



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**TESH Healthcare Jersey Limited**

**Home Care Service**

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

**25 January and  
2 February 2024**

## 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 TESH Healthcare Jersey Limited home care service. Since the last inspection on 23 March 2023, this service moved to larger office space in St Helier. As outlined in the Statement of Purpose for this service, it aims to enable adults "to remain as independent as possible while being cared for at home in such a way that their dignity and privacy are given the highest priority, and they are treated in a respectful manner at all times."

Regulated Activity	Home Care Service
Mandatory Conditions of Registration	Type of care: Personal care and personal support  Category of care: Physical disability and or sensory impairment  Maximum number of combined personal care and personal support hours: 2250 hours per week  Age range of care receivers: 18 years and above

Discretionary Condition of Registration	The Registered Manager to complete a level 5 diploma in adult social care by 11 December 2026
Dates of Inspection	25 January and 2 February 2024
Times of Inspection	10am to 3.45pm and 12.30pm to 2pm
Type of Inspection	Announced
Number of areas for improvement	Six
Number of care receivers using the service on the day of the inspection	30

TESH Healthcare Limited operates the Home Care service, and there is a Registered Manager in place.

Since the last inspection in March 2023, the Commission received an application for a new director on 29 March 2023. This was processed, and the new director was registered with the Commission on 12 July 2023.

The Commission received an application on 18 July 2023 from the Registered Provider to vary a condition on the service's registration. This was approved on 8 August 2023 and was due to service growth and the need to increase the number of hours of care delivered to a medium plus provider.

The Commission received an application for registration of the current Manager on 20 November 2023, which was completed on 11 December 2023.

The Commission received a revised Statement of Purpose on 31 January 2024 during this inspection period to reflect the details of the new Registered Manager and staffing structure.

## 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.

## INSPECTION PROCESS

This inspection was announced and was completed over two separate visits, 25 January, and 2 February 2024. The inspection was announced with one week's notice to ensure the Registered Manager would be available.

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

This inspection focussed on the following lines of enquiry:

- **Is the service safe?**
- **Is the service effective and responsive?**
- **Is the service caring?**
- **Is the service well-led?**

Prior to our inspection, 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 their representatives and spoke with managerial and other staff. The Regulation Officer established contact with five care receivers, three by phone and two were face-to-face.

The views of three professionals who have worked closely with this service were also obtained as part of the inspection process.

Records, including policies, care records, incidents, and complaints, were examined as part of the inspection process.

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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 Officer provided feedback to the Registered Manager and the office manager, which was also followed up with written correspondence on 29 January 2024 detailing the areas of improvement identified.

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 in March 2023, six areas for improvement were identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was concerning to note that insufficient progress had been made in addressing three of the previously identified areas for improvement.

Personnel files remain incomplete and were not fully auditable by the Regulation Officer to ensure safe recruitment processes were followed. Positively, these have improved since the last inspection, and some records are now being stored electronically. However, this remains an area for improvement.

The Regulation Officer was satisfied that all care staff had the required RQF Level 2 in adult social care qualification (or equivalent). Training records are now being recorded electronically, and the service conducted an audit during the inspection period to provide evidence that mandatory training has been completed.

Deficiencies were noted in medication administration and the provision of capacity and self-determination training. This remains an area for improvement.

Due to recent growth, governance arrangements continue to require improvement in this service, which is evidenced by the findings of this inspection. Positively, the service development plan for this service recognises that more senior staff will be required as the business continues to grow. However, this remains an area for improvement.

Monthly reports were being completed per the Home Care standards. These were examined by the Regulation Officer and found to be satisfactory. This is no longer an area for improvement.

The Regulation Officer was assured that disciplinary procedures were followed per this service's policy. This is no longer an area for improvement.

Progress has been made in gathering feedback from care receivers through surveys during 2023 and early 2024. In addition, the monthly reports demonstrated that feedback was received by care receivers and acted upon by the service. This is no longer an area for improvement.

### **Is the Service Safe**

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.
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The Registered Provider reviewed this service's Statement of Purpose during the Inspection period. The Regulation Officer was satisfied that this document was appropriate and accurately reflected the services being provided.

The Commission has received notifications of significant events per the Home Care Standards. A review of these notifications provided assurance that this service is completing these appropriately and there is evidence of necessary actions being taken. Notifications sent to the Commission were also noted in the monthly reports.

The Registered Manager reported that when complaints are received from care receivers, their families, or professionals, these are responded to appropriately and proportionately to satisfy the complainant's concerns.

A central complaints folder was provided to the Regulation Officer, where responses to complaints were recorded.

Positively, the Registered Manager has recently established a complaints register to demonstrate a more effective complaints management procedure. By maintaining a comprehensive complaints register, this service will be able to track, analyse, and address customer concerns systematically, contributing to improved customer satisfaction and continuous improvement of their service.

The Regulation Officer noted that this service has a whistleblowing policy that is easily accessible to staff. In addition, the staff handbook details the whistleblowing procedure.

Environmental risk assessments are carried out as part of the initial assessment process to ensure that the health and safety of staff and care receivers are paramount. As part of the inspection process, the Regulation Officer visited two care receivers in their homes to observe care delivery and check documentation. Both care receivers expressed positive views of the care they received. The documentation viewed was comprehensive and contemporary, and there was evidence of daily notes.

The Registered Manager reported that incidents, accidents, or near misses are recorded in logbooks located in care receivers' homes. These events are reported to one of the management team, investigated, and a report is completed. The Regulation Officer was provided with examples of these reports. The Regulation Officer evidenced that logbooks were present when undertaking the two care receivers' home visits. While the management of these events met the Home Care Standards, the Regulation Officer suggested that this service establish a central Health and Safety register to highlight the implementation of corrective actions to mitigate or prevent these events' reoccurrence.

The Regulation Officer reviewed safeguarding referrals to adult social care and was satisfied that this service managed these appropriately and responded positively to any recommended multi-agency safeguarding actions.



In addition, where disciplinary action has been taken, policy and procedure have been followed, resulting in appropriate and measured outcomes.

The Regulation Officer was satisfied that this service had adequate staffing resources to meet the contracted hours. Care packages requiring support are triaged daily by the Registered Manager, who considers the care receivers' needs and then matches staff with the appropriate skills, knowledge, and availability.

Employment contracts are in place for all staff directly employed by TESH Healthcare Limited. However, many staff are self-employed and contracted to provide care services. The Regulation Officer was satisfied that self-employed carers receive the same training as other carers and benefit from the same working conditions regarding breaks and days off. The Registered Manager confirmed that insurance arrangements were in place for these self-employed carers; however, the Regulation Officer requested that the liability cover be reviewed. Staff from overseas also have the appropriate permit to work in Jersey and have criminal records checks in place from their country of origin.

All care staff undertake mandatory training that promotes the health and safety of care receivers, for example, food hygiene, Infection control/prevention, fire safety, and adult safeguarding. However, it was identified that care staff did not possess the necessary RQF Level 3 module in medicine management for a few care receivers who require assistance taking their prescribed medications. While the Registered Provider promptly addressed this training requirement by enrolling nine staff members, this remains an area for improvement until the training is fully completed.

## Is the Service Effective and Responsive

Assessing the organisation of the service so that care receiver's needs are respected and met.
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The Registered Manager reported that care packages are only accepted for an initial assessment on the basis that they have staff available with the necessary skills, knowledge, and training. The Registered Manager and care coordinator are responsible for completing initial assessments before accepting the care package from adult social care.

Care receivers are provided with an information pack before the care package commences, which includes a contract of engagement, the Statement of Purpose, the code of practice for care workers in Jersey, and the TESH client handbook. Necessary consent from care receivers is detailed in the contract of engagement they sign.

The Regulation Officer examined a sample of care plans. These were thorough, person-centred, showed care receiver involvement, and showed evidence of regular review. Care receivers' wishes, preferences, and desired outcomes were also present. Care plans were stored electronically and in the care receivers' homes. It was noted in the monthly reports that the Registered Provider has oversight of the review of care plans. Where care receivers require assistance with medication, there were separate care plans in place.

Importantly, care plans also enable and empower care receivers to be as independent and autonomous as practicable while also considering their social, cultural, and religious needs.

As part of the inspection process, two professionals were consulted regarding the care delivery of this service and their working relationship. A sample of the comments were:

*"My observations are mixed with negative and positive experiences; however, in more recent encounters, I have had a good experience and noted the Registered Manager to be professional, respectful, and kind towards care receivers. I have also received good feedback from a care receiver."*

*"The communication was excellent because they accepted the care package very soon after the request. The Registered Manager was very accommodating and understanding of my client's situation and the urgency to assess them. My client and family have praised the care provider following a recent care review and feel they are effectively meeting my client's needs."*

*"They have always been professional when dealing with me and with clients, are timely in responding to my queries, and always go above and beyond to meet clients' needs. I would recommend TESH as a care provider and will happily continue working with them. They are very person-centred in their approach to meeting client needs."*

There is no quality assurance (QA) framework that involves an audit activity schedule within this service. Some evidence of QA activity was noted in the monthly reports. However, the records associated with this were not made available. In addition, there were some records of observations by the Registered Manager of carers delivering care. However, these were infrequent. The Registered Manager acknowledged that QA required improvement and commented that fortnightly observed evaluations of the care delivery were resumed earlier this month. Effective QA provides a range of mechanisms to help set direction, support care delivery, manage risk, monitor, and review practice to improve outcomes for care receivers. This is an area for improvement.

## Is the Service Caring

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

Observations of care being delivered were limited during this inspection; however, what was observed was deemed positive and empathetic, and care receivers' privacy and dignity were respected. Feedback from care receivers consulted was also positive and provided examples of personalised care. A sample of the comments received were as follows:

*"My carer visits me twice daily and supports me very well; they are reliable."*

*"My carer is brilliant; she knows my needs well and is very attentive."*

*"They are wonderful and can't do enough for me; they spoil me and are very friendly."*

*"They are efficient and reliable, and I have a very good service."*

*"I am very pleased and have nothing but praise for the care staff. They are reliable and always ask if I need help with anything."*

Care receivers have choice and control within their own homes. The monthly reports provided examples of care receivers being listened to and responded to, for example, where care receivers requested a different carer. Care plans evidenced care receivers' choices and their desired outcomes.

An area for improvement from the last inspection in March 2023 was regarding the service seeking feedback from care receivers accessing this service. The Registered Manager reported that this is typically received over the phone. However, they have conducted two feedback surveys over the last year.

The Regulation Officer examined the survey responses, which were largely positive; however, where negative feedback from two care receivers was received, there did not appear to be any investigation or resulting actions from this. The Registered Manager acknowledged that this will be completed in the future and would review the negative feedback received to see if this remains an issue.

The Registered Manager recognised the need for care staff to be able to meet regularly and introduced weekly meetings a few months ago where carers can come together to provide support to each other and undertake training. The service moved to a larger office to accommodate these meetings and allow staff to drop in when required.

The supervision and appraisal of staff are integral components of effective management in adult social care. They contribute to the quality of care, professional development, compliance, and overall well-being of both care staff and the individuals they support. The Regulation Officer examined personnel records and could not be assured that supervision and appraisal were being completed as per the Home Care Standards. This is an area for improvement.

Several care staff were consulted as part of this inspection; a sample of the comments were:

*“I feel well supported by my manager and the Registered Provider and love working for TESH Healthcare.”*

*“I was supported to settle in when I arrived and helped to find accommodation. If I need something, I will call the management team and they will help me.”*

*“The flexibility of being self-employed allows me to take regular time to be with my family.”*

*“Whenever I need support, my management team is there for me. I have had no negative experiences while being employed by this service.”*

*“I received two handovers, one from the Registered Manager and one from the carer regarding the care receiver I provide care for. If I have any problems, I can contact my manager and they will always get back to me and provide me with support. I enjoy the flexibility this role offers me.”*

### **Is the Service Well-Led**

Evaluating the effectiveness of the service leadership and management.
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The Regulation Officer examined the service development plan for 2024 and was satisfied that it outlined the strategic aims and objectives for the service and how these would be met in terms of care staff resources and an increase in governance and management oversight.

The Registered Manager and administration manager had only been in place for three months at the time of this inspection. The Registered Manager acknowledged the necessity to strengthen governance systems within this service to ensure the delivery of high-quality care while meeting legal and regulatory requirements. The management team participating in the inspection demonstrated a positive attitude towards the process, welcoming feedback and responding constructively to the identified areas of improvement and guidance provided by the Regulation Officer.

While care staff have some exposure to the policies and procedures of this service during their induction and in the staff handbook, they cannot be ordinarily accessed in a paper or electronic file.

The management team reported that they felt well-supported by the Registered Provider. In addition, the Registered Provider understands their responsibility and duty of care for staff, especially those from overseas who are adjusting to a new culture and may not have a social support network or know where to get help.

The Regulation Officer met with the Registered Provider on 23 February 2024 to discuss the onboarding of care staff and the support the service provides. The Regulation Officer was assured that the Registered Provider offers a range of measures to support overseas care staff, including help to find accommodation (includes a starter pack), financial support with deposits, and support with the practicalities of registering with social security, securing bank accounts and transport. Care staff spoken to as part of this inspection confirmed that they felt supported by the management team of this service.

As part of induction care staff are made aware of core policies and procedures they must adhere to. In addition, care staff are provided with a handbook with summaries of these key policies and procedures. However, care staff cannot access the full suite of policies and procedures, either physically or electronically, to ensure care delivery is safe, consistent, high-quality, and compliant. This is an area for improvement.

Signed induction checklists were present on care staff personnel files, with carers also being provided with shadowing opportunities for one week at the start of their employment, with the full induction taking place over four weeks. Alongside this is a signed staff handbook and acknowledgment of the policy for smoking, alcohol, and illegal substance use.

The Regulation Officer was assured that all care staff had the required RQF Level 2 diploma in adult social care per the Home Care Standards. Positively, care staff can access an online training portal, and staff have recently received face-to-face training in Basic Life Support (BLS) and moving and handling.

While the service does have the capacity to carry out individual care staff training audits, there needs to be a central record that can be easily accessed to evidence compliance with mandatory training requirements per the Home Care Standards. In addition, where specialist training is required for specific care receiver needs, for example Stoma and Catheter care there needs to be a record of how this was delivered and monitored.

The Registered Manager provided assurance that this specialist training is provided through peer-to-peer training delivered by a registered nurse or obtained through e-learning: however, this is an area for improvement.



## IMPROVEMENT PLAN

Six areas for improvement were 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> <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>

	<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.</p>
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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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