



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**1-2-1 Care Limited**

**Home Care Service**

**Second Floor  
JEC Powerhouse Building  
Queen's Road  
St Helier  
JE2 3AP**

**19 September 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 of the inspection of 1-2-1 Care Limited. The office of the service is situated on a retail site on the outskirts of St Helier and provides an island wide service.

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, Mental Health, Substance misuse (drugs and/or alcohol), Physical disability and/or sensory impairment.  Maximum number of personal care / personal support hours to be provided per week: 2250 hours.  Age range of care receivers: 18 years up to end of life.  <u>Discretionary</u>  No current discretionary conditions
Date of Inspection	19 September 2023
Time of Inspection	9:45 – 14:30

Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	48

The Home Care Service is operated by 1-2-1 Care Limited and there is a Registered Manager in place.

Since the last inspection on 10 November 2022, the Commission has not received any notifications of variation on registration conditions.

An updated copy of the service's Statement of Purpose was received. This was submitted during the inspection; however, it was not in line with Standard 1.1 of the Home Care Standards therefore an updated version was requested and submitted.

## **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.

According to their Statement of Purpose, 1-2-1 Care Limited is a well-established home care service, employing "professional, caring, experienced and well-trained Care Assistants to provide home care". They "continually strive to improve its service by relying on input and feedback from its employees and care receivers".

A clear management structure comprises the Registered Manager and Deputy Manager overseeing a team of carers. Unannounced spot checks of all staff are completed monthly by the management team. This is an area of good practice.

1-2-1 Care Limited operates a twenty-four hour on-call service for emergencies through the management team. This covers weekends, bank holidays and out-of-normal office hours.

Upon acceptance of a care package, a service level agreement will be agreed upon and signed by the care receiver or their representative. The service level agreement outlines the packages provided, costs, insurance, policies, and termination of contract details.

One of the managers visits the care receiver two weeks into the care package to ascertain whether things are running smoothly, iron out any issues which may have arisen and see monthly thereafter. This is an area of good practice and was reiterated during feedback.

In addition, all care receivers and their families are invited to complete an annual survey giving them the opportunity to appraise the service and give feedback.

Most care staff have completed Regulated Qualification Framework (RQF) Level 2 or Level 3 Health and Social Care qualifications, and all staff are up to date with mandatory training; however, there is a waiting list for further Capacity and Self Determination training. Staff are actively encouraged to participate in additional training, meeting the needs of their care receivers requiring specialised care.

Staff supervision occurs at least four times per year, thus meeting the Standards, and staff have an annual appraisal. Staff are encouraged to highlight development needs, share issues or concerns, and reflect on challenges and achievements. All meetings are documented in the staff's files.

Notifications are promptly submitted to the Jersey Care Commission, all of which were discussed during the inspection.

During the inspection process, various policies were reviewed, including lone working, medication, financial management (care receiver and care worker),

recruitment, travel (cars), complaints and uniform policy. All the policies are easy to read and up to date, and staff always have access to them.

The Registered Manager was aware of the process for notifying the Commission when authorisations of a Significant Restriction of Liberty (SROL) for any of their care receivers are in place.

The overall findings of this inspection were positive. The Registered Manager was able to evidence that the care delivery was safe, well thought out, and well governed.

There were no areas for improvement identified.

## INSPECTION PROCESS

This inspection was announced and notice of the inspection was given to the Registered Manager eight days before the visit. This was to ensure that the Registered Manager would be available during the visit. The inspection was completed on 19 September 2023.

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

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, notifications, The Statement of Purpose, safeguarding referrals, and correspondence.

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 three care receivers or their representatives. This contact was made by phone.

Three staff members were contacted by phone to obtain feedback. Two provided feedback.

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

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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.ie/Standards/>

During the inspection, records including policies, online care records, incidents, complaints, training, and supervision were examined.

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

This report sets out our findings and includes areas of good practice identified during the inspection. There were no areas for improvement identified.

## **INSPECTION FINDINGS**

At the last inspection, no areas for improvement were identified that required any follow up on this visit.

### **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.

According to their Statement of Purpose, 1-2-1 Care Limited is a well-established home care service, employing a "professional, caring, experienced and well-trained Care Assistants to provide home care". They "continually strive to improve its service by relying on input and feedback from its employees and care receivers".

There is a clear management structure comprising the Registered Manager and Deputy Manager overseeing a team of carers.

Unannounced spot checks of all staff are completed monthly by the management team to ensure safe care is taking place. This is an area of good practice.

1-2-1 Care Limited 'believe that complaints and compliments are a valuable indicator of the quality of their service'; therefore, care receivers, their families and staff are encouraged to utilise the complaints procedure when they feel it's needed. There is a comprehensive complaints policy, which was viewed during the inspection. This meets Standard 7.2 of the Home Care Standards.

The office displayed an up-to-date liability insurance certificate per Standard 8.4, and the company is registered with the Jersey Office of Information Commissioner (JOIC).

The Regulation Officer viewed a selection of monthly quality reports, which evidenced compliance with the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018. The reports explored quality assurance, Health and Safety, feedback, incidents and safeguarding, staff training and recruitment, and an action plan each month.

The company have a fleet of cars available for staff to travel to care receivers' homes and to transport care receivers to appointments when required. The vehicles are fully insured for this purpose, and a travel policy supports this.

1-2-1 Care Limited operates a twenty-four-hour on-call service for emergencies through the management team. This covers weekends, bank holidays and out-of-normal office hours.

Most care staff have completed Regulated Qualification Framework (RQF) Level 2 or Level 3 Health, and Social Care qualifications, and all staff are up to date with mandatory training; however, there is a waiting list for further Capacity and Self Determination training. Staff are actively encouraged to participate in additional training, meeting the needs of their care receivers requiring specialised care. This meets Standards 3.11 and 3.12 of the Home Care Standards.

The Deputy Manager is a trainer for Medication Level 2 and Safe Handling updates and provides these to the staff. This is a good area of practice.



Supervision and appraisal of staff follows Standard 3.14 to promote standardised, safe, and best practices between managers and care staff. This was confirmed by staff and evidenced during the inspection.

Feedback received from staff was mixed and included comments such as:

'I love my clients and my job'.

'We have been using the Zuri system for years. It's user-friendly and can be changed easily to suit the needs of our clients'.

'There is no travel time taken into account between jobs, so it can be tricky to make it to destinations on time'.

'It would be good if more thought was given to where the staff live and who our first client of the day is as would mean less travelling'.

'We are given all the training needed for the job'.

'Sometimes management could listen more to staff'.

The Registered Manager advised that staff meetings are conducted at least twice a year, where all staff are encouraged to give their opinions on the service and offer ways to improve it.

A management team member will pay a courtesy visit to each care receiver once a month to make sure they are happy with the service they are receiving. This was confirmed by speaking to care receivers or their representatives.

In addition, all care receivers and their families are invited to complete an annual survey, allowing them to appraise the service and give feedback. This was evidenced on viewing the monthly quality reports.

The Registered Manager demonstrated an excellent knowledge of the mandatory training requirements, which are underpinned by relevant organisational policies.

## **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.

At the time of the inspection, sixty-seven care receivers were registered with 1-2-1 Care Limited and forty-five care staff. The service occasionally supplies care staff to another organisation.

Referrals are received from the hospital or community or people can self-refer to the service. If the service has capacity for a new package, the Registered or Deputy Manager will complete an assessment of needs with a social worker and the potential care receiver to identify precisely what care package is required to suit the care receiver. This meets Standard 2.1.

A care plan will be created for the new care receiver using their online case management system called 'Zuri'. Upon acceptance of the care package, a service level agreement will be agreed and signed by the care receiver or their representative. The service level agreement outlines the packages provided, costs, insurance, policies, and termination of contract details.

One of the managers will visit the care receiver two weeks into the care package to see if things are running smoothly, iron out any issues that may have arisen and visit monthly after that. This is an area of good practice and was reiterated during feedback.

The case management system 'Zuri' is split into several sections for care receivers, including but not limited to:

- Profile map – demographics, Next of Kin.
- Medical information/history.
- Care notes including accidents, health passports, allergies, risk assessments/reports, do not resuscitate orders.
- Care plans to suit individual needs, including clinical charts.
- Communications – photos of equipment and summary notes after each visit.

The system is also used for staff rosters and will have a training matrix added soon. This will incorporate all online systems into one.

The Regulation Officer was able to view several care receivers' records. These records were informative and demonstrated a person-centred approach. Individual care receivers' needs and wishes on how and when their care is given were documented and followed, and levels of independence are supported as much as possible, as evidenced in the care plans.

Each care receiver is invited to go through their assessments and care plans as part of the review process. Care plans are reviewed every three months or more often when care needs change. This meets Standard 2.6.

Care receivers, their families/ representatives and other professionals involved in their care are given private access to 'Zuri' where they can view the care records. The feedback was positive regarding having access to 'Zuri' as they feel included in care planning. One relative stated, 'It is great to access when not living on the island as it gives peace of mind'. This is an area of good practice.

Feedback from care receivers or their representatives included:

'Fantastic staff never had one I didn't get on with'.

'Carers are very understanding of everyone's needs'.

'The communication could be slightly improved when staff change at short notice, so we know who is coming'.

'Cannot fault 1-2-1 Care; they are flexible, and I like that I can access Zuri and suggest care planning changes for my relative'.

'Absolutely amazing with my mother – I would love to put them up for a care award if I could'.

The Registered Manager uses an electronic staffing rota to ensure there are enough staff to cover all the care packages without compromising care and to promote continuity. The Regulation Officer saw the staff rota during the inspection.

### **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.

As recruitment is an ongoing challenge, this service has a robust policy specifically for overseas care staff along with UK and local recruitment. The Regulation Officer viewed a selection of staff files and was satisfied that safer recruitment employment checks have been completed. This meets Standard 3 of the Adult Home Care Standards. Their policy specifies that overseas candidates must complete English and Biometrics tests and have obtained a care course certificate in their own country before applying for a work visa. This is all checked by the Registered Manager.

Disclosure and Barring Service certificates for a selection of newly recruited staff were viewed during the inspection, and certificates of confirmation completed and given to the Registered Manager.

The company has a three to six months' probation period for newly recruited staff and a structured induction programme. Upon commencing employment, new staff are given a welcome book, employment contract, and code of conduct information. During their induction period, new staff will complete a competency booklet, mandatory training, supervised practice, and formal supervision following Appendix 5 of the Adult Home Care Standards.

New starters will not support care receivers independently until they have completed 'shadowing' hours with a competent staff member for a minimum of thirty hours.

Staff are provided with a uniform and expected to follow the uniform policy as they represent the company. Staff identification badges are worn, and spot checks are carried out to ensure compliance.

The company's 'scalding policy' is an area of good practice around water temperatures for bathing/showering. This is required for every care receiver requiring assistance with personal care to avoid burning or scalding with hot water. Every staff member must check the temperature of the water and document this to ensure the safety of care receivers.

Fire alarm testing is carried out weekly in accordance with the fire regulations for the building.

A company 'Gift Policy' is in place should any staff be offered gifts. It states that staff can only accept gifts once management checks with the care receiver or their representative.

Professional feedback received was positive:

'Can change packages quickly, and they are honest about what they can and cannot do'.

'Always a prompt response to enquiries'.

'Many positive experiences with using this company'.

Although four safeguarding referrals were submitted since the last inspection, none of these met the safeguarding criteria and were not taken further. The Registered Manager discussed the cases during the inspection, and the Regulation Officer was satisfied with the learning outcomes.

There is a policy for the safe handling of money followed by all staff. Any transactions are evidenced with photographs and documented in the care plans. This meets Standard 4.8.

During the inspection process, various policies were reviewed, including lone working, medication, financial management (care receiver and care worker), recruitment, travel (cars), complaints and uniform policy. All the policies are easy to read and up to date, and staff always have access to them.

## **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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