



**Jersey Care
Commission**

Summary Report

Tutela Jersey Limited

Home Care Service

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

13 and 15 March 2023

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.

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>Area for Improvement 1</p> <p>Ref: Standard 3.11</p> <p>To be completed by: 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> <hr/> <p>Response of Registered Provider:</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>Area for Improvement 2</p> <p>Ref: Standard 3.9, 9.3</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</p>

<p>To be completed by: 2 months from the date of inspection (28/05/2023).</p>	<p>outcomes recorded and appropriate action taken when deficits are highlighted.</p> <p>Response of Registered Provider:</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 www.tutela.je/jobs.</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>Area for Improvement 3</p> <p>Ref: Standard 8.2</p> <p>To be completed by: 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>Response of Registered Provider:</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>Area for Improvement 4</p> <p>Ref: 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.</p>

To be completed by: with immediate effect.	This must include listening to concerns and taking appropriate action.
	Response of Registered Provider: 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.

The full report can be accessed from [here](#).