



Jersey Care  
Commission

## **INSPECTION REPORT**

**Tutela Jersey Limited**

**Home Care Service**

**Ground Floor  
CTV House  
La Pouquelaye  
St Helier  
JE2 3TP**

**3 and 5 April 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 Tutela Jersey Ltd (Tutela). The service is located in the parish of St. Helier, situated within a commercial property that houses several businesses. Tutela offers an Island-wide service, ranging from a few hours per week to providing 24-hour care in an individual's own home.

Regulated Activity	Home Care Service
Mandatory Conditions of Registration	<p>Type of care: Personal care and personal support</p> <p>Category of care: Adult 60+, Dementia Care, Physical Disability, Mental Health, Learning Disability, Autism, Substance Misuse</p> <p>Maximum number of combined personal care and personal support: 2500+ hours per week</p> <p>Age range of care receivers: 16yrs 8 months +</p>
Discretionary Condition of Registration	<p>The Commission proposes to limit the number of total weekly hours of support which Tutela Jersey may provide to a maximum of 2288 hours per week. Accordingly, Tutela Jersey Ltd may not exceed this total maximum weekly number of hours from the time that this proposal is received. This condition is to remain active until such time as the Commission is satisfied that it need no longer apply.</p>

Dates of Inspection	3 and 5 April 2024
Times of Inspection	09:00am to 3:00pm and 09:15am to 3:15pm
Type of Inspection	Announced
Number of areas for improvement	3
Number of combined personal care and personal support / delivered on the day of the inspection	1957.75 hours

The Home Care service is operated by Tutela Jersey Ltd, and the service has an interim manager in place.

The discretionary condition on the service's registration was discussed. The service evidenced adherence to the stipulated hours and remained compliant by adjusting care hours to align with contracted staffing hours.

Since the last inspection on the 15 and 17 of November 2023, the Commission received a notification of absence of the Registered Manager in November 2023. The notification included details of the Registered Provider's arrangements to ensure that the service had a suitable interim management plan.

## **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 relatives reflects a positive image of the service, highlighting its success in establishing a cosy and inviting atmosphere within the homes of the care receivers. This feedback emphasises the service's dedication to upholding a culture of respect and empathy, where care receivers feel not only supported but also valued within their own living spaces.

The service has shown progress in its management approach within the context of home care. Nonetheless, there are specific areas of governance that need further development to align with the Home Care Standards.

The inspection has highlighted three areas requiring improvement. Firstly, it is imperative that all support workers are provided with regular opportunities for formal supervision and appraisal to discuss and address any identified issues effectively. Secondly, the service must adhere to the requirement of notifying the Commission of incidents, accidents, or events that pose or may pose a risk of harm to care receivers, as outlined in the standards. Lastly, the service must ensure that the care provided closely aligns with the individualised care plans of each care receiver, emphasising the need for a comprehensive review of these plans to accurately reflect their diverse care requirements and preferences.

Further information about our findings is contained in the main body of this report.

## INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the service the week before the visit, that was completed on the 3 and 5 April 2024. The inspection was carried out by two regulation officers.

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, including the previous inspection reports, was reviewed.

The regulation officers gathered feedback from care receivers and their representatives. They also had discussions with the service's management and other staff. Additionally, external professionals provided feedback.

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

At the conclusion of the inspection, the regulation officers provided feedback to the interim manager and Registered Provider.

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.

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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/>

## INSPECTION FINDINGS

At the last inspection, three 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 not enough progress had been made to address some of the areas for improvement.

Notably, an organisational chart was presented to the Commission by the service, indicating progress in enhancing structural clarity within the organisation. Feedback sought from staff revealed a lack of clarity regarding line management responsibilities. While the organisational chart is clear when seen on paper, it's crucial that staff members also retain a clear understanding of it in their daily work. Moving forward, it is important for the service to continue efforts to enhance its organisational structure and ensure that all staff members have a clear understanding of their roles, reporting lines, and managerial responsibilities.

Staff supervisions were also an area for improvement in the last inspection. Despite efforts to improve the supervision form into a more user-friendly document, it was observed that the minimum annual supervisory requirements, as stipulated by standards, continued to be unmet. This was substantiated by interviews conducted with staff members, revealing a lack of awareness regarding the significance of supervisions. Moving forward, it is imperative for the service to address this deficiency by prioritising the implementation of regular supervisory sessions.

The final area for improvement from the last inspection was to report notifiable events to the Commission. Encouragingly, there was evidence of progress compared to the previous assessment; however, following a review of the internal notification log maintained by the service, instances of reportable accidents were identified by the regulation officers. This indicates that while progress has been made in notification reporting, there remains a need for further enhancement to ensure comprehensive compliance with reporting requirements. Moving forward, it is essential for the service to reinforce efforts to address gaps in notification reporting.

### **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 regulation officers found that risk assessments were accessible and regularly updated. Additionally, the risk assessments appeared to address a wide range of potential hazards and scenarios relevant to the care environment. This demonstrates the service's commitment to identifying and mitigating risks. Overall, the robustness of the risk assessment procedures observed during the inspection reflects positively on the service's commitment to maintaining high standards of safety and quality care, which was corroborated by feedback received from healthcare professionals: *"I believe the care being provided is safe and consideration is taken to each individual's needs"*.

During the inspection, the regulation officers reviewed the staff recruitment process to ensure compliance with regulatory standards. An examination of the staff folders, it was observed that the recruitment procedures adhered to the standards and demonstrated comprehensive assessments of the candidates.

During the inspection, the regulation officers conducted a review of staffing levels to assess the adequacy of support worker numbers in meeting the care and support needs of individuals receiving care. It was confirmed that the service consistently maintained sufficient staffing levels, ensuring that care receivers received the necessary support and attention in accordance with their care plans and care package agreements.



Medication management implemented within the home care setting was also discussed during the inspection process. An observation from the previous inspection highlighted the inclusion of first aid practices within the administration of medication policy. It was identified that separate policies were required for clarity and effectiveness.

The Commission received evidence that the policy has undergone a comprehensive review. The revised policy now includes clearly defined procedures for medication management. The interim manager assured the regulation officers that these updated guidelines would be effectively communicated to the team members.

### **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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During the inspection, attention was directed towards evaluating the service's compliance with the mandatory conditions for registration as outlined in the regulatory framework. The regulation officers looked at the care receiver's needs in relation to the service's mandatory conditions. Upon analysis, it was determined that the service demonstrated compliance with the mandatory conditions.

Throughout the inspection, it was observed that the service demonstrates effective collaborative working and appropriately delegates tasks among staff members, with external training sought and provided, indicating compliance with regulatory standards.

The regulation officers reviewed the aspect of consent within the framework of legislation governing capacity and self-determination. An encouraging observation was made regarding the training provided by the service in this area, indicating an improvement since the last inspection. Additionally, feedback received from families of care receivers further supported the view that the service is effectively adhering to these guidelines.

*"We are always informed about everything."*

*“They are so empathetic and provide us with informed decisions.”*

*“I know I can always go to the office and speak with the boss if I am not happy about something, and I know they will listen to me and try their best to accommodate my request.”*

During the inspection process, the regulation officers noted positive engagement and trust between staff and care receivers. Care receivers and their families also voiced this:

*“I love it when they visit me. I can do whatever I want with them.”*

*“The staff are so caring, calm, positive and happy. I am always looking forward to their visits.”*

*“We are fortunate; we have the best person that could fit within my Xxx personality. I felt so emotional to see the way they are empathetic.”*

Overall, the care observed was underpinned by compassion and professionalism. This was supported by the feedback received from healthcare professionals: *“The care being provided is meeting the individual’s needs. Tutela is receptive to any comments and proposed changes/reviews that are recommended considering the level of safeguards of each individual I assessed”*.

## Is the Service Caring

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

During the inspection, regulation officers examined a sample of care plans and directly observed practice to assess the correlation between care provision and individualised plans. In addition, feedback from care receivers, representatives, and external professionals on their experiences of care delivery was sought, and discrepancies were identified.

*“There has been a lot of difficulties faced by the team over the past 12-18 months, I have guided them through several issues including introduction of social stories, introducing activities, however this appears to be an ongoing theme.”*

*“I am concerned that improvement on daily activities requires addressing.”*

*“There is a lack of a proper sensory activities including room, which needs to be sorted, I have brought this up several times.”*

The Provider recognised that improvements were required in areas such as the development of communication aids and activity plans that are developed in collaboration with care receivers and their representatives. This is an area for improvement.

In addition, regulation officers noted a lack of direction and guidance for the care team, which has led to a lack of personalised care planning in relation to the wishes and preferences of the care receivers.

The regulation officers identified gaps in the evidence provided for the supervision and appraisal processes within the service. Records did not show adherence to the minimum requirements for conducting annual appraisals and supervisory meetings. This shortfall was highlighted in a previous inspection, and consequently, this has been marked as an area in urgent need of improvement to ensure that all staff members are adequately supported through regular feedback and supervisory sessions.

It was positive that there was evidence that the service is actively seeking to improve staff benefits, which includes offering free counselling services and expressing appreciation to staff through gestures such as thank you cards and small tokens of remembrance on special occasions. This initiative reflects a commitment to supporting the well-being and morale of staff members. These findings were corroborated by feedback received from the staff:

*“They are very accommodating, with fast responses when we need them and additionally if there are any changes with the care receivers’ needs.”*

*“I feel fully supported, I can pick up the phone anytime and get a response. They are very experienced and always have a logical advice to me.”*

*“The service is great. I have been to so many places, and Tutela just feels right.”*

*“I don’t feel any pressure, and I am well guided. It is so easy to work here; everyone, including management, gives their best at all times.”*

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

Evaluating the effectiveness of the service leadership and management.
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It was reassuring to note that feedback received from the care receivers’ relatives was reflective of what the service aims to provide:

*“I know that management are always aware, if I call, they will always respond and provide us with a resolution for any problems that may arise.”*

*“I can always go to head office, and I know they will listen to me.”*

Staff’s feedback, also provided a reflection of these measurements:

*“They support me fully; I feel confident in raising any concerns with them.”*

*“I have already raised some things with them, and they supported me promptly and effectively.”*

It was encouraging to observe that the service has developed and implemented additional policies and procedures following significant events, demonstrating a commitment to learning from past experiences and continuously improving their practices to ensure the safety and well-being of the workforce and care receivers.

The regulation officers emphasised the importance of conducting a root cause analysis following a recent event. By doing so, the service can gain valuable insights and learning. This would enable the service to understand whether changes are required.

Furthermore, the implementation of robust systems and procedures based on the findings of the root cause analysis may enhance the service's resilience and capacity to manage similar situations in the future.

There was evidence of the Provider's commitment to comprehensive training for all support workers, including statutory and mandatory programs. Information was provided to the regulation officers, where face-to-face and e-learning are blended in a variety of topics, which includes SPELL training, Maybo, and Oliver McGowan training. Further development of in-house training is currently being explored. The feedback received by the team reflected a positive response to the current training implemented by the service:

*“Training is brilliant, I feel well informed, very high-level standards.”*

*“I am up to date with my training, additionally, they always provide us with reminders to complete any outstanding training.”*

*“I have access to online training and also face-to-face.”*

## IMPROVEMENT PLAN

There were three 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 3.14</p> <p><b>To be completed by:</b> 5 July 2024, three months from the date of inspection.</p>	<p>The Registered Service must ensure that all support workers regularly engage in formal supervision and appraisal sessions that adhere to the minimum requirements outlined in the Home Care Standards.</p> <hr/> <p><b>Response of Registered Provider:</b></p> <p>Tutela have been working hard to address the increase of regular staff supervisions and appraisals.</p> <p>Additional staff have been trained in Supervisor Management. Supervisor numbers have increased within the company, and supervisions are already reaching 80% completion by the end of May 24.</p> <p>Staff annual appraisals are currently being conducted and completion will be the end of June due to holidays/absence.</p> <p>Since the inspection in April, we have significantly increased the number of staff who have received their appraisals after their 4<sup>th</sup> supervision.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> standard 4.3 and Appendix 7</p>	<p>The Registered Service is obligated to notify the Commission of any incidents, accidents, or potential risk of harm to care receivers, as outlined in the Home Care Standards.</p>

<p><b>To be completed by:</b> with immediate effect</p>	<p><b>Response of Registered Provider:</b></p> <p>Tutela have appointed an office based staff member, who ensures all reportable incidents/accidents or risk of harm are reported to the JCC in a timely manner.</p> <p>Careline line - Tutela's (OS) alerts office staff of any incidents / concerns . This can then be appropriately escalated to the JCC.</p> <p>Since the inspection, all relevant notifiable incidents have been reported and this practice continues.</p>
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<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> standard 2.6 and 5.3</p> <p><b>To be completed by:</b> 5 July 2024, three months from the date of inspection.</p>	<p>The Registered Service must align care provision with individual care plans to capture diverse needs, wishes and preferences.</p> <p><b>Response of Registered Provider:</b></p> <p>Since the inspection, we have introduced members of staff to support the teams with updating and ensuring the care plans are fully person centred.</p> <p>We are aiming to ensure the care plans are in a format that can be understood easily (easy read) by the clients we support.</p> <p>Staff to ensure each individual is involved as much as possible during the writing/updating of the care plans process, so that their voice is heard and their preferences and wishes are made known.</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.



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)