training and competency
- Management of medication errors which includes the recording of outcomes / actions
- Procedures for reporting and review of incidents of challenging behaviour
- Monitoring and reviewing of on-call procedures.

The Regulation Officer reviewed samples of the new processes, with some live examples viewed in care receivers' files.

The Regulation Officer noted that the current system does not allow for the separation of incidents and accidents from general reporting systems. This was acknowledged by the IT and Training Manager, who explained that the new system would address this. The Regulation Officer suggested that the service would benefit from a written procedure, similar to reporting challenging behaviour, which includes clear guidance on what needs to be reported. The Registered Manager and Director acknowledged this.

It was positive to note that considerable work has been undertaken to reinstate quality assurance reviews within each area of the service. Topics include a review of care plans, medication practices, staff communications, emergency evacuation procedures and a review of finance practices.

Initial reviews have been undertaken with all 24-hour care provisions, with plans to extend to all other areas in the coming months. Once completed, staff teams are given written details of the areas for improvement. A follow-up within 28 days is undertaken to ensure all actions have been completed. The process will be repeated quarterly.

A Team Leader is currently undertaking the quality assurance checks with the support of the Team and Client Co-ordinator, who met with the Regulation Officer during the third inspection visit on 28 March 2023. Samples of the criteria for checks and copies of reports were viewed. The Team Leader explained that they want to support and encourage staff to embrace the process and see it as a positive experience. The hope is that staff will be empowered to recognise and implement their own improvements.

Both expressed how beneficial they felt the process had been, highlighting areas for improvement and creating a pathway to achieve this. This has led to positive changes focusing on a person-centred approach to delivering support. Regular quality assurance reviews are further anticipated to lead to consistent practices in care receiver support and operational activities across the service.

## Area for improvement 7

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.

The Regulation Officer conducted an analysis of staffing hours available in relation to care hours to be delivered each week. This highlighted that a deficit remained, but it has been reduced. It was acknowledged that the service has 25 bank staff, some of whom will work full-time hours. The service can draw upon these staff for unplanned cover.

It was noted that the service benefited from the reduction in care hours to a maximum of 2288 hours per week, as determined by the Commission's imposition of a discretionary condition in November 2022. This was evidenced through feedback from staff, the Registered Manager and Director, who reported having more scope for covering sickness, annual leave and unplanned staff absence.

Staff also reported that they felt they better understood their roles, with the tasks assigned to them described as '*manageable*'. It was also noted that there had been a reduction in multi-tasking, allowing staff to focus on individual responsibilities. One team member commented that they now have a much better work / life balance.

There are five new staff members in the final stages of the recruitment process, but the additional hours they will provide are negated by staff leaving the service and the transfer of some support hours to management roles.

Time and attention needs to be given to securing staffing in areas where care receivers have complex needs. More time is required for induction, building confidence, developing positive relationships and allowing new staff to settle into their roles. It was noted by the Regulation Officer that some staff are still periodically working over 48 hours to support more complex inductions.

The Regulation Officer requested information on the processes to regularly analyse workforce requirements to meet the number of care hours delivered. This is an effective means of highlighting potential deficits and the contingency planning required. It would also help to determine the capacity for new packages of care. The Registered Manager and Director explained that this is undertaken informally.

There was no evidence available to assure the Regulation Officer that staffing resources are monitored and measured against the hours of support required, with outcomes recorded and appropriate actions taken when deficits are highlighted. This is an area for improvement.

### **Area for improvement 8**

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.
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The Registered Manager provided a copy of the development plan that has been put in place. The document guides directors, managers and staff on the required changes to ensure Home Care Standards compliance.

There is a detailed account of the issues identified, actions to be taken, the responsible person, and completion dates. Upon review, the Regulation Officer could track the progress of a sample of activities with the named staff members.

The plan also recognises the need to embed new working methods within the organisation. This is reflected in the timescales for a target that has been met, ensuring that change can be evidenced before signing off as complete.

Senior and office staff who were spoken to reported that they had welcomed the development plan, as it provides clear accountabilities within the team and has helped to establish individual roles and responsibilities.

The Regulation Officer noted less awareness of the plan among support staff. This was brought to the Registered Manager's and Director's attention for their consideration.

## **Area for improvement 9**

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.

The Director explained that they planned to meet with all families to gain feedback on the quality of the service delivery. However, they acknowledged that it would take time to implement any changes required and re-establish positive communications with families.

Feedback received from families as part of the inspection process was generally positive. All spoke positively of the staff teams supporting their relatives, who provided consistency and continuity.

There was also an acknowledgement of good communication with support staff, with examples of how concerns raised were dealt with promptly. One relative expressed that there had been a period of uncertainty over the past year where the service appeared stretched. However, there was an acknowledgement that the concerns raised had been taken seriously and appropriate adjustments were being made.

Professionals who provided feedback acknowledged that there had been some improvements but highlighted that difficulties remain in relation to communication, responding to requests regarding the care / support of individuals and appropriate action being taken when issues are raised. This is an area for improvement.

## **Recruitment Practices**

All safer recruitment employment checks must be completed prior to workers commencing employment.

Due to concerns raised about Disclosure and Barring Service (DBS) checks for existing staff, the Regulation Officer requested an internal audit of all staff members' DBS checks. The results were examined and cross-referenced with a sample of staff recruitment files as part of the inspection process. All information supplied was found to correlate with the results of the audit.

The Regulation Officer noted some historical discrepancies relating to staff commencing work before DBS certificates were available. However, there was evidence that practices had improved and that retrospective steps had been taken to rectify any issues identified. There was also evidence that DBS certificates were being renewed every three years.

A review of the recruitment files for five new staff members confirmed that all recruitment practices and checks were being undertaken. One issue was noted with a recruitment process in November 2022 in which no references had been sought. This was brought to the attention of the Director and steps were taken to rectify the situation immediately. All other safe recruitment checks were in place.

As a result of the findings detailed within this report, the Commission has reviewed the existing discretionary condition upon Tutela's conditions of registration and made the following amendments:

*“The Commission proposes to limit the number of total weekly hours of support which Tutela Jersey Ltd may provide to a maximum of 2288 hours per week. Accordingly, Tutela Jersey Ltd may not exceed this total maximum weekly number of hours from the time that this proposal is received. This condition is to remain active until such time as the Commission is satisfied that it need no longer apply”.*

The Commission will continue to undertake an increased programme of inspection until it is satisfied that the service has addressed all areas for improvement.



## IMPROVEMENT PLAN

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

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3.11</p> <p><b>To be completed by:</b> 3 months from the date of inspection (28/06/2023).</p>	<p>Mandatory staff training must be completed for all staff within agreed timeframes and recorded accurately within the training database.</p> <p>Additional training relating to the categories of care provided must be identified, along with specialist training that is required to support specific care receivers. All additional training identified must be made available to staff members who deliver direct care / support.</p> <p><b>Response of Registered Provider:</b></p> <p>An accurate and up to date training database has been curated and the process of the completion and refreshment of mandatory training, where required, has begun with deadlines given to staff.</p> <p>New staff are given clear deadlines of mandatory training within their induction checklist documentation, we are in the process of creating this in an online format for improved insight and improved governance. We are also creating an online Tutela Induction programme to support Tutela's in person, 2-day induction programme, as we recognise onsite training is just as important as online.</p> <p>Additional training has been identified and we offer this to all staff members who deliver direct care/support. We are moving from our current care software to Care Line Live which will also help record training and help make sure service users only receive care from staff with specialist training where required.</p>
<p><b>Area for Improvement 2</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 (28/05/2023).</p>	<p>There must be at all times a sufficient number of support staff available to meet the needs of care receivers.</p> <p>Staffing resources must be regularly monitored and measured against the hours of support required, with outcomes recorded and appropriate action taken when deficits are highlighted.</p>

	<p><b>Response of Registered Provider:</b></p> <p>Tutela constantly monitors and produces weekly care hour reports which are provided to the JCC for full transparency. At the time of responding (22/05/23), we currently have 122.25 available care hours and 89 staff members (8 new contracted staff, all of which have been included on the new staff enrolment training this month, which includes induction, mandatory and bespoke training requirements).</p> <p>Staffing adverts are regularly refreshed and posted on the gov.je website and our social media platforms. We also have a dedicated section on our website for job applications at <a href="http://www.tutela.je/jobs">www.tutela.je/jobs</a>.</p> <p>We keep an audit trail of all new starters and any highlighted deficits with action plans in place to review staffing resources if this scenario occurs. We are introducing Care Line Live as our new software provider later this year, which will also aid the monitoring of this and help safeguard against the occurrence of deficits where possible.</p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>To be completed by:</b> 2 months from the date of inspection (28/05/2023).</p>	<p>There must be an organisational structure in place which reflects the size of the service, volume and complexity of the care provided.</p> <p>The structure must also make provision for appropriate management oversight for all areas of service.</p> <p><b>Response of Registered Provider:</b></p> <p>An organisational chart has been created which outlines Communities, Projects, Key Works (client centred), Team Coordinators (client team centred), office staff and management and represents the appropriate management oversight. A copy of this chart can be found on our development plan and is a part of Tutela's Induction for new staff.</p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 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. This must include listening to concerns and taking appropriate action.</p>

<p><b>To be completed by:</b> with immediate effect.</p>	<p><b>Response of Registered Provider:</b></p> <p>This has been implemented with weekly check-ins with service users' families, carried out by the general manager and the client coordinator. Appropriate action has been taken from these meetings where required.</p>
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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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