



**Jersey Care
Commission**

INSPECTION REPORT

Cambrette Care

Home Care Service

**1st Floor, Trinity House
Bath Street
St Helier
JE2 4ST**

20, 21, 26 and 28 September

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 Cambrette Care, Home Care Service. The service office is situated in the Parish of St Helier.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: personal care and personal support Category of care: adults 60 +, dementia care, physical disability, mental health, substance misuse, learning disability and autism Maximum number of combined personal care and support hours that can be provided: no more than 2249 per week Age range of care receivers: 18 years and above
Dates of Inspection	20, 21, 26 and 28 September 2023
Times of Inspection	10:00 - 12:45, 10:00 - 11:00, 09:30 - 13:40, 11:30 -13:00 and 12:00 - 12:30
Type of Inspection	Announced
Number of areas for improvement	One

Since the last inspection undertaken on 25 October and 2 November 2022, the Commission received a Registered Manager application and the new manager was registered in April 2023. The previous Registered Manger is the Service Provider and the new Registered Manager was working at Cambrette Care prior to taking on the role. The team had arrangements in place to support the transition in roles.

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 new Registered Manager has settled into the role and clearly understands their responsibilities. All staff spoke of good teamwork, feeling supported and having access to extra learning opportunities.

Feedback from care receivers and their representatives was positive. Staff were commended for their genuine caring approach. Feedback from professionals external to the service was that staff were kind and compassionate and worked collaboratively.

During the inspection, the Regulation Officer observed the team's calm and measured response to a changing situation. The staffing structure is well defined, and the staff skill mix and levels are appropriate to the service.

There was evidence of service review. The organisation has appropriate recruitment, induction processes and appraisal and supervision practices in place. There are systems in place to risk associated with lone working.

The area for improvement from the 2022 inspection relating to policies and procedures remains and is required to be completed by 30 December 2023.

INSPECTION PROCESS

The inspection was announced, and two days' notice was given. The inspection was undertaken on September 20, 21, 26 and 27, 2023. The Registered Manager was present on 26 September 2023. On 27 September 2023, a home visit was undertaken by the Pharmacy Inspector with one of the senior care managers.

The Regulation Officer also visited the office on 2 October to provide confirmation of the Disclosure and Barring Service (DBS) certificates that had been viewed, as required in appendix four of the Home Care Standards.

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, including telephone call and emails.

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff. Contact was established with two care receivers, three care receiver representatives via telephone and one care receiver representative via email. The views of three professionals external to the service were also obtained.

¹ 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 and procedures, the staff handbook, care records, monthly provider reports and staff records were reviewed.

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

This report sets out the inspection findings. Where an area for improvement has been identified, this is 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 an improvement plan was submitted to the Commission by the Registered Provider setting out how these areas would be addressed.

The area of improvement was for policies and procedures to be localised with reference to the process in Jersey and relevant agencies to be contacted in the event of escalation. The improvement plan stated that the service “had tried to engage assistance to review all policies, a company within 2021 subsequently went out of business. We will now prioritise this for 2023.”

The improvement plan was discussed during this inspection with the Director and Registered Manager. It was clear there had been work undertaken and progress was ongoing. Each policy file containing a list of relevant Jersey laws and the employee handbook containing policies and procedures was being reviewed and presently in draft form. However, it did not demonstrate that the area for improvement has been fully achieved. Therefore, the area of improvement remains and the service is required to submit evidence of the completed project on or before 30 December 2023.

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 Statement of Purpose was reviewed and discussed with the Registered Manager. It represents the service that is being delivered. The format of the document was discussed. The Commission has a suggested template, though services are not required to use this. Therefore, it was agreed the format would remain unchanged.

The organisations website describes the team's approach and philosophy to encompass individuality and diversity. There are testimonies from care receivers and their representatives. The language is clear, and the formatting is engaging and accessible to support initial inquiries about the service to be made.

The Regulation Officer spoke with the Registered Manager regarding how they had adapted to their role. The response demonstrated a clear understanding of the role and their responsibilities. They spoke respectfully of care receivers and colleagues. Throughout the inspection process, they displayed a professional and thoughtful manner. The Director, the People Officer and senior care staff support the Registered Manager. The staffing structure is well defined, and the staff skill mix and levels are appropriate to the service.

Monthly provider reports were reviewed. The Director compiles with the reports; previously, the Human Resources Manager undertook the monthly reporting. The reports cover relevant topics to enable reflection and planning. There was evidence that feedback from care receivers and staff internal and external to the service had been gained. It was positive to see there was a new initiative that any notifications to the Commission during the reporting month are now attached to the report for direct reference.

Staff supervision records were reviewed. Supervision is undertaken four times a year as required in the Home Care Standards. The supervisor and supervisee names and roles were documented, and both signed and dated the record. The areas the supervision session covers were discussed with the Registered Manager, and it was advised to include an area to explore staff well-being.

The People Officer undertakes annual appraisals, termed personal development plans (PDP). The People Officer explained the process they undertook when preparing for and the PDP appeared professional and thorough. The People Officer demonstrated they recognised the importance of exploring staff wellbeing through active listening and signposting to local emotional supportive services

All staff spoke positively about working at Cambrette. Staff remarked on good team communication, that rota scheduling is flexible and supports work-life balance and staff birthdays are recognised. It was also stated that learning and development opportunities were offered and supported. Feedback from Health Care Assistants (HCA) was that they feel supported by senior care staff and managers. "I call the office if I have any questions or concerns". Experienced HCAs described how they enjoyed helping newly recruited HCAs to make colleagues feel safe and welcome. The Registered Manager and care managers deliver an on-call system.

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 process from referral to care and support starting was described, and a sample of records was reviewed. Referrals are primarily via a social worker. The team reviews care needs identified on the referral and the capacity of the service to meet them. The Registered Manager and/or a care manager undertake an initial assessment and negotiate the care package with the care receiver.

If the care receiver is in hospital, the team will aim to carry out a home visit to assess the environment before discharge. Cambrette staff provide care receivers with terms and conditions of the service before care and support begin. The terms and conditions set the service care provision, information about how to change or end the service and charges.

Initial care plans are developed and then reviewed and expanded upon if required. Care plans are reviewed every four weeks or in response to changes. The process is clear and evidenced in care records. Staff undertaking the assessment and developing care plans were appropriately trained.

Care records are held in the Care Line Live (CLL) electronic system and can be accessed on care staff telephones. Care staff explained they also have a verbal handover of the care receiver's health issues and informed of the care package before a home visit if required.

Feedback from care receivers and their representatives was positive. It was stated, "They [staff] are all very good", "They [staff] all show genuine caring", and "Care is top notch". Feedback from health and social care professionals was also complimentary. Staff were described as responsive, good communicators, caring and engaging.

Care staffs' approach and care records were discussed with the Registered Manager. Staff consistently spoke about care receivers with respect and compassion and demonstrated a detailed knowledge of care receivers' needs. The Regulation Officer advised the initial assessment and care planning topics be reviewed to represent the teams' holistic person-centred approach.

The Regulation Officer was informed that four care workers have been based at Jersey Hospice Care (JHC) Inpatient Unit (IPU), working alongside JHC staff to deliver care and support. Feedback from a care worker was that they had benefited from the opportunity and had received specific palliative care training before providing care.

Feedback from a health professional at JHC was that the Cambrette team worked collaboratively with JHC when making the arrangement “it was seamless with Cambrette management” and having the same two carers from the agency enabled continuity of care. The care staff were described as ‘kind and compassionate’. It was highlighted that the care staff were adaptable and hard-working. The professional stated, “I have nothing but respect and admiration for the professionalism and commitment afforded to our patients and families by Cambrette’s carers”.

During the inspection, the Regulation Officer observed how the team responded when a care receiver was not contactable at the time of a scheduled visit. The situation was assessed, and risks identified, plans were set, including further escalation plans if required and time frames for re-evaluation were adhered to. The team demonstrated a calm, measured and professional approach. Any potential harm and distress to the care receiver or family was avoided.

The management of complaints was explored with the Registered Manager, as two care receiver representatives had contacted the Commission since the last inspection regarding complaints. The service has not received any complaints since the Registered Manager commenced their role. They explained they would respond with a person-centred approach and aimed to resolve issues fairly.

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>

The Regulation Officer spoke with the People Officer who described how staff recently recruited from overseas applied, were shortlisted and interviewed. The process was clear and fair. The process was further evidenced in the staff files the Regulation Officer sampled. Safety checks required prior to commencing employment were completed and this included DBS checks. Staff recruited from overseas also had evidence of police checks specific to their country of origin.

The induction process was described to the Regulation Officer and evidenced in staff records. It involves the undertaking of online mandatory training. Time with the People Officer focuses on the employee's contract, workbook and practical issues such as work mobile phone and uniforms and online training. If relevant to the new staff member, it also covers support with moving into accommodation and a driving assessment. In-house training is then delivered by the Registered Manager, including medication management, record keeping, moving and handling.

Shadow shifts are then undertaken with one of the care managers. A care receiver explained that the care managers come with new staff on their first visit. One stated, "They explained what help and support I need; I find them all good; I have no concerns". A newly recruited care worker also described this process. The probation period is 12 weeks, with a mid-probation discussion. This represented a safe and supportive induction and probationary period.

Mandatory training covered the topics required within the Standards. The service is registered to support care receivers with dementia and the Registered Manager described the training delivered in this area. It includes diagnostic information, communication approaches and respect and empathy. The topics were fitting to this area of care and demonstrated an area of good practice.

There is a safety procedure in place to reduce the risks associated with lone working. The 'CLL system' shows what care calls are required daily and for how long. If a care worker is driving between the care receiver's homes, it illustrates this with a car icon between calls. On arrival and departure from a care receiver's house, the care worker scans a quick response (QR) code. The 'CLL system' changes colour to demonstrate this. Unexpected changes or absence of movement to the system would prompt senior staff to contact care workers to check they are safe.

Medication management was reviewed with the Pharmacist Inspector. It involved reading relevant policies and procedures and care records, discussions with staff and a home visit with a senior care manager. Overall, the practice was safe and appropriate to the Standards. Care plans detailed step-by-step instructions on medication administration. The team used blister packs for administration if this was

a care receiver's preference. There was an example of bespoke nebuliser training for staff to support the needs of one care receiver. If not using blister packs, the team was advised to consider keeping a medication balance on the medication administration record (MAR) and recording when medication was returned to the pharmacy using a drug disposal record.

The team demonstrated they were aware of when and how to place safeguarding referrals. The Regulation Officer observed the team responded promptly to risk of harm to care receivers and or their representatives and working within the scope of their practice to manage concerns and escalate appropriately. Language used in the referrals was non-judgmental.

IMPROVEMENT PLAN

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

Area for Improvement 1 Ref: Standard 9.3 To be completed by: 30 December 2023	Policies and procedures in place must be localised with reference to the process in Jersey and relevant agencies to be contacted in the event of escalation.
	Response of Registered Provider: Policies have now been completed some of which will be available next week to staff. The rest will be rolled out in the New Year along with New Staff Handbooks.

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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