



Jersey Care
Commission

INSPECTION REPORT

Blue Turtle

Home Care Service

**La Maison Du Canal
La Rue Des Nouettes
St Ouen
JE3 2GZ**

20 March 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 Blue Turtle Home Care. The service supports adults with personal care and personal support to enable them to live in their own homes. Blue Turtle's website states, *“Our holistic free assessment will inform a personalised support plan to help care receivers achieve their goals. The Blue Turtle Care team stand ‘shoulder to shoulder’ to empower care receivers. We promote and enable people to continue to enjoy everything that is important to them with our helping hand.”*

Regulated Activity	Home Care Service
Mandatory Conditions of Registration	<p>Type of care: personal care and personal support</p> <p>Category of care: autism, mental health, young adults (19-25), adult 60+, dementia care, physical disability and/or sensory impairment, learning disability</p> <p>Maximum number of combined personal care and personal support to be provided per week: 112 hours</p> <p>Age range of care receivers: 18+</p>
Discretionary Condition of Registration	Registered Manager to complete Management and Leadership Level 5 Diploma by 2 June 2026.

Dates of Inspection	20 March 2024
Times of Inspection	09:00-11:30
Type of Inspection	Announced
Number of areas for improvement	6
Number of combined personal care and personal support / delivered on the day of the inspection	6

The Home Care service is operated by Blue Turtle Care, and there is a Registered Manager in place.

The service was registered with the Commission in June 2023, and this is the first inspection for the service.

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 relatives strongly commends the service, particularly for creating a warm and welcoming atmosphere. The feedback highlighted a care service that is respectful and empathetic and ensures that care receivers feel secure, supported, and valued.

The Regulation Officer found evidence of effective collaboration with external health and social care professionals, ensuring that individuals receiving care have prompt access to specialised intervention, as necessary.

The service presents a good understanding of the model of management in the home care context. However, there are areas of governance that require refinement to become compliant with the Home Care Standards. During the inspection process, a meeting was held with the care provider, where an agreement was made that the service would not accept any new packages of care in order to focus on the implementation of the identified areas for improvement.

This inspection has identified six key areas requiring improvement, which include the development of care plans, the improvement of safe recruitment practices and the alignment of the statement of purpose with operational realities. Additionally, there is a need for care plans to more accurately reflect the care delivered by making sure that regular reviews are undertaken with the involvement of the care receivers and their families. Conducting supervisory sessions effectively, revising policies to reflect local legislation and implementing relevant training have also been identified as areas for improvement.

INSPECTION PROCESS

The inspection was scheduled with a week's notice, guaranteeing the availability of the Registered Manager and was conducted on 20 March 2024.

The Home Care Standards were referenced throughout the inspection.¹

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, safeguarding alerts, notifications and communications with the Commission.

The Regulation Officer sought the views of the people who use the service and/or their representatives, spoke with management, and obtained the views of staff. Additionally, feedback was requested from three professionals external to the service.

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

At the conclusion of the inspection, the Regulation Officer provided feedback to 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/>

An additional meeting led by the Regulation Officer, was held after the inspection with the Registered Manager and another Regulation Officer to discuss and clarify the inspection outcomes. It was mutually agreed that to prioritise areas requiring improvement, the service will maintain its current size. This decision will afford the service time to effectively address identified areas of concern and enhance the overall quality of the service.

This report sets out 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

Since this is the initial inspection for the service, we have not previously identified any areas for improvement. It is an opportunity for the service to establish a baseline of their practices against regulatory standards and identify both strengths and areas where enhancements need to be made.

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.

Upon reviewing the service's care plans and risk assessments, it was observed that a development and review process was in place.

The Regulation Officer sought the views on this matter from external professionals, and their comments were reassuring: "*The support worker has worked with my client to create a safer home environment by decluttering, moving items to safer places. They also chaperone them in the community to ensure safety, assist them with appointments, etc*".

During the inspection process, the Registered Manager explained that the service uses 'Access Care Planner' for care plans and risk assessments that are part of an integrated system. The Registered Manager provided evidence that the service has risk assessments in place for all care receivers, these encompass lone working, activities and moving handling. The Registered Manager added that the support workers can see the risk assessments and care plans on the 'Access' phone application.

During the inspection, the Regulation Officer reviewed the duty rotas. The service's limited hours contribute positively to staff well-being and work-life balance while meeting care receivers' needs. This was corroborated by the workforce feedback: *"The manager understands the definition of a decent work/life balance for his staff"*.

Throughout the inspection, the staff recruitment process was analysed, revealing that essential, safe recruitment documents were absent before the commencement of employment. Consequently, this finding has highlighted the need for the home care service to enhance its recruitment procedures to align with regulatory standards. It is positive to note that the Registered Manager fully acknowledged this, promptly initiating this process and reassuring the Regulation Officer that it would be a priority to address. Nonetheless, this is an area for improvement.

The Regulation Officer enquired about the medication management protocols implemented by the home care service. The Registered Manager clarified that the service is currently not providing or offering any medication administration to the care receivers. In the course of the inspection, the Regulation Officer noted that comprehensive local policy was in place, but this was not aligned with Jersey legislation. Additionally, upon evaluating the training and competencies of the staff responsible for medication administration, there was no clear evidence of regular competency assessments or a consistent review processes. The Registered Manager agreed to refrain from medication administration within the care packages that are offered until such measurements are in place.

Is the Service Effective and Responsive

Assessing the organisation of the service so that care receiver's needs are respected and met.

The Regulation Officer conducted a review of the care provider's Statement of Purpose, a key document outlining the aims, objectives, and the range of services offered. Adherence to the Statement of Purpose is crucial for delivering care that is of high quality, safe and effective. This was evident in the feedback received by the care receivers and their representatives.

“The service is absolutely fantastic. They are so flexible and accommodating. They support Xxx in anything that they want to do on the day. I am completely satisfied, the staff is absolutely amazing, I could not wish for a better care. We have a great relationship and Xxx loves them.”

This was also corroborated by the support workers:

“A person-centred approach is hugely important to Blue Turtle Care, with the utmost care and support for the care receiver.”

“Alongside the scheduled sessions, phone calls are made at suitable times to the clients out of session times for contact and to check in with them. This ensures the client is feeling well serviced and thought of and also acquires knowledge of any changes or developments that may affect sessions. This has increased our ability to meet clients' needs so that preparations are made to achieve what the client wants for the week/sessions ahead.”

During the inspection, the Regulation Officer identified discrepancies between the service's stated objectives in the Statement of Purpose and its operational practices. The Registered Manager acknowledged the Statement of Purpose needs to be reflective of the care delivered, regulatory standards and the Provider's conditions of registration. It was reassuring to note that the Registered Manager promptly re-adjusted the document to reflect the reality of the current service.

In discussion with the Registered Manager and after receiving feedback from professionals and support workers, it was evident that the service had a gap in reporting notifiable events to the Commission. The Regulation Officer emphasised to the Registered Manager the critical importance of adhering to the notification system. The Registered Manager agreed and provided assurances that steps would be taken to ensure the implementation of a consistent reporting mechanism. Given the absence of supporting evidence during the inspection process, this issue has been identified as an area of improvement.

The Regulation Officer noted an absence in the service's adherence in providing evidence of care receivers involvement in the decision-making processes. It is imperative that the service introduces procedures for documenting care receivers' involvement in making decisions about their care and support, which include regular reviews and adjustments to care plans to reflect changing needs or wishes. 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.

The Regulation Officer could not find evidence indicating that the service adequately considered the care receivers' needs and reviewed them accordingly. Essentially, there were shortcomings in how the service assesses, documents, and revisits the requirements of each care receiver over time. This oversight could lead to instances where the care provided may not fully align with the evolving needs and preferences of the individuals receiving care, thereby impacting the quality and effectiveness of the overall care delivery. Therefore, evidence of a regular review of the care plans is essential.

The Regulation Officer sought feedback from the care receivers and their representatives, it was noted that the care provided effectively met the care receivers' needs.

“My husband and I are very happy, the manager is very helpful, very cheerful. Nothing is too much for him. I have no problems at all.”

Additionally, the feedback received by external professionals reinforced the work that the service is doing to enhance care receivers' lives: *“The support worker works with my client educating them around safety, environment, cooking/meal prep to promote their independence”*.

Furthermore, the feedback received by the support workers corroborates the above:

“A good working relationship with management and different health professionals gives the care receiver a more inclusive service.”

“The manager is very motivating and promotes a good sense of work ethic and environment. All queries and topics have been met with an approachable and suitable response, showing care and wanting the best for the client and staff.”

During the inspection, the Regulation Officer identified gaps in the evidence provided for the supervision and appraisal processes of care staff. The records did not demonstrate adherence to the minimum requirements for conducting annual appraisals and supervisory meetings. This is an area for improvement. When discussed, it was explained that the Registered Manager faced challenges in fulfilling this requirement. Consequently, this has been acknowledged by the Registered Manager as an area in urgent need of development to ensure that all staff members are adequately supported through regular feedback and supervisory sessions. However, it was reassuring to receive feedback from the support workers that they felt supported by management and have a good working relationship.

Is the Service Well-Led

Evaluating the effectiveness of the service leadership and management.

Following a review of mechanisms for capturing and addressing concerns and complaints from both support workers and care receivers, it was evident that there was inadequate complaint handling and whistleblowing policies and a lack of reference to local legislative requirements. The Registered Manager recognised that to rectify this, it is essential that the service adjusts the current policies by incorporating more robust and transparent systems that are accessible to everyone.

During the inspection process, the Registered Manager was able to provide a reviewed whistleblowing policy and assurance that a review of the remaining policies and procedures was being undertaken; however, similar work needs to be undertaken with all policies. This is an area for improvement.

The Regulation Officer's discussions with the Registered Manager highlighted the importance of a holistic approach to care that acknowledges and respects the unique needs of the care receivers. This was reflected in the following feedback comments:

"They help me with what I need. They understand me. I am happy and have no problems."

"They support me very much in everything that I need. I am very happy."

Furthermore, the feedback that was sought from professionals emphasised that the service works towards a holistic approach to care: *"The Manager was available at the initial assessment stage and is in the picture with the care being delivered, they have gone out of their way to assist client when required"*.

During the inspection, the Regulation Officer sought evidence of the service's current training offer. There was no evidence that a mandatory training programme for staff is in place, making this an area for improvement.

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>Area for Improvement 1</p> <p>Ref: Standard 3; Appendix 4</p> <p>To be completed by: Immediately</p>	<p>The Registered Provider must ensure that the home care service fully enhances its recruitment procedures to align with regulatory standards.</p> <hr/> <p>Response of Registered Provider:</p> <p>A new policy is now in place to ensure compliance with the standards.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 4.3; Appendix 7</p> <p>To be completed by: Immediately</p>	<p>The Registered Provider must notify the Commission of any incidents, accidents, or potential risks to care receivers, as outlined in the Home Care Standards.</p> <hr/> <p>Response of Registered Provider:</p> <p>Reporting protocols have now been enhanced to report incidents more effectively.</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 2.1; 2.6; Appendix 3</p> <p>To be completed by: One month from the date of inspection (20 April 2024).</p>	<p>Personal care plans must evidence the involvement of care receivers in decisions making processes and be regularly reviewed to capture changes in needs, wishes and preferences.</p> <hr/> <p>Response of Registered Provider:</p> <p>Personal plans have been updated to demonstrate coproduction. Plans are audited and reviewed monthly with care receivers.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 3.14</p> <p>To be completed by: Three months from the date of inspection (20 June 2024).</p>	<p>The Registered Manager must ensure that all staff members are adequately supported through regular feedback and supervision sessions.</p>
	<p>Response of Registered Provider:</p> <p>A regular supervision and appraisal format is now in place.</p>

<p>Area for Improvement 5</p> <p>Ref: Standard 9.3; Appendix 2</p> <p>To be completed by: Three months from the date of inspection (20 June 2024).</p>	<p>The service needs to adjust current operational policies to ensure they are based upon local legislation and are accessible to everyone.</p>
	<p>Response of Registered Provider:</p> <p>Blue Turtle Care policies are being adjusted to align more closely with local legislation.</p>

<p>Area for Improvement 6</p> <p>Ref: Standard 3.11; Appendix 6</p> <p>To be completed by: Three months from the date of inspection (20 June 2024).</p>	<p>A clear training and development programme must be in place for all staff and must be evaluated regularly.</p>
	<p>Response of Registered Provider:</p> <p>Our training matrix has been enhanced to meet the standards set out by Jersey Care Commission.</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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