



Jersey Care
Commission

INSPECTION REPORT

LV Home Care

Home Care Service

2nd Floor

Charles House

Charles St

St Helier

JE2 4SF

5, 6 and 12 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 LV Home Care. LV Care Group is the service's Registered Provider, and the service office is situated in St. Helier.

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| Regulated Activity | Home care service |
| Conditions of Registration | <u>Mandatory</u> Type of care: personal care and personal support Category of care: learning disability, physical disability and/or sensory impairment, autism, adult 60+, dementia, substance misuse, mental health Maximum number of care hours per week: 2249 hours Age range of care receivers: 18 years and above |

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| Dates of Inspection | 5, 6 and 12 September 2023 |
| Times of Inspection | 13:15-15:10, 14:00- 17:00 and 10:00-12:30 |
| Type of Inspection | Unannounced |
| Number of areas for improvement | One |
| Number of care receivers using the service on the day of the inspection | 36 |

Since the last inspection, the Commission received a notification of absence of the Registered Manager in November 2022. The notification included details of the Registered Provider's arrangements to ensure that the service had an interim management plan in place. The arrangement was for the Director of LV Home Care Community Services to act as interim manager and for a temporary Registered Manager to be employed from January 2023 until September 2023. A Registered Manager application was received and subsequently approved by the Commission March 2023.

In June 2023, the Commission was notified of a change in the service's address.

In July 2023, the Commission received a notification that the temporary Registered Manager had stepped down and the substantive Registered Manager would not be returning to the role. The Director would be the interim manager until a permanent Registered Manager is appointed.

Updated Statements of Purpose have been submitted to reflect the changes.

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 is managed by the interim manager and supported by the deputy manager. The organisational and governance framework is appropriate to the service needs, size and complexity. There was evidence of safe and fair recruitment practices, clear induction programs and regular supportive supervision.

Initial assessments demonstrate an understanding of the impact health issues have on care receivers and care records detail the agreed package of care. Feedback from care receivers and their representatives described the staff team as adaptable, patient and understanding. All explained they would call the office if they had concerns. Feedback from professionals external to the service was positive, stating staff were responsive and person centred.

There was evidence the team responded promptly to issues to enable safety and mitigate risk of harm, reflecting and learning from events. Safe practices for medication management, escalating issues internally and lone working were demonstrated.

Areas for improvement from the last inspection have been met. As a result of this inspection, there is one new area for improvement relating to staff working hours.

INSPECTION PROCESS

This inspection was undertaken on 5, 6 and 12 September. The inspection on 5 September was unannounced. On the 6 and 12 the inspections were announced to enable the Interim Manager to be available. Two Jersey Care Commission staff undertook the inspection on 12 September.

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, notifications and correspondence to the Commission. Policies, care records, staff files and training records were examined during the inspection.

The Regulation Officer sought the views of the people who use the service, gaining feedback on the telephone with three care receivers and two care receiver representatives. The Regulation Officer spoke with LV Home Care managerial, administrative and care staff and gained the views of three professionals external to the service. Staff engaged fully with the inspection process.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Interim and Deputy Managers. This report sets out our findings identified during the inspection. Where an area for improvement has been identified, it is described in the report and an improvement plan is attached at the end of the report.

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

INSPECTION FINDINGS

At the last inspection, three areas for improvement were 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 all of the improvements had been made.

Area 1 relates to Standards 3.11 and requires the Registered Provider to ensure that there is appropriate training in place for the Registered Manager and other senior staff to support their knowledge and understanding of significant restrictions. The Regulation Officer saw evidence that training in this area had been undertaken.

Area 2 relates to Standards 3.14 and states the Registered Manager must ensure that appraisals are provided to all staff on an annual basis. There was evidence that annual appraisals are undertaken, and the practice is aligned with the organisational policy.

Area 3 relates to Standards 9.2 and highlights the requirements for the provision of monthly reports to incorporate and review all areas of service provision. A sample of monthly provider reports was reviewed. The reports cover an appropriate range of areas to enable a review of the quality of care provided and compliance with registration requirements, standards and regulations.

All areas for improvement from the last inspection have been met and are removed.

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 is managed by the Interim Manager and supported by the Deputy Manager. There is oversight from the LV Care Group and day-to-day support from the three senior health care assistants (SHCA). Weekly meetings with the Deputy Manager and the SHCA review care and monthly meetings review managerial issues. This represented an organisational and governance framework to support the service and is appropriate to the service needs, size and complexity and met Standard 9.1. The Registered Manager post has been advertised.

The service has a comprehensive range of policies and procedures. The grievance policy and the medication policy were discussed in detail. There were examples of how the documents were used in practice. The service is presently changing information technology (IT) systems to enable easier access for staff to read and plan to review policies as part of this project.

Staff recruitment files were read. There was evidence of safe and fair recruitment procedures and checks being undertaken prior to staff commencing work. Induction documentation was read, and the process was discussed with managerial and care staff. Staff are given an induction workbook, which includes competency assessments, introduced to the electronic care records system, given access to policies and allocated initial training. There is a shadow period with senior staff, which can be extended to support staff if required. Care staff described the process as clear and supportive. Compliance to Standards 3.6 and 3.10 was demonstrated.

The Disclosure and Barring Service (DBS) checks for staff recruited since the last inspection had been retained for viewing by the Commission. The Regulation Officer signed to confirm these had been viewed. Original DBS certificates for some staff recruited prior to the last inspection had also been retained. It is noted this is not in breach of a Home Care Standard.

However, the Regulation Officer advised the Interim Manager to review the organisational policy regards staff data and contact the Jersey Office of Information Commission to discuss good practice.

The interim manager explained that during an internal review, it had been noted that DBS updates for some staff were outside the three-year Home Care Standards requirement. DBS checks had immediately been requested and risk assessments were undertaken. The risk assessments were analysed during the inspection, and they were comprehensive. The Regulation Officer was satisfied the Interim Manager was aware of their responsibilities and had taken prompt and appropriate action to mitigate the risk of harm and avoid the issues occurring in the future.

The Regulation Office spoke with staff regarding supervision and reviewed a sample of staff supervision. Staff reported regular supervision and records evidenced that the frequency of sessions met Home Care Standard 3.14. The staff described the session as supportive. Records demonstrated this, particularly in one subject entitled "Worry Amnesty." Staff to discuss any concerns.

Health Care Assistants (HCAs) described the managerial and senior care staff as supportive. The feedback related to the present team and the previous registered managers. The organisation has an "Employee of the Month" system to acknowledge staff's good work and commitment.

The training matrix was reviewed, which evidenced relevant training topics for the 23 staff members. First aid and BLS are the areas that require attention. The management team was aware of this and had addressed it by arranging training in these areas for October 2023. All other areas of training demonstrate over 80% compliance. There was evidence that an acceptable percentage of care staff were suitably qualified with level 2 diploma.

The Commission had received correspondence earlier in the year that some care staff worked over 48 hours per week. Standards 3.9 details that care workers "will not work more than 48 hours per week unless under extraordinary circumstances on a short-term basis only".

The Regulation Officer corresponded with the Registered and Interim Manager at the time of the information. There was evidence of an extraordinary circumstance to justify this. However, on review of staff rotas, there were other occasions when staff's weekly working hours breached Standards. Correspondence with the Interim Manager revealed the issue had been recognised and steps were taken to ensure the service works within the requirements of Standard 3.9. It was agreed the Commission would continue to monitor.

During the inspection, weekly care hours the service provided, and staff rotas were analysed. There was evidence that during August, the service provided 864.8 hours of personal care and support to 36 care receivers and had appropriate level care staff to provide this care. However, on four occasions, one staff member had worked over 48 hours in a week. Therefore, the service continues to be in breach of Standard 3.9 and this is an area for improvement.

LV Home Care uses an electronic care record system called 'Pass'. It links with the agreed hours of care and records when care workers arrive and depart. The Deputy Manager explained this enables accurate invoicing. The system met the requirements of Standard 8.3.

Care and support

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| <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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Care records were reviewed. The initial assessment template front page detailed relevant demographics, contact information and essential health information. The body of the assessment covered physical, psychosocial, spiritual, and financial aspects of care receivers' lives. The topic areas and the language of the questions enabled an understanding of the impact health issues were having on the care receiver, what was important to them and in what practical ways the team could support them.

Feedback from a care receiver describing the initial assessment highlighted, “we were able to say what we wanted.” The assessment evidenced Standard 2.1 was met.

Care plans covered appropriate areas and clearly documented what care and support was required and when it had been undertaken. It was reported care plans were reviewed every six months or at times of change in a care receiver’s condition or at their request. This met Home Care Standard 2.3.

During the inspection, there was a short unforeseen IT issue that resulted in organisational information and care records being unable to be accessed via the office computers. However, the IT system ensured that all staff could continue to access care records via the application on their telephones. Therefore, there was no disturbance to care delivery. The Regulation Officer was assured of this system and noted the managers' response was calm and professional.

Staff described how they are introduced to new care receivers to transition from not knowing the staff to the staff supporting them with care as planned. Feedback from care receivers mirroring the process and was described as supportive. The Regulation Officer was informed that visits are scheduled and provided to care receivers and care workers two weeks in advance; this is an appropriate timeframe. The introduction process and scheduling met Standard 6.1 requirements.

Feedback from care receivers and their representatives described how the team was adaptable with the package of care when needs changed, supported the transition from living at home to a care home and arrived at planned visits on time. It was stated the team are “Brilliant,” “Amazing,” and “Patient and understanding with me.” Care and support were with household tasks, washing, dressing, trips out, meal preparation and shopping, helping set and manage goals to manage activities of daily living.

All care receivers and their representative knew they could call the office if they had concerns. Feedback was that if they had undertaken this, their concerns were listened and responded to appropriately. One representative explained how there had been a different care worker each day in the first weeks of care. After speaking with the Deputy Manager, this was changed to three to four staff, which was consistent and supportive.

Feedback from three professionals external to the service was positive. The team was described as responsive and with a person centred and non-judgemental approach. Good communication within the team had been observed. Staff placed appropriate referrals, produced clear documentation and were receptive to requests and suggestions. The “team went above and beyond” during a challenging event to support the care receiver. The team demonstrated a comprehensive awareness of what strategies help the care receiver, taking both initiative and direction. Later, the team reflected and proactively explored preventive measures. It was suggested the team could improve multiagency working by exploring care receivers' preference for information sharing with other agencies at the initial assessment, the Regulation Officer agrees this would be beneficial.

The previous inspection highlighted that Home Care registration requires that the service that provides the care does not hold the tenancy of the property in which the care is provided. During the inspection, the Regulation Officer saw evidence that the tenancy agreements were with another organisation.

The Regulation Officer was satisfied the service met the care and support Standards by which it was measured.

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.

An area where care receiver choice is supported was described to the Regulation Officer. The 'Pass' system stores information regarding the care receiver's preference of care worker categorised into preferred, neutral and disfavoured. If there are unexpected changes to the schedule, for example, due to staff absence, the Pass system will prioritise the availability of preferred carer. The Regulation Officer explored the benefits and challenges of the preference system for care receivers and care workers and was satisfied the team used the system professionally.

Medication management was reviewed. All staff administering medications have level 3 training. If new staff have level three medication training, they undergo a refresher course when recruited. Following medication error, a two-hour mandatory medication training session bespoke to the team was arranged via Care College. A SHCA undertakes regular reviews of medication administration record sheets (MARS). For example, reviewing if medications have been signed for and investigating if signatures need to be included. Also, medication supplies and storage, including when refrigerated required. There is a medication management policy and PRN medication policy in place. It was reported this is being updated and the Interim Manager was advised to consider merging these policies and review best practice guideline.

The Regulation Officer spoke with managers and care staff regarding the escalation process. All staff described the same process clearly. During office hours, care workers telephone the home care office and speak with the Deputy Manager or a SHCA. The Deputy Manager and SHCA rotate the overnight and weekend on-call system and can escalate issues to the Interim Manager. The Regulation Officer was satisfied this system enabled safety issues to be raised across the service in a timely manner and met Standard 9.3.

The team also demonstrated when, how and why they had appropriately escalated concerns to professionals and services external to LV Home care. These included GPs and / or care coordinators and referring to the safeguarding team and met Home Care Standard 6.5. The Regulation Officer advised the team to strengthen links with the Family Nursing and Home Care District Nurses to enable collaborative working and increase awareness of when to escalate to them.

A further practice that supports safety was a weekly review of 'Pass' system alerts. Alerts ranged from a care worker leaving a care receiver's home early to tasks on care plans not being undertaken. When reviewing, the manager aligns the information with their more comprehensive knowledge about the care receiver's care plan and needs to make a professional judgment on follow-up. This may include no action, further discussion with the care worker or a home visit to review.

The service has a lone worker policy. One procedure to reduce risks associated with lone workers is that care workers scan a quick response (QR) code when they arrive at a care receiver's home and when they leave. The care worker's location is then known, and the manager will contact the care worker if they are concerned the electronic log does not fit with the expected movements. This demonstrated compliance with Home Care Standard 4.6.

IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the Registered Provider’s response to the inspection findings.

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| <p>Area for Improvement 1</p> <p>Ref: Standard 3.9</p> <p>To be completed by: with immediate effect</p> | <p>The Registered Provider must ensure that care workers do not work more than 48 hours per week unless under extraordinary circumstances on a short-term basis only.</p> |
| | <p>Response of Registered Provider:</p> <p>LV Home Care has implemented a care worker hours monitoring alert on our care management system. We also have implemented a manual review of the process to ensure this is effective before relying on the system. This has been with the wider team to ensure anyone scheduling monitor ours before distributing the work to the care worker.</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.



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

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je