



**Jersey Care  
Commission**

## **Summary Report**

**TESH Healthcare Jersey Limited**

**Home Care Service**

**Suite 13, Bourne House  
Francis Street, St Helier  
JE2 4QE**

**25 January and  
2 February 2024**

## 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 previous inspection carried out on 23 March 2023 identified six areas for improvement. Three areas have been satisfactorily addressed, with improvements still required in the record-keeping of safe recruitment processes, the completion of all mandatory training, and adequate resources to provide appropriate governance oversight.

This inspection identified three further areas for improvement regarding the supervision and appraisal of staff, quality assurance, and staff access to policies and procedures. A total of six areas for improvement need to be addressed by the Registered Provider by the 9 July 2024. The Commission plans to undertake a focused inspection later in 2024 to ensure that progress has been made.

Care planning and care delivery were evidenced to be appropriate, with positive feedback received from care receivers. In the vast majority of cases, professionals also provided positive feedback of this service.

Care staff consulted reported good support from management, with particular attention paid to staff from overseas to ensure that they are supported to adjust to a different culture and settle in Jersey.

Service growth and insufficient governance have contributed to the areas of improvement identified during this inspection. This current management team had only been in place for three months prior to the start of this inspection. They have acknowledged the identified deficits and valued the inspection process in helping them understand where the service needs to improve.

## IMPROVEMENT PLAN

There were six 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 3.2</p> <p><b>To be completed by:</b> 9 July 2024</p>	<p>The Registered Provider must ensure that personnel records are available for audit to ensure safe recruitment processes have taken place for care staff. Where references or criminal record checks cannot be found, the Registered Provider must complete a risk assessment while further checks occur.</p> <hr/> <p><b>Response of Registered Provider:</b></p> <p>We have created individual folders for each staff member on the computer shared drive so that all information is readily available when required for audit purposes and ensure safe recruitment process. The folders are clearly marked to demarcate different recruitment and training categories.</p> <p>All staff that come from overseas have a Police Check from Country of origin which is held on their files, after 3 years we request them to then DBS. All UK self-employed staff have DBS in place which are held on their personal file and are renewed yearly.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3.11</p>	<p>The Registered Provider must ensure that all the mandatory training requirements for care staff per the Home Care Standards are met, i.e., the RQF Level 3 module in the management of medications and Capacity and Self-determination.</p>

<p><b>To be completed by:</b> 9 July 2024</p>	<p>In addition, where specialist training is required, this must be recorded, alongside what monitoring arrangements are in place.</p> <p><b>Response of Registered Provider:</b></p> <p>Implemented online training through Care Skills Academy for the RQF Medication Level 3 Module. Majority of carers have completed the RQF Medication Level 3 training.</p> <p>All carers have completed their specialist training and also, we have managed to work with Jersey Hospice for Dementia and palliative care trainings.</p> <p>We have established training sessions with HB compliance to cover mandatory trainings.</p> <p>We have set up monitoring arrangements to ensure completion of mandatory and specialist training for all staff members</p>
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<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 9.1</p> <p><b>To be completed by:</b> 9 July 2024</p>	<p>The Registered Manager must make sure there is a coherent and integrated organisational and governance framework for this home care service. This will be appropriate to the needs, size, and complexity of the service.</p> <p>The Registered Provider must consider staffing arrangements to improve how governance is delivered.</p>
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	<p><b>Response of Registered Provider:</b></p> <p>We developed clear roles and responsibilities for staff members involved in governance activities, promoting clarity and efficiency, i.e. we have key workers to update care plans as they have more contact with the clients and know them better. Care plans will be done in conjunction with the manager's final approval.</p> <p>We have care coordinators who assist with supervisions, spot checks and client assessments.</p> <p>We are in the process of training a trainer.</p> <p>We hold peer to peer sessions frequently as they give staff a chance to meet and know each other and build good rapport with management.</p> <p>We have employed part time administrator who comes in every Tuesday and also, we have two bank administrators when required.</p>
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<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 9.4</p> <p><b>To be completed by:</b> 9 July 2024</p>	<p>The Registered Provider must ensure that this service adopts a quality assurance framework that involves regular audit activity to provide ongoing monitoring and improvement of care delivery.</p>
	<p><b>Response of Registered Provider:</b></p> <p>We are in the process of finding a user friendly framework.</p>

	<p>We have implemented regular audit activities as part of quality assurance to monitor and evaluate care delivery.</p> <p>We have utilised audit findings to identify areas of improvement and implement corrective actions, as necessary. Monthly audits are carried out by the director.</p>
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<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 3.14</p> <p><b>To be completed by:</b> 9 July 2024</p>	<p>The Registered Provider must ensure that all care staff, including the Registered Manager, are provided with formal supervision four times per year (one can be the annual appraisal) and that this is recorded.</p>
	<p><b>Response of Registered Provider:</b></p> <p>Staff supervisions and appraisal in place now.</p> <p>Supervision months allocated on a spreadsheet on a shared drive so that supervisions are not missed.</p>

<p><b>Area for Improvement 6</b></p> <p><b>Ref:</b> Standard 1.4</p> <p><b>To be completed by:</b> 9 July 2024</p>	<p>The Registered Provider must ensure that all care staff have access to the policies and procedures within this service. These policies and procedures should also be subject to periodic review.</p>
	<p><b>Response of Registered Provider:</b></p> <p>A computer has been assigned to all staff to access policies and procedures so that they familiarise with company's policies and procedures. All staff to read and sign to make sure they understand all core policies.</p>

	Other relevant policies will be given to staff as required for example when an issue arises to ensure staff practice safe delivery of care.
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The full report can be accessed from [here](#).