



**Jersey Care
Commission**

INSPECTION REPORT

**Complete Individual Home Care (CI Home
Care)**

Home Care Service

**Suite 3
Longueville Business Centre
Longueville Road
St Saviour
JE2 7SA**

29 June 2023

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) 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 on the inspection of Complete Individual Home Care. The offices are situated on a business development in the parish of St Saviour, and the service provided is island wide. As the Statement of Purpose outlines, the service 'aims to support and facilitate safe, independent living at home for as long as a client wishes or it is practical to do so.'

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, physical disability and/or sensory impairment, mental health. Maximum number of care hours: up to 2250 care hours per week. Age range of care receivers: over 18 <u>Discretionary</u> The Registered Manager of CI Homecare must complete a Level 5 Diploma in Leadership in Health and Social Care by 1 January 2024.

Date of Inspection	29 June 2023
Time of Inspection	10:00-14:00
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	44

Evergreen Homecare Services Limited operates the Home Care Service and there is a Registered Manager in place.

The discretionary condition on the service's registration was discussed, and the Registered Manager detailed to the Regulation Officers their progress in completing the modules for the Level 5 Diploma. The Registered Manager commented that they felt 'well on target' to finish the remaining modules within the given timeframe.

An updated copy of the service's Statement of Purpose was submitted to the Commission following the previous inspection on 21 and 25 July 2022. This was reviewed at inspection with the Registered Manager and Deputy Manager and found to be up to date.

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 service has a clear organisational structure, which is proportionate to the size of the service. Staff were clear about their roles and responsibilities and when to refer any concerns/ask for support.

Staff are recruited safely, and they said they felt supported by the Registered Manager and Deputy Manager and received regular supervision and appraisal. There was evidence of appropriate mandatory and statutory training. Staff also have access to service-specific training and are supported to complete the Regulated Qualifications Framework (RQF) at Levels 2, 3, and 5 should they wish to do so.

There was evidence of monthly reports, audits, and staff and service users' surveys to ensure adequate quality monitoring and assurance of the service in line with the Standards.

Feedback from care receivers/relatives provided evidence of person-centred care with attention to detail. Staff and service users described receiving continuity of care as much as possible and a responsive management team if a query/minor concern was raised. Feedback from a health professional described 'joint working and assessment' with the service and a 'compassionate approach' to care.

Care receivers and relatives commented positively concerning the assessment process before commencing a care package with the service, and two relatives confirmed that the contract was also clearly explained. The service user agreements are filed in the care plans and care receivers receive a sample agreement in their welcome pack.

Care plans are stored in both hard copy format and electronically. A sample of four care plans were reviewed during the inspection. These were clearly organised and contained appropriate risk assessments. There was evidence of promoting care receiver choice and independence, for example with respect to daily routine and activities.

There was evidence of policies and procedures to ensure the safety of staff and care receivers. For example, medication practices and policy, the lone working policy, and the gifting policy. In addition, the electronic staff rota ensures adequate staffing cover, and any missed visits are flagged after ten minutes.

There were no areas for improvement identified at this inspection.

INSPECTION PROCESS

This inspection was announced and completed on 29 June 2023 by two Regulation Officers. Notice of the inspection visit was given to the Registered Manager two days before the intended visit. However, due to leave, the inspection visit was delayed. 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 of the information held by the Commission about this service was reviewed, including the previous inspection reports.

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

On the day of the inspection visit, the Regulation Officers met with the new Operations Director and the Supervisor for the live-in carers, in addition to the Registered Manager and Deputy Manager. The Regulation Officers were given a brief tour of the office space and met with the managers in the training room.

Following the inspection visit, the Regulation Officer contacted five care receivers/relatives and five additional staff members by phone/email.

¹ The Home Care Standards and all other Care Standards can be accessed on the Commission's website at <https://carecommission.ie/Standards/>

The views of three health professionals were sought as part of the inspection process. At the time of writing this report, feedback had been received from one health professional.

Records, including policies, care records, incidents, and staff personnel files, were examined during the inspection.

At the conclusion of the inspection, the Regulation Officers provided feedback to the Registered Manager and Deputy 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 the area for improvement had been made. This means that there was evidence of safe recruitment practices. The Deputy Manager on Care Line Live demonstrated this to the Regulation Officers: a staff member can only be allocated a care receiver on the system once all safe recruitment checks have been completed (including DBS and references) and all training is up to date. This is an area of good practice ensuring the safety of care receivers in line with the Standards.

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.

The Regulation Officers met with the new Operations Director at the inspection, who provided a brief overview of their role and responsibilities. This part-time role will be split between finance and compliance to support the current Registered Manager. The role will include fire, vehicle, and health and safety audits using the electronic system 'I-audit.' In addition, the new Operations Director will assist the Deputy Manager with the quality monthly reports. An operations and an accounts assistant also form part of the team.

A board in one of the main offices outlines the focus area for each monthly report in 2023. A sample of three-monthly reports from March, April, and May 2023 were reviewed as evidence. The focus areas covered were food safety, infection control, and health and safety. Staff are provided with a suggested reading list on the focus topic for the month and spot checks are carried out during that month, looking at the focus area specifically. The management team and senior carers conduct quarterly spot checks of more junior staff within the carer receiver's home to monitor the quality and safety of care provided in line with best practices and the Standards. Any policies and procedures about the focus area are also reviewed. A spot check form for a live-in carer was provided as evidence. This includes questions on the client's notes/care plan, completion of medication administration records (MAR charts), and financial records.

Staff supervision and appraisal sessions are monitored/recorded in the monthly reports. Staff receive one supervision session each quarter and an annual appraisal. Staff supervision records are filed in staff members' personnel files. Staff confirmed to the Regulation Officer that they benefitted from the management team's regular supervision and spot checks. The Registered Manager discussed that an employee welfare checklist is completed in conjunction with supervision.

There was evidence of adequate insurance and maintenance arrangements within the service.

A blended approach to staff training with both online and face-to-face training was provided. Manual handling training is provided in-house. There is a training room with a bed and hoist for this purpose. A staff member who has completed train the trainer training in manual handling provides this. All staff training is recorded and monitored on Care Line Live, the Deputy Manager demonstrated this to the Regulation Officers at the inspection. There are also opportunities for service specific training, such as palliative care, dementia (in my world), and mental health training. Senior carers who have completed the dementia training provide support/shadowing of less experienced carers as required. This is an example of good practice.

59.5% of staff are RQF Level 2 or above trained, one member has a Level 5, and two are training towards a Level 5 at the time of this inspection.

The Registered Manager discussed that there is a strict social media policy for staff. Staff are provided with work phones which are data protected for accessing 'Care Line Live'.

The management team discussed flexible working for staff. The Registered Manager commented that a potential staff member is always asked, 'What is your availability?' management will try to accommodate this as much as possible. Staff availability is highlighted in green on the rota, and red is used for unavailable. Full-time staff receive every other weekend off, and as much as possible, staff are given consecutive days off. The team of carers currently consist of twenty-five community carers and twenty-one live-in carers.

The Commission had not been informed of any formal complaints, although an informal concern had been raised in April 2023. This was discussed during the inspection. The concern focused on the training and induction of new live-in staff. The management team responded immediately to this concern and resolved the situation without further escalation. There was evidence of adequate induction and shadowing for both live-in and daily staff, adapted depending on the individual carer's previous care experience. The Live-in Supervisor provides additional support and mentoring for live-in staff and describes themselves 'as a cushion' for staff. In addition, staff receive probation check ins at four, eight and sixteen weeks.

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 service provides hourly, overnight, and live-in care packages. The Registered Manager or Deputy Manager undertakes a care assessment with the care receiver and/or their family in their home. Two relatives spoke positively of the assessment process and their relatives' smooth transition into receiving care from the service. Relatives and care receivers confirmed continuity of the care staff where possible and of always being introduced to a staff member before care commencing. All care receivers are provided with a welcome pack.

It is clear from discussion with the management team that the service is operating in accordance with its Statement of Purpose, and only care receivers whose assessed needs can be met are cared for. An example of this is that the service is very clear regarding clinical tasks and cannot offer this. Any care receivers requiring support with clinical tasks are referred to Family Nursing and Home Care (FNHC).

The care receiver's care plan is drafted from the initial assessment, and formal care plan reviews are conducted at one, three, and six months and then every six months after that. A sample of four care plans was reviewed at the inspection.

The care plans were well-organised and contained appropriate risk assessments, such as medication and mental health risk assessments. The medication risk assessment is seen as an area of good practice. It was discussed with the Deputy Manager that it was not immediately evident which care plan was the most up to date in the file. They advised that the current copy is kept in the file in the care receiver's home. The Deputy Manager discussed that two copies would be printed in the future so that there is also an up-to-date hard copy in the office file and the care receiver's home. Staff handover checklists are also used to ensure chores/checks have been completed and ease the transfer of live-in care from one carer to another.

Do not attempt resuscitation (DNAR) paperwork was securely stored within the care plan, and the Registered Manager advised that a copy is also held within the care receiver's home.

The Regulation Officer spoke with five care receivers and/or relatives who provided positive feedback about the care and support that they receive. Comments included:

"The assessment process was very good and thorough; the staff were understanding and thought of things that we hadn't and met with mum and dad in their own home".

"They listened to our needs".

"xxxx is treated with dignity and care. We are very happy with the care". "Staff ensure xxxx feels valued, involved and maintains their own identity".

"We truly value and appreciate the team".

"I couldn't find fault, they are more like a family". "The staff are gorgeous and there are never any missed or cancelled visits".

"Everything we ask for we get, such as equipment and we feel reassured that staff are appropriately trained in the use of the equipment. It is a glowing report – 10 out of 10".

"The staff are cheerful, bright and helpful".

Staff members also provided positive feedback to the Regulation Officer concerning the service and the management team. Comments included:

“The company are absolutely brilliant, very supportive. They look after their staff”. “If you deal with anything traumatic, there is an opportunity for a debrief – how do you feel?”

“This is the best place that I’ve worked, my colleagues are amazing”. “You can call the office anytime if you have a query and/or concern”.

“My induction process was extremely thorough, I felt so welcomed and reassured”. “Although I am new, I feel extremely secure”.

“A real strength of the team is that we take time to listen and provide compassionate care and this is something that we should continue to prioritise”.

Two staff members commented about staffing changes and challenges – “we don’t always keep the same faces”. Another commented about being short staffed at times but that management “coped with it the best they can”. One care receiver commented that the Registered Manager and the Deputy Manager were quick to step in if there were staff shortages and at no time were they ever left without care. Staff were clear about their roles and responsibilities and whom to escalate to if there was a concern. One staff member expressed an opinion that communication between staff members could be improved but the majority of staff described communication as being good.

The Registered Manager was clear regarding professional boundaries for staff and all staff are provided with a staff handbook at induction. The service has a clear gifting policy, any gifts are reported to the Registered Manager.

Each month the service identifies a ‘staff champion’ who has gone above and beyond for a care receiver and there is a gift token or something similar awarded for this.

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.

There was evidence of choice for care receivers and person-centred care from the care plans and feedback from care receivers and relatives. One relative discussed that it was essential that both her parents were happy and comfortable with the live-in carers. Although only one parent was the care receiver, they still both lived there. The Registered Manager discussed that carefully matching the care receiver with the right carer was a priority. In the welcome pack, care receivers are encouraged to ring any time if the carer is not a good match or there are any problems.

One relative gave a lovely example of how their family member is encouraged and supported to make choices concerning their clothing and how their preference regarding matching items is respected. Care receivers are also encouraged to maintain existing social activities.

There was also evidence of appropriate policies and procedures being in place to ensure the safety of staff and care receivers. As highlighted under the heading of 'inspection process,' staff can only be allocated a care receiver once all recruitment checks and training are up to date. Five staff personnel files were reviewed as evidence, confirming that all safer recruitment checks were in place before the employees' start date.

A sample of policies was reviewed, which included the Induction and Onboarding Policy and Procedure, the Lone Working Policy and Procedure, and the Recruitment Policy and Procedure. These had clearly planned review dates and referred to Jersey law and regulations.

Notifications to the Commission were discussed at the inspection, and appropriate and timely notifications had been made to the Commission since the last inspection. The Registered Manager and Deputy Manager were clear about which incidents met the criteria for notifiable events to the Commission as outlined in Appendix 8 of the Standards.

Medication practices and policies were discussed. Medication competencies are completed at induction, annually, or as required. The Registered Manager and Deputy Manager are trained to sign off on medication competencies. The Registered Manager highlighted an issue that some pharmacies would not continue issuing blister packs to care receivers once they receive a care package. There was also evidence of regular Medication Administration Record (MAR) sheet audits in the monthly reports. Audits completed in February and April 2023 had a 'good outcome' recorded, and the most recent audit in June was still to be reported.

It was positive to note that care receivers and staff feedback are actively sought through surveys and as part of the quality monthly reporting. The staff and service users' survey forms were submitted to the Regulation Officers as evidence. It was discussed with the management team whether there is a similar form for feedback from health professionals or how feedback from this group was gathered. The management team could give examples of feedback they had received, but it was discussed whether there should be a more formal mechanism for obtaining feedback. The most recent staff survey was completed immediately before the inspection. The Regulation Officers asked for the results to be shared as evidence once complete.

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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je