



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**New Horizons Support Services**

**Home Care Service**

**16/17 Burlington House  
St Saviours Road  
St Helier  
Jersey  
JE2 4LA**

**24 November 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 New Horizons Support Services. The service is situated in the parish of St Helier and provides a range of individualised support packages to people living in their own homes. The level of support offered can range from a few hours per week to 24-hour support packages. The office is on the first floor of a commercial property, on a main access road leading to town centre parking and amenities.

Regulated Activity	Home Care Service
Conditions of Registration	<u>Mandatory</u>  Type of care: personal care, personal support  Category of care: physical disability and/or sensory impairment, learning disability, mental health, autism, substance misuse  Maximum number of personal care / personal support hours to be provided per week: 2250 hours  Age range of care receivers: 18 years and above  <u>Discretionary</u>  None
Date of Inspection	24 November 2023

Times of Inspection	10am to 3pm
Type of Inspection	Announced
Number of areas for improvement	Two
Number of care receivers using the service on the day of the inspection	24

New Horizons Support Services Ltd operates the Home Care Service, and a Registered Manager is in place.

During the inspection, the service's categories of care were discussed. It was noted that the category for dementia was no longer required.

Immediately following the inspection visit, the Commission received an application from the Registered Manager to vary the conditions of registration by removing dementia as a category of care. This was approved on 4 December 2023.

The Statement of Purpose was reviewed as part of the inspection process and was found to reflect the services provided. Some minor amendments were identified and acknowledged by the Registered Manager, and an updated Statement of Purpose was submitted within one week of the inspection visit.

## **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, the findings of this inspection were positive. The Registered Manager and Office Manager engaged fully in the inspection process and ensured that all requests for information and records were met.

The Registered Manager demonstrated a strong understanding of the needs of all care receivers, ensuring regular reviews of services provided. There is also regular contact with the staff teams and frequent opportunities to meet and discuss progress, address areas of concern and celebrate the team's achievements.

Feedback received from care receivers, family members and other professionals praised the service and Registered Manager for the level of support delivered and the professionalism demonstrated by the team. The management team were described as "understanding, empathetic, knowledgeable and professional" by one family member.

The service was generally well led with an adequate management structure and governance processes in place to support the size and complexity of the service. However, improvements were identified concerning the delivery of regular formalised supervision sessions and appraisals for staff, and the sharing of outcomes and actions identified from monthly reports.

A person-centred approach is at the forefront of the support delivered, with many examples identified through care plans, risk assessments and observation of practice by professionals and a regulation officer.

The service demonstrated a strong understanding of the rights of care receivers and how this is underpinned by relevant legislation. Choice, independence and the importance of access to relevant communication aids, which support understanding and decision-making, were found to be at the forefront of the delivery of care and support.

There are two areas of improvement as a result of this inspection.

## INSPECTION PROCESS

This inspection was announced and was completed on 24 November 2023. Notice of the inspection visit was given to the Registered Manager before the visit. This was to ensure that the Registered Manager would be available during the visit.

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

This inspection focussed on the following lines of enquiry:

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

Before our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection reports.

The Regulation Officer sought the views of the people who use the service and or their representatives and spoke with managerial and other staff.

---

<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/>

Feedback was provided by two care receivers and included one home visit by a regulation officer. Three family members were contacted, and two agreed to share their experiences of the support provided by New Horizons Support Services.

The views of six staff members were sought; however, no responses were received.

The views of four professionals were also requested, with all agreeing to share their experiences of working with the service.

Records, including policies, staff recruitment, training logs, incidents, care records, supervisions and induction arrangements, were examined during the inspection.

After the inspection visit, the Regulation Officer provided initial feedback to the Registered Manager; this was followed up with final written feedback on 31 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

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.

New Horizon Support Services' Statement of purpose says that the organisation is *"committed to providing individualised support services for individuals, enabling them to live independent, productive lives whilst always promoting participation in their community"*.

The service currently provides 756.5 hours of support per week to 24 clients. Services range from three hours weekly for leisure, social and life skills support to 24-hour support packages. Support is based on individual needs and preferences. One professional commented, *"It is a pleasure to work alongside providers such as New Horizons who prove via their staff and management that person-centred practice is achievable"*.

The staffing structure was found to be proportionate to the size of the service. The team comprises two directors the Registered Manager, Office Manager, Administrative Assistant, senior carers and carers. There are clear lines of accountability, and the Registered Manager has clear oversight of all areas of care delivery.

The Registered Manager reported that the service has progressed well since the last inspection and continues working closely with partner agencies to promote positive outcomes for care receivers. Nonetheless, there have been some challenges in relation to long-term care benefits, responses from the single point of referral and time frames for Significant Restriction of Liberty (SROL) renewals.

The service is in the process of recruiting to establish staff teams in preparation for accepting two new support packages.

Recruitment of staff has been challenging, and this is reflective of the social care sector in Jersey. One professional commented on staffing issues contributing to the lack of consistency for care receivers but recognised that this is often outside the organisation's control due to an island-wide staff shortage.

Retention rates are stable, and the service has sought to recruit from overseas, which was described as a positive experience. However, the service has identified that additional support maybe required to assist recruits from overseas to navigate cultural differences and settle into Island life as part of their induction.

Recruitment files for five recent recruits were viewed. All recruitment files were well organised and contained all the necessary documentation to meet the requirements of safe recruitment. The Regulation Officer was satisfied that safe recruitment practices were being followed.

There is an established induction programme for new staff. Samples of the induction workbook were viewed. The workbook provides a comprehensive introduction to the service and opportunities for regular progress reviews.

Time was spent reviewing the training available to staff. There is a clearly defined mandatory training list. Online training is used for several courses. Other courses, such as First Aid, manual handling, and safeguarding, are all classroom-based sessions that accredited trainers deliver. Additional training needs bespoke to individual care receivers have been identified and sourced.

In relation to the categories of care for which the service is registered, the Registered Manager reported some difficulties in sourcing appropriate training courses. However, the service has responded appropriately and has enrolled relevant team members in Open University courses for specific subjects such as autism.



Supervision and appraisal for support staff were discussed. There is an alert system in place that lets the Registered Manager know when supervision sessions and appraisals are due. Details of discussions are recorded and stored in personnel files. The Registered Manager reported that supervision sessions are undertaken regularly and more frequently with new staff members during their induction period. Upon review of the records, the Regulation Officer noted that supervision sessions and appraisals for a significant number of staff were overdue and did not meet the requirements of standard 3.14 of the home care standards, which states that there should be at least four supervisions per year and an annual appraisal. This is an area for improvement.

One formal complaint has been received since the last inspection. There was evidence that policies and procedures were followed appropriately. The Registered Manager was able to describe the learning outcomes and changes to practice made as a result of the investigation undertaken by the service. One informal complaint was also received, which was resolved to the complainant's satisfaction. During the feedback the following comment was made regarding the service's response when concerns were raised, *"We did have to lodge a complaint. So, we have been through the process. Xxx felt listened to and empowered"*.

A range of compliments have also been received, a sample of which was reviewed by the Regulation Officer. Compliments relating to individual team members are shared during supervision. Team compliments are e-mailed to all staff members.

It was reported that the provider undertook monthly reports. However, after completion, the Registered Manager was not provided copies of the reports. At the time of the inspection, it was reported that only reports from January to April had been completed. Monthly reports must be completed promptly and made available to the Registered Manager so that outcomes and identified actions can be implemented within an appropriate time frame and progress appropriately monitored. This is an area for improvement.

The service demonstrated a range of systems that contributed to the overall governance framework. Staffing resources are regularly reviewed in relation to the requirements of service provision. Spot checks are undertaken for 24-hour support packages, and the Registered Manager reviews any actions identified. There are also a range of daily and weekly tasks undertaken by staff, which include health and safety, finances, day-to-day communications, medications and cleaning.

The Regulation Officer noted that there was consistent praise for the management team. Some of the comments included;

*"[The Registered Manager] always shows the highest level of professionalism."*

*"The management team make use of professional input by scheduling staff consultations and regular team meetings, which enables consistency across the staff team when working with people with complex needs."*

### **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>
---

Packages of support are commissioned via the adult social care team following an assessment of need, which determines the level of support required. Once referrals are received, New Horizons Support Services will meet with any professionals involved and arrange an initial home visit to complete their assessment. This forms the basis for initial care receiver profiles, care plans and risk assessments. The Registered Manager explained that adaptations are made weekly "until we get it right".

Before service commences, care receivers are provided with information relating to the service, including staff profiles for review. Terms and conditions for access to support are also provided, which include information on cancellations, on-call arrangements, support with valuables and complaints.

The Regulation Officer examined a sample of care plans during the inspection visit. Care plans were relevant to the needs of each care receiver. They reflected a person-centred approach to care, providing comprehensive information that accounted for the individual's desired goals and detailed the intervention required by staff. All care plans are reviewed and updated regularly.

One professional commented on the quality of note-keeping and efforts made to make information easy to understand. Evidence of this was found in one pictorial safe handling plan. Precise details on the process were captured, including the preferences of the care receiver. This is an area of good practice.

Appropriate and detailed risk assessments, which were tailored to individual needs, were in place. Precise details of all risk reduction strategies were recorded.

Training in using specialist equipment is provided for staff, with support and advice provided by relevant professionals. The service ensures that contracts for servicing and maintenance are in place before commencing support.

The Registered Manager demonstrated a good understanding of their responsibilities in relation to delegated tasks. Appropriate training had been sourced and implemented. There was also evidence of ongoing monitoring and review by relevant professionals.

Information relating to professional boundaries is provided for staff via the staff handbook. There are regular discussions within the staff team to gauge the specific support required to meet individual needs. Examples were provided where additional information had been incorporated into care plans to ensure a structured approach to support that maintained appropriate boundaries for staff and care receivers.

During a feedback visit to a care receiver's home, the Regulation Officer observed that the environment was set up to meet the care receiver's needs. The staff member demonstrated a good understanding of the care receiver's communication style and exhibited effective interaction skills.

Several examples of positive information sharing and collaborative working with partner agencies were given. One professional noted that the team were good at recognising changes in need and making the appropriate referrals. Another professional stated, "*[The Registered Manager] will regularly ask what the individual wants, and with resources available, try to make these a reality. Overall, it is a pleasure to work alongside New Horizons*".

Care receiver and relative feedback were consistently positive. Some comments included;

*"New Horizons Support Services has grown since we first started with the company, but it hasn't lost its ethos of putting the person and family central to all they do."*

*"The staff are very consistent and before a new member joins Xxx they come out on a visit to shadow. They all support Xxx appropriately and if I have any concerns, I talk to the support worker or the Registered Manager at the office who is always kind and helpful."*

### **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 Registered Manager reported that one Significant Restriction of Liberty (SROL) authorisation was in place, with a further two pending. Whilst no issues were noted with the service's ability to apply for authorisations and renewals, some frustration was expressed regarding the length of time it can take for applications to be assessed and approved by the Capacity and Liberty Team.

The Registered Manager also explained that there is no straightforward process for care receivers who access multiple providers.

The Registered Manager demonstrated an understanding of the need to apply the least restrictive practices when interventions were required. This was reflected in the care plans, promoting independence where appropriate.

It was noted that there is a strong emphasis on respecting the individuality of care receivers with a focus on fostering existing friendships and facilitating the pursuit of individual hobbies and interests. Examples of this included maintaining family relationships, attending church with friends, and attending a variety of social gatherings.

Some professionals commented on their observations of the support provided by New Horizons staff.

*"All the staff give opportunity to ensure the individual they are supporting are heard and listened to, they are always respected and put at the heart of everything they do."*

*"I have also noted that when on sight each staff member is invested in the wellbeing of those who are being supported, enabling the individual to make positive choices, this is framed in a person-centred way to ensure they have autonomy over their own choice making."*

There are several initiatives in place to promote individual communication needs. Examples include pictorial staff rota, easy-read documents and social stories. The Registered Manager gave other examples, which included pictorial aids for the introduction of professionals, such as the regulation officers and members of the capacity and liberty team. One professional commented, *"[The Registered Manager] is especially good at adapting information to the needs of the client, developing easy reads and considering how information could be shared to enable the person to be involved in decision making"*.

The service has a suite of policies and procedures which support staff in their roles, promote best practice and promote appropriate standards. The Regulation Officer viewed a sample which included health and safety, money and financial affairs,

complaints, safeguarding, whistleblowing and lone working. The content was robust, referencing key legislation and supporting agencies where appropriate.

A review of medication management confirmed an up-to-date medication policy is in place. All staff undertake initial in-house medication training with appropriate follow-up in practice to check and record competency. Competency checks are then repeated on an annual basis. Staff progress to the Level 3 Regulated Qualifications Framework (RQF) in medication administration. Evidence of regular medication audits was also found.

No safeguarding alerts have been raised since the last inspection. The service has a safeguarding policy which references local policies and organisations. All staff have undergone safeguarding training. The Registered Manager gave an account of referring to the safeguarding for advice when required and has found this process to be very helpful.

A review of notifications submitted to the Commission confirmed that the service knows the thresholds for submissions. This was confirmed by a cross reference of incidents and accidents reported internally.

There is a lone worker policy and access to on-call staff when working evenings and weekends. Risk assessments are undertaken where required.

## IMPROVEMENT PLAN

There were two 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 9.2</p> <p><b>To be completed by:</b> with immediate effect.</p>	<p>Monthly reports must be completed in a timely manner and shared with the Registered Manager to ensure that any actions identified are addressed promptly.</p>
	<p><b>Response of Registered Provider:</b></p> <p>Monthly reports are now being completed by our Office Manager and are being produced in a timely manner.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3.14</p> <p><b>To be completed by:</b> 4 months from the date of inspection (24 March 2024).</p>	<p>The Registered Manager must ensure that all support staff have access to formal supervision sessions which will be carried out at least four times per year and appraisals which will be undertaken annually.</p>
	<p><b>Response of Registered Provider:</b></p> <p>Appraisals are now being completed by the Registered Manager. A new process for scheduling supervisions is being used to ensure staff receive a supervision within the 12 weeks and not outside of this.</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  
1<sup>st</sup> Floor, Capital House  
8 Church Street  
Jersey JE2 3NN

Tel: 01534 445801

Website: [www.carecommission.je](http://www.carecommission.je)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)