



**Jersey Care
Commission**

INSPECTION REPORT

Gentle Care Limited

Home Care Service

**Suite 3, Ground Floor, Tower House,
First Tower Business Park,
La Route es Nouveaux,
St Helier, JE2 4ZJ**

16, 17, 18, and 21 August 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 Gentle Care home care service. The service supports adults with personal care and personal support to enable them to live in their own homes. Gentle Care's website states, '*Gentle Care is committed to supporting vulnerable people so that they can enjoy their lives with dignity and independence whilst continuing to be participating members of their own communities.*'

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: Personal care / personal support Category of care: Adult 60+, Dementia, Physical disability, Learning disability, Autism Maximum number of hours of personal care / personal support to be provided per week is 2,250 Age range of care receivers: 18 and above
Date of Inspection	16, 17, 18, and 21 August 2023
Time of Inspection	10am to 2.30pm, 11.30am to 1.15pm, 3pm to 3.45pm and 2.30pm to 3.30pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	14

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

Since the last inspection on 1 September 2022, the Commission received an updated Statement of Purpose in February and April 2023. This concerned changes in care receiver numbers and hours and updated details of staff achieving their Level 2 diploma qualifications. No applications have been made to vary the conditions of the Registration of this service.

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.

Governance systems in the service are comprehensive, resulting in a well-run service that is within its capacity. In addition, monthly reports are thorough, alongside regular quality assurance activity. This is a good area of practice.

This service has solid person-centred values which underpin how it delivers care and support to care receivers. As with most of the care sector, there has been considerable pressure on recruitment and retention over the last year. This Registered Manager has proactively reduced the number of care receivers in the service over the previous year to enable the continued delivery of high-quality care.

This service handles complaints and disciplinary procedures thoroughly and within policy guidance. Incidents and accidents are logged and investigated, with clear outcomes and learning noted by the Regulation Officer. Not all notifiable events per the Home Care Standards were provided to the Commission.

All care staff who administer medication have the required Regulated Qualification Framework (RQF) Level 3 award in the administration of medication in place. As part of this inspection, the management team reviewed events and incidents that would require them to be notified to the Commission.

It was noted that medication errors had not been routinely reported. This has now been rectified, with the Regulation Officer noting appropriate investigation and action plans resulting from previous medication errors.

The management structure within this service provides significant oversight of the care being delivered, including regular reviews of care plans, risk assessments, and behaviour management plans. This structure also allows a deputy manager to be office-based to support care staff where necessary. This is an area of good practice.

The Regulation Officer evidenced robust feedback systems from care receivers, relatives, and professionals to help inform the quality of care delivered. There was evidence that feedback was noted in the monthly reports, and a thematic audit had taken place.

INSPECTION PROCESS

This inspection was announced and was completed between the 16 and 21 August 2023, with notice of the inspection given to the Registered Manager the day before the initial visit. This ensured that the Registered Manager would be available during the inspection.

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**

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

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 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 observed care and support being delivered to three care receivers as part of this inspection. In addition, two care receivers' relatives were consulted by telephone regarding their views on the care provided to their loved ones.

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

Records, including policies, care records, incidents, and complaints, were examined during the inspection.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and the two Deputy Managers.

This report outlines our findings and includes areas of good practice identified during the inspection.

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.

The provider reviewed the Statement of Purpose for this service in April 2023. The Register Manager reported that they have purposely reduced care capacity owing to staff recruitment and retention, primarily focusing on maintaining high-quality care. This reflects similar pressures throughout the care sector.

Monthly reports are completed by one of the deputy managers. These reports were thorough and completed on the Commission's suggested template. The Registered Manager confirmed that the monthly reports were invaluable to the service in identifying areas that need to improve outcomes for care receivers or to celebrate good practices.

Quality assurance activity is undertaken regularly, with audit plans being identified monthly from a dedicated list. The Regulation Officer viewed a sample of recent audits, for example, medications (including medication errors), staff induction, and ensuring all staff have an appropriate ID badge.

The Registered Manager reflected that it is difficult to get all care staff to regular team meetings given the different types of care packages delivered by this service. With some care teams who provide 24-hour packages, this is easier; however, other care staff meet every three months.

The Regulation Officer viewed the complaints and incidents log. Only one complaint was noted since the last inspection, which had been handled per policy.

The induction of new staff in this service is comprehensive and included the following:

- Dedicated time to familiarise new staff with policy and procedures, including sign-off by care staff to acknowledge they have read and understood the documents.
- Mandatory training is completed, and specialist training, if necessary, is due to the needs of the care receiver they are supporting.
- Shadowing opportunities based on the confidence and experience of staff and the needs of the care receiver/s.
- Formal ~~monthly~~ supervision once per month for the first three months.
- Completion of an induction checklist.
- Completing the Code of Practice for Health and Social Care Support Workers in Jersey workbook.
- Fortnightly observation of practice by the Deputy Managers.

The Regulation Officer was assured that supervision was completed with all staff at least every three months and was person-centred to ensure that care staff felt valued and could contribute to maintaining high-quality care.

This service meets the minimum requirements for staff having a Level 2 diploma in care or equivalent under the RQF Framework. The computer software used in this service helps track when mandatory training is due for renewal and aids this service in maintaining a high level of compliance. The Regulation Officer sampled several staff training records and was satisfied that mandatory training was current.

The Regulation Officer viewed several personnel files of staff. These were comprehensive and included the following:

- Checklist of the contents that are subject to regular audit
- The original application form
- Equal opportunities statement with staff signature
- Contract of employment

- Completed Jersey Code Of Practice
- Induction paperwork and checklist
- Supervision notes (at least every three months) and an annual appraisal
- Return to work interviews
- Disciplinary documentation.

Disciplinary procedures and processes were discussed with the Registered Manager. Disciplinary proceedings implemented were noted to be thorough, timely, proportionate, and carried out per this service's policy. The Regulation Officer was satisfied that this service would react and respond to poor care practices or where care receivers are placed at risk of harm.

The Regulation Officer noted that governance in this service was well organised, which resulted in documentation, statistics, and information being easily accessible for the purpose of inspection. This is an area of good practice.

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.

Referrals to this service come directly from care receivers, their representatives, or Adult Social Care. Once a referral is accepted, one of the management team will undertake an assessment, which will involve meeting the prospective care receiver, their representatives, and professionals in their wider care network. This assessment aims to identify care needs, how these will be met and if there are any risks associated with delivering care.

Individual care plans and risk assessments are developed, managed, and reviewed by the management team at least every six months or as care needs change. Where necessary, behaviour risk assessments are in place that identify measures to reduce or mitigate specific behaviour.

The Regulation Officer examined care planning and risk assessments for three care receivers and noted these to be comprehensive. Care receivers also had oral health care plans and health passports, which are good areas of practice.

Care receivers and/or their representatives are provided with a welcome pack, which includes the underpinning person-centred values this service focuses on when delivering care and support. The contract of engagement is thorough and sets out what care receivers can expect from the service.

The Registered Manager is ably supported by two Deputy Managers, who are responsible for coordinating direct support to care staff. Each Deputy Manager operates within a two-weekly cycle, spending one week on call, office-based, and the second week providing oversight and coordination of the care delivered to their allocated group of care receivers. This involves direct support and advice to care staff, observation of practice, and reassessment of the care receivers' needs that may require changes to a range of care plans. This is an area of good practice and provides for regular review of care plans. The care staff consulted appreciated the support and supervision they were provided with.

The Regulation Officer enquired about using feedback from care receivers, their families/representatives, and staff. The Registered Manager provided the following ways that feedback is sought:

- Care staff seek care receivers' views as they deliver care.
- Deputy Managers seek care receiver and family feedback regularly as part of their fortnightly oversight visit.
- Formal feedback is sought from care receivers, families, or their representatives annually.
- Staff feedback is sought informally and formally during supervision.
- Staff are provided with annual appraisals and the opportunity to respond to a yearly survey.

The Regulation Officer evidenced the above by examining feedback documents and consulting with care receivers, their families/representatives, and staff. Staff supervision was completed within the required Standards and appraisals were noted on staff personnel files.

This service has adequate measures and processes in place where care receivers cannot manage their financial affairs or are not overseen by a relative or their representatives. In these circumstances, care receivers are appointed a delegate from the Viscount's Department, which ensures that this service appropriately manages finances for care receivers who do not have capacity.

The Regulation Officer observed care being delivered in three separate care settings as part of this inspection. Person-centred care was witnessed alongside care staff treating individuals with dignity, respect, and care. Care staff in these settings were consulted regarding their caring role. Feedback was positive; they felt well supported by the deputy managers and confirmed regular oversight visits.

One care worker commented that *"the management team is very supportive and understanding; they work around my availability. I also provide care to a great group of care receivers and am really happy in my role."*

Care receivers appeared happy with the care they were being provided, and some could verbalise or indicate this through other communication methods to the Regulation Officer. The Regulation Officer consulted two relatives of care receivers and they offered the following feedback:

"I am very happy with the care and support my relative receives; I would rate it 11 out of 10."

"The carer provides excellent support but also respects my relative's requests to continue to promote their independence."

My relative has *"really come out of himself; he is doing more things for himself, they promote lots of contact with family members, and we are very happy with his care."*

The Regulation Officer consulted with two professionals who have regular contact with this service, and they provided the following comments:

“The management and carers seem to be knowledgeable and deliver person-centred care, strive to include our clients in social activities and go to outings, such as trips to the zoo, Mencap, or festivities, despite our client’s co-morbidities and difficulties.”

“The Gentle Care management team are approachable and responsive.”

“Gentle care has offered consistent support, particularly with the challenging times of Covid-19 and island-wide staff shortages.”

“I have found Gentle Care to be very good with communication and always respond to my queries promptly.”

“They have supported with appointments and other activities outside of their normal working hours and have found them to be flexible and caring in their approach.”

Choice and safety

<p>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.</p>
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The Regulation Officer examined the policies and procedures of this service, which were held in a central file. Policies and procedures are reviewed at least annually or when required. As part of the staff induction procedure, they are given time to familiarise themselves with these documents and sign a signature sheet to acknowledge this. Reviewed policies and procedures are emailed to staff, who must acknowledge receipt and that they have read and understood any changes. This is an area of good practice.

The Regulation Officer audited safe recruitment practices for five staff recruited since the last inspection in September 2022, these were found to be in order. The Regulation Officer also noted regular use of the update service for criminal record checks on an annual basis and a central record detailing when criminal record checks are due for renewal.

The Regulation Officer examined incidents and accidents requiring notification to the Commission as part of this inspection. The process for dealing with incidents and accidents was thorough and identified actions to resolve the matter or reduce the opportunity for the event to happen again.

The Regulation Officer clarified with the management team that medication errors should be reported to the Commission as per the Home Care Standards. The Registered Manager has since rectified this and the Regulation Officer was satisfied that historical medication errors were thoroughly investigated, noted in the service monthly reports and an action plan had been completed to reduce further errors.

All staff who administer medications have the requisite RQF Level 3 award in medication administration. The Regulation Officer viewed Medical Administration Records in two care settings. No errors were noted on these records, and they were produced and supplied by a qualified pharmacist. The storage of medication was safe and appropriate. No administering of covert medication was taking place in these care settings.

The Regulation Officer noted that this service supports several care receivers with 24/7 care packages. These care receivers live in their own home, so applying fire safety and prevention measures is limited. Care staff undertake mandatory training in this area and know their responsibilities should a fire occur. Due to increased risk, the Regulation Officer requested a review of fire safety measures in one case. This was completed quickly and comprehensively by this service.

Where capacity issues are identified with care receivers, this service has appropriately applied for a Significant Restriction of Liberty (SRoL) under the Capacity and Self-Determination (Jersey) Law 2016. Regular SRoL review is completed, and renewals are made within required timescales.

The underpinning values of this service are person-centred, where they want to enhance the lives of care receivers through maintaining or developing daily living skills and taking positive risks to remain as independent as possible. The management team provided several examples of person-centred care and clearly stated they only employ care staff aligned with the service's values and principles. In addition, the Regulation Officer visited three care settings as part of this inspection and observed personalised care delivered with dignity, respect, and compassion.

This service works closely with the Speech and Language Therapy service to ensure that any carers with communication needs have up-to-date assessments and that communication tools, such as picture boards, are in place.

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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