



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Able Community Care Limited**

**Home Care Service**

**Office 3  
Bethlehem Centre  
La Rue des Buffes  
St Mary  
JE3 3DE**

**7 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 Able Community Care Limited ('Able Care'). The Provider is based in Norwich, England, and the local office is in Bethlehem Church, St Mary. Able Care maintains a register of care workers who must demonstrate specific criteria to be considered suitable for a live-in care worker.

Care workers live in people's homes, and the duration of their stay will be negotiated and depend upon each person's preference, needs, care worker capacity, compatibility, and availability.

According to the Statement of Purpose, the service "offers long-term, live-in care services to people with high dependency care needs who wish to remain living in their own homes, offering the choice between care at home and residential care".

The service has a Registered Manager who has held the position since 2022.

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, mental health, learning disability

	<p>Maximum number of personal care/ support hours that may be provided: 2,249 per week</p> <p>Age range of care receivers: 18 years and above</p> <p><u>Discretionary</u></p> <p>The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 28 April 2025.</p>
Date of Inspection	7 September 2023
Time of Inspection	9.45am – 12.00 midday
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	11

Able Community Care Limited operates the Home Care Service, and a Registered Manager is in place.

The discretionary condition on the service's registration was discussed, and the Registered Manager is aware of the timeline to complete the Level 5 Diploma.

Since the last inspection, completed on June 21, 2022, the Commission received an updated copy of the service's Statement of Purpose. This was submitted to reflect the managerial details.

## 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.

Care receivers were very satisfied with the arrangements to allow them to live at home with support. They described their health and well-being as maintained by having the help of their live-in care workers. The service assesses care receivers' care and support needs and associated risks. These are recorded in their personal plans and risk assessments, guiding live-in care workers in providing support.

The care records show that care receivers' preferences and choices are at the forefront of the support they receive. As evidenced by various sources, advice and guidance are sought from allied health professionals as and when required.

The Registered Manager has adequate oversight of the service. Live-in care workers and care receivers described the Manager as contactable and confident in their abilities. The service had received no complaints since the last inspection, and care receivers knew who to contact should they need to raise a concern or a complaint. The service has improved how they advise care receivers of incoming care workers and, if necessary, will replace them should they not be compatible.

Feedback from one health and social care professional was complimentary of the service, although another health care professional had an opposing view of the service. Live-in care workers spoke positively of their roles, and they felt they were adequately trained, provided with sufficient information about care receivers in advance of supporting them and described an easily contactable management team out of hours.

There are three areas to be improved upon to meet Standards, which relate to live in care workers being provided with formal supervision and their competency to administer medicines is assessed and recorded. The provider must also arrange for a representative to report monthly on the quality of care provided.

## **INSPECTION PROCESS**

This inspection was announced, and the service's office was visited on September 7, 2023. Contact was made with care receivers and live-in care workers between September 8 and 21, 2023. The office inspection visit was arranged with the Registered Manager three days before the visit to ensure they would be available.

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

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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/>

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

Before the inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report.

The Regulation Officer sought the views of one care receiver, three relatives, and spoke with the Registered Manager and two live in care workers. The Regulation Officer visited one care receiver and their care worker at home on September 13 to hear about their experiences; care plans, risk assessments and daily notes were reviewed. Sample care fee invoices were examined also.

The views of three health and social care professionals were also requested as part of the inspection process; two people provided a response.

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. 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, one area for improvement was identified, and the Registered Provider submitted an improvement plan to the Commission, setting out how this would be addressed. The improvement plan was discussed during this inspection, and it was positive to note that this improvement had been made. This means the arrangements for informing care receivers about their care workers had been strengthened, which the Registered Manager explained. Care receivers also reported this.

### 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 service considers that live-in care workers are self-employed and must meet specific criteria to remain on Able Care's register to be supplied as care workers. The Regulation Officer was advised that all safe recruitment checks, as the Standards require, are followed for any new care worker being introduced to the company. The provider in England recruits care workers, and the last time new care workers were deployed to Jersey was before the previous inspection. Two live-in care workers advised they had worked for the service for many years. Care workers are required to have public liability insurance, this is checked by the Registered Manager to assure themselves that this is valid and in place.

Care workers and one health and social care professional said that the Registered Manager is contactable during their working hours and were assured that they would always respond to any requests for information or guidance. There are also on-call arrangements in place, and again, care workers were aware of who to contact and said they felt reassured by this arrangement. One care receiver also described they had interaction with the provider contact in England. However, one health and social care professional shared a different view and said they had experienced difficulty contacting the service and getting a response previously.

The Registered Manager receives referrals from individuals requesting support from health and social care professionals. According to the Statement of Purpose the service describes that an initial assessment will be carried out. This includes seeking the individual's or their family representative views, establishing their support needs and devising an initial care plan based on the outcome of the visit. Two sample pre-admission assessments confirmed this approach had been taken.

The Registered Manager oversees the service and confirmed they are instrumental in the initial assessment and care planning process. The Registered Manager explained the referral and assessment process for one person who has recently been admitted into the service. This reflected what was described in the Statement of Purpose. Care receivers are provided with some information about their assigned care workers so that they know a little bit about them in advance. Two care receivers confirmed that this had happened.

An overview of care receivers' support needs was provided by the Registered Manager, which ranged from care receivers requiring companionship to support with more complex health needs, which, on occasion, required the support of staff from other home care services to provide care. The Manager gave some examples where care receivers' health and dependency levels had deteriorated, which meant that the service could no longer safely offer care at home and were therefore admitted into a care home.

Positive feedback was received about the Registered Manager's role within the service from care receivers, live-in care workers and one health and social care professional. Care workers said that they found it reassuring that the Registered Manager had been a source of support and guidance. One care worker described one care receiver's health condition, which required ongoing monitoring and liaison with the community health team. They said they felt confident to contact the Registered Manager for advice.

The Regulation Officer examined the service's monthly monitoring reports completed for a selection of months throughout 2023. The report process included reviewing a selection of Home Care Standards and assessing the service against them.

It also had engagement and feedback from care receivers, a review of care records, training and development needs and safeguarding matters. The monthly monitoring reports are completed by the Registered Manager, which is out of line with the Regulations and Standards. The Provider must arrange for a representative to report monthly on the quality of care provided, which is an area for improvement.

The Finance Manager provided a sample care fee invoice and explained the invoicing systems. This showed that care fees are invoiced under the daily Long Term Care (LTC) fee. Where care receivers are required to pay additional charges which exceed the LTC rate, they are invoiced individually. As live-in care workers predominantly arrive to work in Jersey from England, there is a 24-hour handover period between incoming and outgoing care workers, which is highlighted on the invoice. The invoices match the advice letters provided to care receivers/ their representatives once care commences.

Care receivers may pay live-in care workers directly for their services, or the service will pay care workers' salaries directly. The Finance Manager confirmed that in most cases, Able Care acts as the agent for care receivers and pays care workers on their behalf. Two care workers told the Regulation Officer they receive their salary directly from Able Care.

The service considers care workers to be self-employed, and they assume responsibility for their training to enable them to remain on Able Care's register to be assigned live-in care workers. They can be prevented from work opportunities if they have not maintained or updated their training in mandatory subjects. While care workers and the Registered Manager confirmed they meet and speak regularly to share concerns and reflect on work challenges, no formalised supervision arrangements are in place. The Registered Manager, when carrying out care receiver reviews, obtains feedback about workers and records this on an internal system, which is used as part of the care worker's profile. The Standards require supervision to be carried out at least four times a year and records retained. This is an area for improvement.



Two live-in care workers spoke in detail with the Regulation Officer and said they felt valued by the organisation and were clear about their expected roles and responsibilities. Both workers were knowledgeable about the care provided to care receivers and felt the handover period from the outgoing care worker was beneficial. They said having a locally based Registered Manager reassured them and that the on-call arrangements out of hours were helpful should they need to use it.

### **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>
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Before receiving care, the Registered Manager performs an initial assessment of the person's needs. Care receivers or their representatives are included in the assessment and have input into the type of support they need, and a plan of care is compiled. The comprehensive assessments provided sufficient information for staff to develop care plans further and in more detail.

Care receivers said they received their care and support from a regular team of live in care workers and had information provided before meeting them. As far as possible, care workers' strengths and characteristics are matched with care receiver preferences. The Registered Manager said this was often a challenge to get right immediately. When care workers take over from another care worker, a handover period is planned to introduce the new staff member and discuss the care needs and plans. Care receivers and staff confirmed this had happened.

Two live-in care workers spoke with the Regulation Officer, describing how care receivers are supported. It was apparent that they understood their needs and looked after them how they wanted. Changing needs were monitored and responded to promptly. Care workers said they liaised with health professionals or family members directly if they noted a change in health. One care worker said they had ongoing contact with a community health professional on behalf of the care receiver they supported and spoke of improving their wellbeing.

Care workers can access care plans and complete a daily log, which care receivers and the Registered Manager could review. Samples of care plans were clear about the level of support required and clearly identified goals. They had been developed based on the care receiver or their representative involvement. Sometimes, it was necessary to have another home care service involved in the person's care; this would enable live-in care workers to have time off or to support with specific care tasks. The Registered Manager spoke of a care package that necessitated two live-in care workers to meet the care receiver's needs safely. Where necessary, the Registered Manager liaises with various health professionals to support people's needs, this was reflected in samples of care records examined. The Registered Manager visits care receivers every three months to review their packages or more often if indicated. The records in one care receiver's home confirmed the manager had visited at least monthly, based on an episode of poor health experienced by the care receiver.

Feedback about the service from care receivers and three relatives was generally positive. They described the support provided was in line with their preferences, and they were mostly happy and content with their care workers. People said they trusted and felt reassured having their care workers live with them. Some feedback indicated that there had been some initial difficulties in matching the compatibility of live-in care workers; however, this had always been resolved satisfactorily. One health and social care professional commented that they had always found the Registered Manager extremely responsive when dealing with care worker and care receiver incompatibility. Care receivers and their relatives advised the Regulation Officer that they had built good relationships with their live-in care workers and felt confident they could meet their needs.

Some comments expressed to the Regulation Officer included;

"I resisted initially as I didn't want someone living with me, but it's turned out much better than I thought. My carer is wonderful and has fitted into our routine and mealtimes, we've not had to change anything in our lives and we have our own space. The carer is very attuned to [name of health condition] and I feel she's very experienced, she's a great help".

“It’s first class, it’s worked out alright and we’re doing very well on the whole. I feel like [name of carer] is like a member of the family, and does everything to help and makes life easier. There’s two main carers and they swop over and I get on great with both of them”.

“We get on really well and it’s all easy going. I feel happy to stay in my home and I can do what I choose. She’s a grand cook and makes my meals which is a bonus and I’ve certainly got no concerns or complaints to make. She’s very kind”.

“They look after [name] really well. Without them I couldn’t manage myself, they drive too which is a really good help as it means I don’t have to drive all the time”

“We’re really happy with them”

There was varied feedback from two health and social care professionals; one said they always had a positive experience with the service, and another said their experience had mostly been negative. The negativity mainly related to the professional’s views of the competency and approach of some live-in care workers, who they had found to be risk averse and had not always promoted independence. Another professional described the carers as “professional and very caring”.

### **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.
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Before providing care and support, risk assessments were completed. These were examined, showing that an initial environmental risk assessment established whether receiving a service in their home was safe. The risk assessments considered handling equipment, oxygen, and fire safety and identified any precautions staff needed. Risk assessments identified the need for live-in care workers to have breaks, and how this was to be achieved was documented in the care plan.

Relatives and care receivers spoke of feeling confident to approach the management team to discuss issues of concern. During the office inspection, the Registered

Manager received a telephone call from one care receiver who wanted to discuss their situation. There had been no complaints received that required formal investigation. Details of the provider's complaint procedures are evident in the information booklet when care and support commence.

One live-in care worker described the measures to support one care receiver with their finances as this was part of their day-to-day responsibility. They understood the potential for financial abuse and recognised how the individual's rights and freedoms to access their finances were managed. Care receivers or their relatives had received a personal profile of the live-in care worker in advance of them providing support, and care workers also confirmed they knew of care receivers' needs in advance.

Since the last inspection, the Registered Manager has engaged in two safeguarding inquiries, one in August 2022 and the other in June 2023; both safeguarding concerns had been referred to Social Services and the Commission. Care workers clarified that they knew how to raise safeguarding concerns through the service's procedures. Care workers expressed an understanding of how to raise concerns through the service's internal and external reporting systems.

Notifiable events are received where relevant and have included safeguarding concerns, authorisations of significant restrictions on liberty (SroL), and fall events. The service will call upon the district nursing services should care receivers require nursing interventions.

During the visit to one care receiver's home, it was noted that the medication administration record (MAR) had been handwritten. The Standards require MAR to be produced by the prescriber or pharmacist, which was reported to the Registered Manager to address. Care workers are not routinely provided with formal medication training as the Standards require.

They take responsibility for their learning in medication management and have to confirm to the service that they are up to date with training to remain on the service's register as a care worker.

Live-in care workers told the Regulation Officer that their roles in medication administration vary from prompting care receivers to take medication through to full assistance with administration. At a minimum, a care worker's competency to administer medications should be assessed when delivering this aspect of care. The Standards require that trained and competent care workers undertake the administration of medicines, which is an area for improvement.

## IMPROVEMENT PLAN

There were three 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 3.14</p> <p><b>To be completed by:</b> 2 months from the date of inspection (7 November 2023)</p>	<p>The Registered Provider must arrange for ways to formally monitor, review and record live-in care workers' performance and provide them with opportunities to discuss their roles.</p>
	<p><b>Response of Registered Provider:</b></p> <p>As stated during our teams meeting, our policies and procedures have not changed since they were accepted at time of registration. All care packages are reviewed as per the requirements of the JCC and all information documented for the purpose of inspection. Part of this assessment involves feedback to and from the carers including what is going well what needs to be considered or improved and an action plan as to how this can be achieved. As stated this information is documented and stored in the client information file which enables us to provide the best care for each client moving forward. After every new carer the client or representative will be contacted and feedback documented. This is reviewed by our General Manager who will identify and investigate any concerns.</p> <p>We have discussed the option to record the feedback re the carers separately but as they are all self employed we would require their individual consent for this to happen and propose to commence this early 2024 once the seasonal period has been covered.</p>

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 9.2</p> <p><b>To be completed by:</b> 2 months from the date of inspection (by 7 November 2023)</p>	<p>The Registered Provider must ensure a representative, other than the Registered Manager, reports monthly on the quality of care provided and compliance with Regulations.</p>
	<p><b>Response of Registered Provider:</b></p> <p>Our General Manager Mrs. Judith Tye has agreed to be the companies Representative and will carry out the monthly reporting, she asks if there is a template document you can provide to ensure all aspects required are covered. Judith's e-mail address is <a href="mailto:judith@ablecommunitycare.com">judith@ablecommunitycare.com</a></p>

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 6.7</p> <p><b>To be completed by:</b> 2 months from the date of inspection (by 7 November 2023)</p>	<p>The Registered Provider must ensure that live-in care workers who administer medication are assessed as competent.</p>
	<p><b>Response of Registered Provider:</b></p> <p>As agreed during our teams meeting, Able community care will ensure all carers working on the Island will have obtained an online certified qualification at level 2 and our registered Manager who is level 3 and above will visit each placement observe the carers undertaking medication and will then if satisfied deem them competent or request re training. This has already commenced and will be ongoing.</p>

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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