



**Jersey Care
Commission**

INSPECTION REPORT

TESH Healthcare Jersey Limited

Home Care Service

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

**Date of Inspection:
25 July 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 Ltd. The service is situated in the parish of St Helier and delivers care in care receivers homes across the Island of Jersey. 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, Adult 60+ Maximum number of combined personal care and personal support hours: 2250 Plus 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 July 2024
Times of Inspection	10am to 12:05pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of hours of care being delivered by this service during the week of the inspection	666.50 hours per week

This home care service is operated by TESH Healthcare Ltd, and there is a Registered Manager in place.

The discretionary condition on the service's registration was discussed, and the Registered Manager confirmed that they are on track to complete their Level 5 Diploma in Adult Social Care with the agreed timeframe.

Since the last inspection on 25 January and February 2024, the Commission received an application on the 1 July 2024 from the Registered Provider to vary a condition on the service's registration. This was to increase the hours of care delivery from a medium plus provider (up to 2250 hours) to a large provider (2250 hours Plus). The application was approved by the Commission on the 22 July 2024.

INSPECTION PROCESS

This was a focused inspection to review compliance with the areas for improvement identified at the last inspection which was completed on 25 January and 2 February 2024. This focused inspection was announced and notice of the inspection visit was given to the Registered Manager 16 days before the visit on 25 July 2024. This was to ensure that the Registered Manager would be available during the visit. Two regulation officers undertook this inspection.

The relevant Home Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following:

- Six areas for improvement identified from the inspection of 25 January and 2 February 2024
- Notifications made to the Commission
- Staffing levels and compliance with the Standards
- Management of complaints.

Prior to our inspection, all of the information held by the Commission about this service was reviewed, including the previous inspection report.

The regulation officers had discussions with the service's management and other staff.

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 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/>

This report outlines our findings and includes areas of good practice identified during the inspection.

INSPECTION FINDINGS

At the last inspection, 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 positive to note that there had been significant progress in all the areas for improvement identified in the full inspection completed earlier in 2024.

Area for improvement 1:

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.

Considerable work had been undertaken in collating all personnel documentation for staff on individual electronic records. All records followed a set index, making navigation straightforward. The regulation officers were satisfied that safer recruitment practice could now be evidenced in this service. The service has also introduced an additional process regarding references for care staff from overseas, where the referees are emailed to confirm the paper reference. Other important records, such as employment contracts, work permits, and training certificates were also easily accessible. This is no longer an area for improvement.

Area for improvement 2:

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.

In addition, where specialist training is required, this must be recorded, alongside what monitoring arrangements are in place.

The regulation officers examined several training records and were assured that care staff had now completed the requisite training in medications management.

Specialist training had also been sourced in areas such as palliative, stoma and catheter care.

Unfortunately, the service has been unable to source Capacity and Self-determination training. The Commission accept the context for this but is assured that when this training becomes available later in 2024, care staff will be made available to attend. The Registered Manager was advised to access the Code of Practice for Capacity and Self-determination to ensure they understand their role and responsibilities in this regard.

The service has also developed champions in areas such as pressure care, dementia care and medication administration records. The Registered Manager advised of plans to develop additional champions in other key areas of care.

The regulation officers were satisfied that the service has rectified the issues identified in the last inspection. This is no longer an area for improvement.

Area for improvement 3:

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. The Registered Provider must consider staffing arrangements to improve how governance is delivered.

This service now has an organisational chart that illustrates improved management oversight of care delivery, with enhanced accountability and reporting across all staff levels. The Registered Manager now has the support of two care co-ordinators, one trainer and senior carers in this service. The Registered Manager commented that the new governance framework “*had really improved the pressures we were previously experiencing and provided them with better oversight of the delivery of care*”. This is no longer an area for improvement.

Area for improvement 4:

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.

This service introduced a new quality assurance framework in April 2024. This was reviewed by the regulation officer and found to be comprehensive in its aims and desired outcomes. The regulation officers examined some of the audit and quality assurance activity carried out over the last six months and were satisfied that this would lead to continuous learning for the service and better outcomes for care receivers. Examples of these activities were:

- Staff and care receiver feedback – informal and structured through feedback loops and opportunities for staff to provide feedback anonymously
- Spot checks on care delivery with written observations and ratings
- Meeting with key workers
- Exit interviews with staff.

Area for improvement 5:

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.

The regulation officers examined a sample of supervision records, which provided assurance that supervision was being carried out with care staff per the Standards. The supervision document ensured that supervision is structured, productive and focused on the development and wellbeing of staff. There was evidence of care staff identifying key and deliverable development objectives. This is no longer an area for improvement.

Area for improvement 6:

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.

The regulation officers were provided with access to a central record where policies and procedures were stored electronically. Policies and procedures were found to be comprehensive, recently reviewed and accessible on a dedicated computer for care staff. The service has plans to move these policies and procedures to a platform where staff can access them on their mobile phones. This is no longer an area for improvement.

Additionally, the service is going to enhance the induction of staff with the development of a set of key policies and procedures staff must read and sign-off before they start to deliver any care.

Notifications made to the Commission:

The regulation officers were satisfied that the Registered Manager understood their responsibilities in respect of notifying the Commission of significant events and incidents that occur in the service. The Registered Manager also attended a drop-in event at the Commission regarding changes to incident reporting, which provided the regulation officers with assurance that notifiable incidents and events would be made in the future.

Staffing levels and compliance with the Standards:

The regulation officers confirmed that the Registered Manager understood the Standards in respect of staff breaks and days off in the course of their duties. The Registered Manager provided assurance that when care staff are offered overtime, that this is voluntary and not enforced on staff.

Management of complaints:

Complaints and safeguarding referrals about this service were examined by the regulation officers. Complaints were managed appropriately and there was evidence of policy and procedure being adhered to. Safeguarding referrals about this service were responded to robustly with decisive action being taken that resulted in care receivers being safeguarded.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection, so an improvement plan is not required.

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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