



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Tutela Jersey Limited**

**Home Care Service**

**Ground Floor  
CTV House  
La Pouquelaye  
St Helier  
JE2 3TP**

**15 and 17 November 2023**

## THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care, and adult day care services 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 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 Tutela Jersey Ltd (Tutela). The service is situated in the parish of St Helier within a commercial property that provides offices to multiple businesses. Tutela provides an Island-wide service that varies from a few hours per week to the provision of 24-hour care in a person's own home.

Regulated Activity	Home care service
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care, personal support</p> <p>Category of care: Adult 60+, Dementia Care, Physical Disability, Mental Health, Learning Disability, Autism, Substance Misuse</p> <p>Maximum number of personal care / personal support hours: 2500+ hours per week</p> <p>Age range of care receivers: 16 years 8 months and over</p>

	<p><u>Discretionary</u></p> <p>The Commission proposes to limit the number of total weekly hours of support which Tutela Jersey may provide to a maximum of 2288 hours per week. Accordingly, Tutela Jersey Ltd may not exceed this total maximum weekly number of hours from the time that this proposal is received. This condition is to remain active until such time as the Commission is satisfied that it need no longer apply.</p>
Dates of Inspection	15 and 17 November 2023
Times of Inspection	14:00am to 17:00pm and 09:00am to 17:00pm
Type of Inspection	Announced
Number of areas for improvement	3
Number of care receivers using the service on the day of the inspection	48

Tutela Jersey Ltd operates the Home Care Service. Since the last inspection on 13 and 15 March 2023, the Commission received an application for a new Registered Manager in May 2023. The Registered Manager stepped down from their role in November 2023. The Commission requested a Notification of the Manager's Absence, which was received during the inspection process. The Commission is satisfied with the interim measurements in place.

The discretionary condition on the service's registration was discussed. The Provider of the Regulated Activity confirmed that the service had not exceeded the hours stipulated and was compliant with reducing care hours to match the contracted staffing hours.

## **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.

Overall, there was evidence that progress had been made to address the areas of improvement identified during the March 2023 inspection.

The development plan remains in place, which takes account of the need to establish adequate governance arrangements within the service. Senior staff continues to work towards their vision to implement robust quality assurance processes for their service.

The regulation officers acknowledged that there had been a significant improvement in terms of developing a baseline for the organisation's training requirements. However, it was noted that the information produced needs to be streamlined and monitored effectively. This includes establishing a clear mandatory training plan. During the inspection process, the regulation officers were able to review the service's new training document, which separates mandatory and bespoke training. The regulation officers noted that the organisation is working towards quality training records. However, this work must continue to ensure that all staff comply with the new training requirements. The service has introduced training that was as a result of the learning from a complaint. During discussions with the care receiver and their family, it was reported that this training positively impacted the care receiver's satisfaction.

The regulation officers reviewed ten personnel folders, and recruitment practices were found to meet the requirements of the Home Care Standards, with the Registered Manager having a clear understanding of the principles of safer recruitment. This was identified as an area of good practice.

The regulation officers received feedback from care receivers, staff, and professionals. Overall, the feedback was positive, and it was noted that there was an improvement in communication and response when needs or issues were identified. However, there were concerns raised in relation to staff turnover and management.

The service has a new IT system called Care Live Line, which can manage all the care receivers' and staff's records. The regulation officers had an opportunity to review several areas that this system covers. Overall, the new informatic technology is being introduced to the team, with evidence of robust support and training provided to the staff. The system provides the team with alerts that prompt them to act without delay. An example is a renewal for Significant Restriction on Liberty (SRoL) and a renewal for Disclosure and Barring Service (DBS).

The care plans showed a good understanding of care receivers' needs and were reflective of individual wishes and preferences. They also demonstrated a close involvement with care receivers, and there was evidence that they promoted care receivers' independence skills while ensuring they were equipped with the skills to manage the everyday challenges of living in their own home.

The Provider demonstrated a commitment to continue improving the service and recognised the importance of this.

Three areas for improvement were identified during this inspection; two remain in place from the last inspection in March 2023.

## INSPECTION PROCESS

This was an announced inspection undertaken on 15 and 17 November 2023. The inspection was undertaken by two regulation officers.

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

This inspection focussed on the following lines of inquiry:

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

Before our inspection visit, all the information held by the Commission about this service was reviewed, including previous inspection reports, the Statement of Purpose, communication records, and notification of incidents.

The regulation officers sought the views of those who use the service and spoke with the Provider and other staff, including the interim manager.

During the inspection, the regulation officers reviewed records, including staff recruitment, training log, incidents, supervisions, and induction programmes.

There was also an opportunity to speak with members of the staff team as part of the inspection visits. Seven staff members were interviewed in the office, where the Provider facilitated time and space for this to take place.

In addition, the regulation officers followed up with five professionals, two of whom had provided feedback at the last inspection and spoke with four care receivers in the office. Four family members were contacted by phone, and the regulation officers received responses from three of the four contacted.

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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/>

At the conclusion of the inspection, the regulation officers provided feedback to the Provider of the Regulated Activity. This was followed by a feedback meeting at the Commission's offices on 11 December 2023.

This report outlines 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**

Four areas for improvement were identified at the last inspection, and the previous improvement plan was discussed during this inspection. It was positive to note that progress had been demonstrated in two areas of improvement:

- Regulation officers were satisfied that there was sufficient evidence provided for safe recruitment.
- There are now processes to ensure staffing resources are regularly monitored and measured against the required hours of support.

However, progress in three areas for improvement was shown to have yet to be met. Additional evidence is required for the service to meet the Standards in relation to:

- Provision for regular formalised supervisions and appraisals for the workforce.
- Improving the reporting system through notifications to the Commission.
- Organisational structure that reflects the volume and complexity of the care provided.

The regulation officers acknowledged that considerable progress has been made in the above areas. More detailed information will be included in the main body of this report. However, the evidence provided to the Commission during the inspection process needed to meet the Standards.

During the inspection, the service provided approximately 2061 hours of support each week to 48 care receivers. The size of care packages ranges from two hours per week to provide leisure and social opportunities and daily living skills to 24-hour support within care receivers' homes.

### **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.

Presently, the service has no Registered Manager. The Commission received an absence of a Registered Manager notification during the inspection process. The Provider explained that the team leader will act as the interim manager for three to six months until a decision is made regarding a replacement registered manager. The Commission will await further updates.

The service is supported by a team of 54 permanent staff members employed full-time and part-time. The service is also supported by 22 zero-hour contracted staff who cover vacancies, holidays, and sickness. Ongoing adverts and recruitment plans are being made.

An organisational structure was presented to the regulation officers on the first inspection day. Improvement was noted in terms of the structure of the service and appropriate management oversight for some areas of service. However, due to the volume and complexity of the care provided, the regulation officers requested further development of the presented organisational chart in relation to the structure, and an updated version was provided following the inspection visits.

The revised organisational chart, however, did not provide sufficient assurance that the service can adequately meet the scope and size of the regulated activities provided; therefore, this remains an area for improvement. Further advice on meeting this standard was given to the Provider of the Regulated Activity at a final feedback meeting on 11 December 2023.



The regulation officers reviewed a record of the current training. It was noted that the service produced a comprehensive spreadsheet with all in-house training, including additional training relating to the categories of care provided and bespoke training required to support specific care receivers. Evidence of training reminders was also provided to the regulation officers; this evidenced that this information is being monitored and updated regularly. During discussions with the Provider, the regulation officers recommended reorganizing the information; during the inspection process, the service provided a revised document to the regulation officers, with an improved clear separation of mandatory and bespoke training. Overall, it was positive to observe an improvement in this area. Due to the high need to keep this document up to date, in order for the staff to continue to receive appropriate training, continued monitorization must remain in place.

Staff meeting minutes were made available to the regulation officers, and it was noted that monthly meetings are being held, and discussions about staffing allocations, training, and care receivers' day-to-day concerns are occurring. It was positive that the service reviewed and discussed their practice to ensure quality oversight of the care provided. On analysis of the monthly meetings, it was noted that the staff attendance could be more consistent, and there were frequent gaps in these meetings. The regulation officers recommended that consideration be given to improve staff attendance and meetings' frequency consistency, as they are seen to have positive outcomes within the service overall, reiterated in feedback received.

Regulation officers were provided with staff supervision records. After analysing the competency framework for supervision and appraisal, it was noted that there was a need for compliance in fulfilling four supervisions per year, as per Standard 3.14. During the inspection process, the regulation officers received further documentation, where the regulation officers could access information regarding the supervisions achieved for 2023.

The regulation officers noted that the Provider believes the service is working towards quality supervision records. If the service wants to continue to use this supervision framework, the Commission suggests verifying the existing methods, as overall, the service will not achieve the expected standards with the current format and measures in place. The feedback the regulation officers received reiterated that the service has “*some fantastic support workers doing their best with the present provisions that the service delivers*”. However, the team would benefit from more guidance through increased supervisory leadership. This remains, therefore, an area of improvement.

The Provider gave the last three-monthly quality reports, which included information on staffing, and referred to the weekly meetings with the families regarding providing feedback and health and safety. The Registered Manager had completed two of the three reports provided, and the Director had completed the third report. As per Standard 9.2, the Registered Provider must arrange for a representative to report monthly on the quality of care provided and compliance with registration requirements, standards, and regulations. This was recognised and agreed upon through discussion with the Provider at the time of the inspection.

A staff induction booklet was provided to the regulation officers. This document was found to provide in-depth information to new starters. The evidence presented contained information about mandatory training, workplace familiarisation, health and safety overview, and working terms and conditions. The document also evidenced that line managers are following the workbook with the supervisee. This document prompts recruits into learning opportunities in key areas and allows reflection on individual learning. The regulation officers noted an improvement in the approach to supporting recruits. This was found to be an area of good practice.

The regulation officers requested information on the staff qualifications; it was noted that the service significantly improved in working towards meeting the standards. As per standard 3.12, a minimum of 50% of the care the service provides must always be delivered by staff members with relevant professional qualifications or a minimum of a relevant Level 2 diploma (or equivalent). Although the service is working towards this standard, the regulation officers understand that there is a process to follow regarding staff enrolling in the qualifications, and it was evident that progress was being made. The regulation officers also considered that the staff's induction workbook provides the team with relevant professional qualifications, where a care certificate is completed to provide the required care that the service offers.

Evidence of audits was made available to the regulation officers. It was noted that this was monitored regularly, and actions were followed consistently. The new IT system that the service introduced also assists and highlights areas where they need to focus and act upon. The team continues to ensure that this system works effectively. The overall feedback was positive, and the arrangements are working successfully. This was also reiterated from the feedback received by the staff members.

The Provider discussed that there was one complaint made about the service, which was made through safeguarding. This complaint was addressed, and appropriate actions were put in place. Feedback was sought from the care receiver involved in this complaint and their relative, and it was evident that the service's response met the expectations of the care receiver. The regulation officers discussed with the Provider that, although the Commission was aware of the complaint and safeguarding was raised, the Commission still needs to receive the notification from the service. Therefore, it was agreed that the reporting system should be reviewed to be more effective. Training around reporting notifications was offered to the service. No informal complaints have been made to the service since the last inspection. An organisational complaints policy is in place, which is made available to care receivers and their families as part of their welcome pack.

The regulation officers triangulated incidents reported to the Commission with the incident file in care receivers' care plans. It was noted that information relating to incidents was reflected in the care receiver's notes, but there needed to be more consistency in notifying the Commission. Seven SROs were reported to the Commission; however, their dates had expired, and had no review or discharge dates. The Provider recognised this, and it was explained that the service is changing the systems to ensure this is noticed in the future. The regulation officers are satisfied that the service is working towards a solution, alerts are being arranged to be more effective, and renewals are being re-organised. Once completed, the Provider reassures the regulation officers that notifications will promptly be sent to the Commission.

Weekly check-ins were implemented with the care receivers' families, the regulation officers had the opportunity to review some of these contacts, and overall, the feedback provided about the service was positive. Three monthly surveys were also implemented with the care receiver's families, and once again, the feedback received by the service was generally positive. This was seen as an area of good practice.

### **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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The service has an assessment process incorporated in Care Live Line, their new IT system, which determines that it can appropriately meet the needs of care receivers before offering a care package. It was discussed with the Provider that in the same way that the service can provide evidence that they can meet the needs of care receivers, the service can also decline packages that are not within the service remit of registration.

The regulation officers discussed and reviewed care plans and risk assessments, which are stored electronically. Each care receiver has an assessment document that gives a comprehensive overview of specific needs, wishes and preferences, aspirations, and background information, which is being reviewed regularly. There was also evidence of migration from the old IT system to the new one, and robust safety check systems were in place to ensure all information was transferred. Overall, the regulation officers found that the care plans had regular daily entries, and care receivers' input was emphasized. This was seen as an area of good practice.

The Provider demonstrated a proactive approach to safeguarding care receivers, including financial matters, evidenced in the care receiver's care plans. This indicated a mindful approach to the well-being and safety of the residents. Two safeguarding alerts were raised for this service since the last inspection, of which the safeguarding team notified the Commission; this was discussed with the Provider. As already reflected in this report, the inconsistency in reporting certain notifications was evident, and the regulation officers offered further training around notifications. As per Standard 4.3, the service must notify the Jersey Care Commission of incidents, accidents, or near misses that pose or may pose a risk of harm. Therefore, this is an area of improvement.

There were evident positive and supportive relationships between staff and care receivers. The regulation officers observed interactions between the support workers and care receivers, who demonstrated that they trusted and respected each other, which was also reiterated by some of the feedback received from care receivers. The regulation officers had the opportunity to receive feedback from four care receivers and contacted four relatives, three of whom provided feedback. Overall, the feedback received from the care receivers and relatives to the regulation officers was found to be complimentary and reassuring. Comments were expressed, such as:

*"I love going bowling with XXXX."*

*"I don't want nothing to change, I am happy."*

*“I have a busy life and have lots of activities.”*

*“I am happy, they take care of me.”*

*“I feel that they are now listening to us and addressing our concerns. I just want to continue this way now.”*

The opportunity to receive feedback from the staff was also sought during the inspection visit. Overall, the regulation officers found the team happy and content with the service. Some of the feedback received was very positive:

*“Regarding training, we have a good methodology in place, we remind staff of when they are due to renew some of the training, they can have all the opportunities they need. I am the first one seeking for new training opportunities to the service, in order for us to provide better care.”*

*“Tutela’s governance is always around, we are able to reach them if we need.”*

*“We work together with our care receivers; we encourage and support them to be as much independent as they can.”*

Activities programmes were discussed with the support workers and care receivers. On the second day of the inspection visit, the regulation officers spoke with four care receivers, who attended regular activities and expressed that they loved them. They were able to verbalise how fulfilling this was and how happy they were. They spoke enthusiastically about the activities facilitated by the service. The support workers verbalised that the activities have given the care receivers an amazing sense of community engagement, expanding opportunities for them and providing a healthy social life. This was seen as an area of good practice.

## 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.

During the visit, the regulation officers reviewed the recruitment process and a sample of fifty percent of the recruitment files for newly appointed staff. The recruitment files were organised and contained a minimum of two references, a registration card, identity checks, DBS certificates, a contract, and a job description. All files were satisfactory regarding pre-employment checks being in place before the staff member's commencement date.

Medication management was reviewed within the service. The medication administration procedure and safe storage was discussed, and it was evident that the system in place enhanced collaboration with care receivers to maximize their independence. The First Aid (Including the Administration of Medication) policy was also made available. It was noted that this policy has two essential subjects that should be divided into two policies – First Aid policy and Medication policy. The policy had correct content, and evidence of consistent medication in-house administration of medication competency was provided; however, following internal discussion with the Pharmacist Inspector, the medication policy requires further information about in-house procedures. A separate medication error protocol was provided, which contains clear details on how to proceed in this event. Overall, it was noted that secure work routines are in place, which meets Standards 6.7 and 6.8 and Appendix 8 of the Home Care Standards.

The notification of medication errors was discussed with the Provider. It was discussed that some errors should have been reported to the Commission. By discussing with the Provider, all staff received the latest update on the reportable events that Jersey Care Commission sent to all care providers, where this notification was more explicit. It was agreed to ensure that further notification of medication errors is made to the Commission promptly.

When the regulation officers were checking the newly introduced IT system, it was noted that it provides the service with live information on the staff members' current location. This will assist in implementing the risk assessments and reassure the lone workers regarding the safety measures in place. There is also an on-call rota, where the team can always call for further assistance if required. This was seen as an area of good practice.

The Commission continues to receive monthly information from the service about the weekly care hours provided, as agreed on the previous inspection. The reduction in care hours to a maximum of 2288 hours per week, as determined by the Commission's imposition of a discretionary condition in November 2022, allowed the service to decrease staff pressure, improve care quality, and enhance working practices for staff. Although there are still times of pressure, such as sickness or annual leave, which was confirmed upon interviewing staff, the team feels they have a better work-life balance. Due to the pressure that existing staff still experience at times, the increased number of new starters since the latest inspection, and vacancies within the senior team, the regulation officers found it appropriate for the service to continue to provide this information to the Commission every other month.

The regulator officers also sought feedback from five professionals involved with the service, of which three were able to respond. Generally, the feedback was positive, and the regulation officers were able to triangulate the feedback received with the evidence provided.

*"I would like to reiterate that Tutela has some excellent support workers, that are trying their best."*

*"Overall, I don't have a problem working with Tutela, but sometimes they seem a bit lost, I guess this can be due to the staff turnover."*

*"The staff is brilliant, I can always liaise with XXXX the team leader, I trust this staff member, XXXX is aware the role and the service users."*



*“I understand that staff turnover is there, but with my clients, I can see that the core team remains. They are so caring and proactive! Always trying the best for the care receiver and engaging the multidisciplinary team meetings to find the best solutions to provide the best care.”*

## 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> 3 months from the date of inspection (17/02/2023).</p>	<p>The Registered Service needs to ensure that all support workers are routinely given opportunities to discuss and identify issues through formal supervision and appraisal which meets the minimum requirements of the Home Care Standards.</p> <hr/> <p><b>Response of Registered Provider:</b></p> <p>We have been extremely pro-active with the progression of supervisions, both staff and clinical, organisation of yearly staff appraisals, scheduled and organised up until February 2025.</p> <p>Support and Supervisions sessions are continuous and are now planned throughout 2024 to 2025.</p> <p>The schedule will be followed, and results will be reviewed and addressed in the next audit planned for October/ November 2024 time, however staff are able to meet any key worker or senior management as and when required.</p> <p>Staff also have access to free therapy and counselling should they wish to accept, which a number of staff currently access.</p> <p>All supervisors are given full training to ensure their competency and additional supervision for the supervisors is given for the first 12 months to ensure they are fully supported.</p> <p>Tutela have also identified 3 more additional Level 3 staff members to conduct and hold supervisions and plan to increase this figure throughout 2024.</p> <p>All staff will be guaranteed a minimum of 4 supervisions and an appraisal yearly, of which will comply with the JCC regulations and standards of best practice.</p>
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<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> standard 4.3 and Appendix 7</p> <p><b>To be completed by:</b> 2 months from the date of inspection (17/01/2023).</p>	<p>The Registered Service must notify the Commission of the incidents, accidents, or other events that have posed or may pose a risk of harm to care receivers as the Commission identifies in the standards.</p> <p><b>Response of Registered Provider:</b></p> <p>The level of JCC notifications have been addressed and all staff have received refresher training on how to complete the process and submit notifications as and when they feel a requirement or necessary.</p> <p>Tutela has fully transitioned to Careline Live, which has an alert facility and flags the main dashboard.</p> <p>An alert is then immediately flagged to the main office where upon immediate action is taken and the commission would be notified in a timely manner, conforming to standards.</p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 8.2 and 9.1</p> <p><b>To be completed by:</b> with immediate effect.</p>	<p>An organizational structure must be in place that reflects the size of the service, volume, and complexity of the care provided.</p> <p>The structure must also provide appropriate management oversight for all service areas.</p> <p><b>Response of Registered Provider:</b></p> <p>Although Tutela have an existing chart with written guidelines, we accept this could be more simplified and an easier chart for the explanation of the structure of the company and management allocation oversight for service users and staff.</p> <p>As this was an immediate action, we have created a new Organisational Chart and submitted a copy to the JCC of which is a more simplified version and easier to follow.</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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