



**Jersey Care
Commission**

INSPECTION REPORT

The Care Hub

Home Care Service

**50 Don Street
St Helier
JE3 4TR**

1 December 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 The Care Hub, home care service. The service offices are located in the Parish of St Helier.

Regulated Activity	Home care service
Conditions of Registration	<p><u>Mandatory</u> Type of care: Personal care, personal support, and nursing care.</p> <p>Category of care: Adults 60+, dementia care, physical disabilities and/or sensory impairment, mental health and learning disabilities.</p> <p>Maximum number of nursing hours to be provided per week: 40 hours.</p> <p>Number of personal care / personal support hours to be provided per week: can exceed 2250 hours.</p> <p>Age range of care receivers: 18 years and above.</p> <p><u>Discretionary</u> None</p>
Date of Inspection	1 December 2023
Times of Inspection	09:30 – 13:30 and 14:30 – 17:15
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	48

The home care service is operated by The Care Hub Jersey limited and there is a Registered Manager in place.

Since the last inspection 16 December 2022, the Commission received an application for a Registered Manager. The application was successful, and the new manager was registered in July 2023.

An updated copy of the service's Statement of Purpose was submitted to the Commission following a change in management.

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.

Feedback from care receivers and their representatives was overwhelmingly positive. Care receivers and their families explained how the team's input enhanced their quality of life and described the team as caring. Detailed feedback from one representative spoke highly of the staff's approach, care delivery, collaborative working, training, and skill.

The organisational structure enables clear pathways for escalating issues and clear professional and corporate accountability lines. Staffing levels and roles are appropriate to the size and complexity of the service. The service is well-led and well-managed. The clinical governance framework provides systems and processes to monitor and review the quality of care.

There was evidence of safe recruitment practices and thorough induction processes. There was effective communication and teamwork at all levels of the organisation. Staff reported feeling supported and a high level of job satisfaction. All staff spoke with commitment about their roles and delivering quality care.

Feedback from professionals external to the services praised the staff, professionalism, approachability, responsiveness, and supportiveness. Care records evidenced collaborative working and were person-centred.

Initial assessments, care plans, and risk assessments were holistic. Best practice documentation was being used in specialist areas of care. Staff are trained to a high level to deliver the service's five categories of care: learning disability, mental health, complex care, community care, and live-in care. The organisation is committed to staff learning and development.

INSPECTION PROCESS

This inspection was announced and was completed on December 1, 2024. Four day's notice of the inspection visit was given to ensure that the Registered Manager would be available during the visit. There were two Regulation Officers in attendance for four hours of 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**

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 care staff.

The Regulation Officer established telephone contact with three care receivers and four representatives. The views of three professionals external to the service were also obtained as part of the inspection process.

Records, including policies, procedures, monthly provider reports, care records, and staff files, were examined during the inspection.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Lead Nurse, who is a Director, and the Registered Manager.

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

This report sets out our findings and includes areas of good practice identified during the inspection. There were no areas for improvement identified during this 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 Regulation Officers spoke with the Lead Nurse and Registered Manager about their roles. They spoke about the importance of quality care, teamwork, and staff support and how this was achieved and monitored. They describe challenges and how these had been managed. They demonstrated a professional approach and a comprehensive understanding of their roles and responsibilities.

The organisational structure consisted of a senior leadership team (SLT), team leaders, and care staff. The SLT includes three Directors, one of whom is the lead nurse and has leadership, management, and nursing responsibilities. Additionally there is a Registered Manager, a rotas and temporary staff manager, and a lead for people management and governance within SLT. There is a team leader for each of the service categories of care; learning disability, mental health, complex care, community care and live-in care.

The structure enables clear pathways for escalating issues and clear professional and corporate accountability lines. Staffing levels and roles are appropriate to the size and complexity of the service.

From observation during the inspection process and feedback, there was effective communication and teamwork at all levels of the organisation. The feedback was from people using the service and professionals, both internal and external to the service.

The SLT holds monthly organisational update and review meetings. The Lead Nurse, Registered Manager, and team leaders undertake a monthly caseload review. The team leaders carry out regular audits to monitor care delivery. These were evidenced through meeting minutes, monthly provider reports, and audit reports. The organisational newsletter illustrated how information is shared through the organisation. The systems and processes illustrated the organisation's commitment and ability to monitor, audit and review the quality of the service at each level, as outlined in the service's Clinical Governance Framework.

The service was delivering 3,736 hours of care on the week of the inspection. Care is aligned with the service's statement of purpose and condition of registration.

Inductions were explored. Staff are given a comprehensive 'Welcome to Care Hub' induction document, which includes the service aims, manager and department contact details, links to professional guidance, and practical requirements for the new employee. The document also outlines training and competency requirements tailored to each staff member's knowledge and experience. For instance, those with limited care experience undergo the 'Pathways to Care' course and have care placements before commencing the role. This personalised approach ensures that staff members are well-prepared for their specific responsibilities. Staff feedback was that the process was thorough and took account of their previous experience and knowledge.

On the day of the inspection, it was reported that the service employed a total of 86 care staff. This included part and full-time senior health care assistants (SHCA) and health care assistants (HCA). Safe recruitment practices were evidenced.

The Care Hub has a comprehensive range of policies and procedures. The policies sampled covered a wide range of topics. Each had dates of approval and review, name and role of author, and signposted to other related documents. The service has standard operational procedures for many areas of practice. Some operational procedures had been formatted in an easy-to-follow format and displayed in the offices, acting as a quick reference and likely to improve understanding and compliance.

Staff gave an example of when a policy was used to clarify if a practice was acceptable. They explained how they accessed the relevant policy, and that access is straightforward. The policy did not answer their query. Therefore, they contacted People Management and Governance Lead, and the policy was amended within the same week to clarify the point of practice. This represents dynamic use of the documentation and a proactive response to ensure staff have the correct resources to enable safe service delivery.

There was evidence that appraisals have been undertaken as required since the last inspection, and the service was ahead of its appraisal schedule for the coming year. Staff supervision is delivered in a 1-2-1 and group format. Staff informed the Regulation Officer that they felt supported by managers and colleagues; there appeared to be a high level of job satisfaction.

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>

Care and support were reviewed through feedback and care records.

Feedback from care receivers and their representatives was overwhelmingly positive. To enable the views to be fully represented in the report, direct quotes are detailed below:

- *“Knowing they care, they are not just doing a job, I feel they care.”*
- *“They [a carer] does a great job. She is very good.”*
- *“I am really happy with my team; they are great people I have a laugh and a joke. They are 11/ 10.”*
- *“I have 24-hour support with all activities of daily living. I have full control over my plan of care, there is nothing I have not had a say in.”*
- *“I would be a hermit if it wasn’t for them [the team].”*
- *“They [the carers] are very very good. I have four different carers they are brilliant. I am very impressed. They are very accommodating.”*
- *“They [the carers] are sensitive when doing personal care.”*
- *“It is very good [the service] it is a high standard.”*
- *“Care Hub are really good.”*

There were several consistent themes throughout the feedback. These included the quality-of-life of care receivers and their families being enhanced by the team's input. The staffs' approach was caring. New care staff are introduced to care receivers and shadow colleagues before providing care. A rota of staff was provided in a timely manner, and who to contact to discuss possible changes was known. Staff communicated well with care receivers and their families; this was also the experience for a relative who did not live in Jersey.

The representative of one care receiver gave detailed feedback on their experiences of the Care Hub supporting their loved one with a 24-hour care package over several years. It was discussed with the person who provided the feedback that it may identify them and their family. They explained they are comfortable with this because they *“value the Care Hub team and wish for the excellent service they provide to be acknowledged”*. Their views are summarised in the following three paragraphs.

"The team supported the whole family." The staff were always welcoming and reassuring, and their loved one *"smelt lovely and looked comfortable"*. There was an *"impressively low turnover of staff"*, and the staff always appeared confident and competent. The care package was carried out with clear routines. Manual handling training was delivered in the care receiver's home (whilst they were on an outing), and the relatives were invited to observe. They described the training as *"real world training"* and explained it was a *"safe space to ask questions"*.

The service supported external activities that may cause some risk; *"they would see the risk, assess it, manage it, and support us"*. If the team judged the risk too high to manage, they gave clear reasons for this. Staff helped with communication with other professionals and services, and the team was witnessed working harmoniously with staff from other agencies and services. There was a high standard of infection prevention, ensuring their loved one never contracted COVID.

They explained they fully trusted the team. The whole team was caring, professional, and supportive; *"If there was an award for a team, they should receive it"*.

This represents exceptionally positive feedback and relates to staff approach, care delivery, collaborative working, training, and skill.

Feedback from professionals external to the service was positive. The team was described as professional, approachable, responsive, and supportive. Care staff were described as friendly and caring in their approach.

Feedback from a professional who had worked with the team on cases that varied in size and complexity described the team as "Exceptional professional, highly knowledgeable and respectful to other professional's roles." They explained the team was proactive, recognising issues early and managing them. It was stated the managers are *"Collegiate in their management approach; they know what is happening on the ground"*.

Care records contained initial assessments, care plans, and risk assessments, which were holistic, person-centred, and clear. Initial assessments and reviews are undertaken by appropriately qualified staff. The Registered Manager explained that care plans evolved as the teams' understanding of the care receiver deepened. Care plans were reviewed every three months or in response to changes in a care receiver's condition.

Records were easily accessible via the service's electronic records system, Birdie. Care records evidenced the team liaison with other professionals and agencies. The teams' use of the 'About Me' document represent evidence of following best practice guidance.

All staff spoke with commitment about their roles and delivering quality care. They spoke respectfully when talking about the care receivers and their families.

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 service undertakes a 'Client Feedback Survey' to gain care receivers' views on several aspects of the service. It asks if care receivers feel they are having their needs met, being involved in decisions about their care, and are able to contact the Care Hub at any time. It enquires if care visits are punctual and reliable, offering space for other comments or suggestions. This demonstrates a proactive effort to understand the perspectives and opinions of care receivers; it enables choice.

Medication management was reviewed. The service has a comprehensive medicines management policy and detailed procedures. The document shows the dates it was created and reviewed, and the changes made during the review. It highlights legislative requirements, professional standards, and best practice guidance. There are sections on care receiver medication assessments and administration, record keeping, transcribing, concerns, incidents, storage, and disposal.

Staff administering medications have achieved appropriate training, as required in the Standards and practice is audited.

Staff detail how they have responded to medication incidents since the last inspection. The response included:

- review of the medicine management policy and related procedures
- review of the medication audit schedule
- revision of staff training
- group supervision focused on medication management
- publishing the medicine management and sharing throughout the organisation.

The Regulation Officer received feedback from several staff who explained the group supervision sessions and were supportive and informative. The response demonstrates a positive organisational culture. One where learning from incidents is encouraged, carried out in a supportive, timely manner, and shared through the team.

Notifications to the Commission were discussed with the Registered Manager. Incidents where harm has occurred, including falls and when restriction of liberty had been applied, were reported. The Regulation Officer was satisfied the manager was fully aware of the notification requirements of the Home Care Standards.

The organisation is committed to the learning and development of staff. The service mandatory training requirements are extensive and meet the requirements of the Standards, and the specialist categories of care the service are registered for. The training includes conditions such as autism, learning difficulties, dementia, diabetes, mental ill health, and sepsis. Core caring skills training includes communication, oral health care, safe handling, continence management, and fluids and nutrition. Approaches to care and support include privacy, dignity, equality, and diversity. Also, essential health and safety topics.

The service specifies core competencies for completing probation and the training requirements for undertaking delegated tasks. An outline of training and experience to support career progression is detailed and broken down into roles and the service's categories of care: learning disability, mental health, complex care, community care, and live-in care. A 'Skills Development Plan' poster illustrates the training and development information, which is easy to read and was on display during the inspection.

Training is delivered online and face-to-face. Classrooms are on the ground floor of the office. Team leaders are proactively supported to undertake the level five diploma in Leadership in Health and Social Care. Feedback from all staff was that training and development were supported and helped their practice.

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.



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

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je