



**Jersey Care
Commission**

INSPECTION REPORT

The Care Collective Limited

Home Care Service

**Suite 30
4 Wharf Street
St Helier
JE2 3NR**

19 and 20 June 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 on the inspection of The Care Collective Limited. The home care service operates from an office in St Helier and provides care and support to individuals living in their homes across the island. The type of care provided is based on individual needs and can vary from a one-hour visit to a twenty-four-hour care provision.

The service was formerly registered as Golden Gate Care Services Limited, and is operated by two directors who have been involved from the beginning. According to its Statement of Purpose, the service aims to “*follow a therapeutic model of care focussing on quality, collaboration, innovation and sustainability*”.

Regulated Activity	Home Care Service
Mandatory Conditions of Registration	Type of care: Personal care and personal support Category of care: Adult 60+, Dementia care, Physical disability/ sensory impairment, end of life care, learning disability, autism, mental health Maximum number of combined personal care and personal support hours to be provided per week: 600 hours Age range of care receivers: 18 years and above
Discretionary Condition of Registration	The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 13 August 2024.
Dates of Inspection	19 and 20 June 2024
Times of Inspection	1.00pm – 4.45 pm on 19 June 11.30am – 2.00 pm on 20 June
Type of Inspection	Announced
Number of areas for improvement	Twelve
Number of combined personal care and personal support / delivered during the week of inspection	575 hours

The Care Collective Limited operates the home care service, and one of the Directors is also the Registered Manager. At their request, the discretionary condition on the service's registration, which relates to the Registered Manager having to complete a Level 5 Diploma, has been extended by three months.

Since the last inspection, which was completed on February 6, 2023, the service applied to vary the conditions on registration to include the categories of learning disability and autism and to expand its services to individuals aged 18 years and above.

The Commission wrote to the service on October 27, 2023, due to concerns about poor communication with family members and the Commission itself and requested improvements in its communication practices. This is discussed in more detail in the report findings.

The Commission also received and approved an application to register the service under an alternative name, which was processed and approved on June 21, 2024. As of June 21, 2024, Golden Gate Care Services Limited was registered as The Care Collective Limited. The Registered Manager explained that the name change was prompted by referring agencies' misunderstanding that the service only provided care to older adults.

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.

Care receivers who were spoken with felt that the service met their needs and expressed overall contentment with the care and support provided. They described positive relationships with the staff team and appreciated the consistency and familiarity of the staff. However, some care receivers reported that the timings of their carer visits were unpredictable, causing uncertainty in planning their days.

Staff are recruited safely, and the Registered Manager maintains regular contact with care receivers, overseeing the care provided. Care receivers noted that the manager occasionally offers direct, hands-on care and is approachable and responsive to their needs. Despite this, the Commission has received complaints about the service's unreliable and inconsistent communication, an issue that was raised both before and during the inspection.

The service must address several areas for improvement to consistently meet the required Standards, particularly relating to the safe management of the service, ensuring care receivers are provided with explicit written agreements and making invoices clear and legible to demonstrate the hours of care and support provided. Staffing rosters must be detailed, and visits to care receivers must occur consistently, with them fully informed of the visit schedules. The complaints process must be transparent and made available, and a record of all complaints received must be retained. Records must be retained and available for inspection.

New staff must complete a structured induction programme. Care staff must complete medication training as the Standards require, and their competency must be checked at least annually. Appraisals must be carried out. The care planning process must be strengthened and improved. Assessments should be completed in response to evolving needs when there are adjustments in the amount of care provided, and care receivers must be involved in their care planning arrangements.

The service has provided updates on changes to its processes, which included the launch of a new Home Care management system, which will support several critical areas such as staff rostering, invoicing, care planning and a care receiver portal. These changes are welcomed by the Commission and should address many of the areas for improvement identified in this inspection report. However, as these changes are relatively recent and not yet fully embedded, the Commission is not able to demonstrate sustained improvement and better outcomes for care receivers. To address this, a focused inspection will be conducted later in 2024 to ensure that this service is on a path of improvement.

INSPECTION PROCESS

This inspection was announced and carried out over two consecutive days, with two regulation officers present on each visit. To ensure their presence and availability, the Registered Manager was notified of the visit three working days in advance.

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**

Before the inspection, all of the information held by the Commission about this service was reviewed, including the previous inspection report. All correspondence between the Commission and the service, as well as communications brought to the Commission's attention, were considered as part of the pre-inspection planning.

¹ The Home Care Standards and all other Care Standards can be accessed on the Commission's website at <https://carecommission.je/Standards/>

The Regulation Officer gathered feedback from five care receivers and one of their representatives. They also had discussions with the Registered Manager and Director during the inspection and spoke with five care staff by telephone.

As part of the inspection process, records including policies, care records, sample written agreements, invoices, staffing rosters, staff personnel records, training records and quality monitoring reports were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and Director and, the day after the inspection concluded, sent written confirmation of the areas for improvement.

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, four 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 noted that all improvements outlined had been made. This means there was evidence of;

- safe recruitment practices for newly recruited staff
- notifiable events were submitted to the Commission
- the service's safeguarding policy has been revised, and safeguarding forms part of staff supervision discussions
- Some staff have also been trained in end-of-life care and dementia awareness.

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.

The findings from this inspection regarding recruitment practices confirmed that the service has improved. Samples of staff files showed that the service is now meeting the Standards for safe recruitment. There was evidence that all necessary background checks, including criminal record checks, had been completed before staff started work.

Before the inspection, the service's Statement of Purpose (SoP) was reviewed to evaluate whether the service was consistent with the stated aims and objectives. The SoP specifies that care receivers or their representatives will receive a contract following an initial assessment. Additionally, the Standards require care receivers to be provided with a written agreement setting out the terms and conditions of the care arrangements, of which they should receive a signed copy. However, a review of a sample of records showed that this had not consistently been the case.

One care receiver's record showed that no written agreement had been provided to them at the start of care provision some months earlier, nor had there been a revised written agreement when there was an increase in care hours provided. Another care receiver's records were reviewed, which showed they had been receiving support for almost three years without a signed written agreement.

During conversations with the Regulation Officer, care receivers confirmed they were still to receive the written agreements consistently. One care receiver commented "*I've never received a contract, but I'd like to see one*". This feedback and a review of the records show a significant gap in the service's compliance with its SoP and the Standards. This also places care receivers at risk by not having clear information about the service they should receive and the associated costs. This is an area for improvement.

The SoP specifies that care receivers will undergo ongoing assessments to account for changes in conditions. However, there was evidence that this had not been consistently carried out. The Registered Manager advised that following a hospital admission, one care receiver's abilities had deteriorated, but the service was unaware of these changes upon their return home. This was because the service had not carried out their own assessment whilst the care receiver was in hospital.

Another care receiver's care provision had increased significantly since their initial package was set up. Yet, there was no assessment to evidence a deterioration in their health or the rationale for the increase in care provision. There was no documented evidence of the care receiver's consent for the increased care nor a revised written agreement.

Standard 2 of the Standards specify that thorough assessments should be conducted whenever there is a significant change in care provision, relevant professionals should be involved and the records should be clear to evidence the rationale for any changes, including evidence of the care receiver's health condition and needs. The Standards make clear that assessments will be revised as required if there is a change in needs or circumstances, and the person will be fully involved in the review process. This is an area for improvement.

Some sample invoices provided to care receivers were reviewed and found to be limited in detail. These did not provide information such as the recording of care workers' arrival and departure times so that accurate calculations could be made for the service provided, as the Standards require. The payment advice section did not include information, such as payment methods or bank account details.

The Registered Manager advised that some care receivers make payment by cheque. The records for one care receiver who paid their fees by cheque did not specify how the care fees should be paid, nor did they indicate whether they could manage this task independently or required assistance from staff. The care receiver was not provided with a written agreement to explain about the payment of care fees.

One person told the Regulation Officer that they received their invoices at three monthly intervals, which they found difficult to manage and budget for. They said they would raise this with the Registered Manager to request that invoices be received more frequently to help them manage and plan better.

An area for improvement is to ensure transparency in billing and invoicing and provide care receivers with information about the services they receive, and how payments can be made.

The Registered Manager advised the regulation officers that IT issues resulted in the staffing roster being handwritten and recorded in a diary. The diary was examined, and poor record-keeping practices were found. This included not accurately reflecting the full staff names and times and duration of their shifts, nor did it show the location and activity of care workers or details of the care receiver they were supporting. The Registered Manager advised that during the disruption to the IT system, care workers receive information about their shifts by text message or email.

The June 2024 monthly report highlighted that one staff member had complained about the issuing of the rotas. One member of staff told the Regulation Officer they receive their shifts by text message, and another mentioned they had been notified only one day in advance about a shift for the following day. The planning of rosters had also been brought to the attention of the Commission by an anonymous source prior to the inspection.

The absence of accurate staffing rosters results in a lack of precise records of staff shifts, times, and activities. This may result challenges to evidencing that invoicing accurately reflects the services provided. The need to maintain and retain a clear record of staffing rosters is another area for improvement.

At the last inspection, the Registered Manager advised that an on-call rota was being developed. There was no evidence that an on-call rota had been developed and implemented. There was no written record of which staff member was responsible for the on-call arrangements. This is an area for improvement, to be included and referenced within the staffing rosters.

The Registered Manager informed the regulation officers that care receivers are not routinely provided with rosters advising which staff member is supporting them, as they had previously indicated they were unnecessary. However, four of the five care receivers who spoke with the Regulation Officer said they would find them helpful.

Some care receivers also advised the Regulation Officer that the timings of their visits were varying and unreliable, stating this had a negative impact on their daily lives. Some of their comments included;

“This company doesn’t do rotas, and they don’t specify the exact times. I’d like a rota and I can’t make plans as if I meet Xxx in the afternoon, I don’t know what time I have to be back for the carer. They roughly come at the same time, and they just tell me on the day what time they’ll be coming.”

“No there’s no rota given, I do normally have the same girls but there are no specific times, and I’d say the timings are a bit off. Like yesterday, I thought the girl was coming back at X, but she ended up coming back at X [two hours earlier.]”

“Having a rota would let me plan. If I say to Xxx to come down, then I need to know when the carer is coming. If you get told the carer is coming and then someone else comes instead and they can’t cook, then it’s not very good. Sometimes its different people who turn up, and I don’t always know that.”

“I’ve learned to be flexible to accommodate them [the care staff] and I know they have young families, and I can afford to be flexible.”

“If they have other clients to see to, they’ll ring me and let me know if they have to change the times of my visit.”

The discrepancy between the Registered Manager's perception of care receivers' views on rosters and their preferences, along with inconsistent and varying visit timings, is a concern regarding the quality of the service. Unpredictable timings can disrupt care receivers' lives and routines, which must be addressed. The Registered Manager must demonstrate that care workers' visit times to care receivers are planned and agreed upon in advance to align with their needs and preferences and that care workers are punctual.

Care receivers should be aware of the option to have a staffing roster provided to them in advance, so they know who to expect and when. Both issues require improvement.

The inspection findings have confirmed several areas for improvement relating to the service's safety and that its operations are not always consistent with its Statement of Purpose and Standards, therefore not providing the expected level of care and service.

Is the Service Effective and Responsive?

Assessing the organisation of the service so that care receivers needs are respected and met.

At the time of inspection, the service was providing care to twenty-one care receivers, covering 575 hours per week. The range of care packages varied from a weekly one-hour visit to a 24-hour care package. The total hours provided, and the categories of care receivers supported demonstrated that the service complies with the mandatory registration conditions.

Five care receivers and one of their representatives provided positive feedback to the Regulation Officer, and they praised the approach of their care workers, expressing confidence in their abilities and satisfaction with the care and support provided. Some of their comments included;

“Xxx [name of carer] is absolutely adorable and is very professional in their approach. Xxx [name of care receiver] feels very comfortable and they’re very quietly spoken, I’m very happy with the care. The carer is always very kind and cheerful.” [from a representative].

“I wouldn’t want to go anywhere else, if I wasn’t happy, I’d say but I’m happy with the care.”

“They’re very good, they’re nice people and they make sure you’re cared for. They help to make sure you’re independent. They’re a lovely bunch and they’re always willing to oblige.”

“I find them very good, I’m very happy and they’re friendly and it suits me down to the ground. They’re very nice and I chat away to them.”

“I’m getting good care; the girls are wonderful and overall, the care is great. I’ve not had any complaints, if I’m not happy I’d just phone the manager.”

The service gathers feedback from care receivers, as recorded in the monthly audit report in June 2024. This highlighted that informal feedback from all care receivers showed they were ‘all happy with their teams and the service’.

Since the last inspection, some family members have contacted the Commission to report poor communication from the service when they had tried to get in touch. The Commission has experienced poor communication issues, prompting the Regulation Officer to write twice to advise the service of these communication difficulties, and delayed responses. It was reassuring to note that the telecommunications systems were being looked into on the second inspection day, and the regulation officers provided some advice regarding responding to people's enquiries.

Samples of policies were examined, including the medication management policy, which had been amended following a visit by the Pharmacist inspector in November 2023. The service had also revised its safeguarding policy, which reflected local protocols for raising and reporting concerns. The Registered Manager advised that safeguarding issues form part of supervision discussions with the staff team.

Is the Service Caring?

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

Care planning systems were reviewed. The service has transferred care receivers' records onto an electronic record keeping system. Care staff have access to records through their work-issued telephones. The Registered Manager advised that, where relevant, paper copies of care plans can be provided for care receivers and maintained in their homes to allow them easy access.

Samples of care records were reviewed, and overall, there was a need for more detail regarding initial and ongoing assessments, a lack of plans implemented based on specific needs, and in the information recorded in the daily logs. Examples included one care receiver supported by the service since 2021 had no initial assessment completed.

Another care receiver's assessment showed they required a specific medical intervention, but there was no care plan as to how risks would be mitigated. In cases where a 24-hour care package was provided, the daily notes predominantly related to nutrition and hydration support. There was no evidence of how the care receiver's emotional well-being was provided, which the Registered Manager advised was one of their predominant needs.

Care receivers told the Regulation Officer that they had only sometimes been involved in developing or reviewing their care plans, and one family member said that they would have found them helpful to refer to. Some of their comments included;

“I’ve not had sight of my care plan; I’ve got no problems [with the care] but I’d quite like to see it.”

“I saw my care plan in the beginning, but I’ve not recently seen it.”

“I haven’t seen my records or my care plan, there used to be one but I’m not sure if there’s one now as I don’t see the records.”

“I’ve never seen any of the plans or the notes of what the girls do for X [name of care receiver], and I’d find that really helpful to see what’s been going on.” [from a representative].

The Standards relating to care planning have weakened since the last inspection, as on this occasion, care receivers had not always been involved in developing their plans or had sight of them. Standard 2.3 places responsibility on the registered provider to fully involve care receivers in developing their personal plans and identifying their goals, aims, and outcomes. This is an area for improvement.

The records for one care receiver, who was no longer receiving support from the service at the time of inspection, were requested for review. However, the regulation officers were informed that the care receiver had retained the only hard copy of their care records and had not returned them for archiving despite the service asking them to do so. This situation occurred before the care record system was transferred to the electronic system, meaning there were no care records retained by the service.

There was no written evidence documenting the efforts made to retrieve the care records or of requests made to the care receiver to return the records. The service must demonstrate that records relating to service users are retained for at least five years as the Regulations require. This is an area for improvement.

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.

The Registered Manager advised that their working hours are mainly spent in the office overseeing service management. They only assist in delivering care, when necessary, with care staff primarily fulfilling this responsibility. The Registered Manager receives support from the other service director, who is also involved in the service's day-to-day operations. Since the last inspection, two care staff members have developed in their roles to provide management oversight for the service during the Registered Manager and Director's planned absences.

The Director compiles a monthly quality monitoring report which evaluates the services self-governance, and samples of reports showed that actions have been developed. Notifiable events are submitted to the Commission, as required. Sample notifications show that events such as falls, and hospital admissions were appropriately notified. The service reported two instances where it terminated its services to care receivers due to a breakdown in relations with the family.

The standard of written induction records is an area for improvement. The service was required to make this improvement during the 2022 inspection, and improvements had been noted in last year's findings. Samples of new staff files reviewed on this inspection, showed that the induction records were limited to the office induction only, and there were no records related to care provision. There was no evidence of induction records for two members of staff. The need to evidence all staff have been provided with a structured induction programme is an area for improvement.

Samples of supervision records were noted in staff folders, and the Registered Manager confirmed that they conduct staff supervision. However, appraisal documents were absent. Initially, the Registered Manager explained this by stating that no staff had been with the service for longer than one year. Upon further examination of the records, it was noted that five staff members had worked in the service for one year. Therefore, conducting staff appraisals is an area identified for improvement.

The Registered Manager and director are completing a Level 5 Diploma in leadership. Six staff members hold a Level 2 Award in Health and Social Care, three have a Level 3, and two have a Level 4. Not all staff have completed medication training as the Standards require, nor has their competency to administer medication been assessed. This is an area identified for improvement.

An online training provider provides some staff training. Mandatory training and further specialised training according to the registration categories have been provided and will continue to be offered in the second half of the year. Samples of staff training records showed training in capacity and self-determination, autism, and end-of-life care had been provided. Two staff members mentioned that they would have preferred a face-to-face style of learning instead of the online training they completed, and one person indicated that they were not very comfortable using a computer.

The details relating to the service's complaints process are limited. The information does not provide details of the investigative process or specify timescales for investigation and responses. The service lacks records detailing complaints received, actions taken, and whether the complainant was satisfied with the outcome. Additionally, there is no reference to the Commission for situations where the complainant is unhappy with the outcome or has serious concerns.

One family member expressed dissatisfaction with an aspect of the service in October 2023 on behalf of a care receiver and provided some correspondence to the Commission. However, the service did not recognise or record this as a complaint. The complaints procedures are an area for improvement.

Five care staff informed the Regulation Officer that they enjoy their roles and are happy working in the service. They commented that the Registered Manager was always available to answer any of their queries of concerns.

IMPROVEMENT PLAN

There were twelve 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 1.3</p> <p>To be completed by: two months from the date of inspection (20 August 2024)</p>	<p>The registered provider must ensure that care receivers are provided with a written agreement which states how the service will be provided to meet their needs.</p> <hr/> <p>Response of the Registered Provider:</p> <p>We acknowledge that there was a shortfall in this regard and following the identification of this, all service agreements were issued, signed and returned so this area for improvement was addressed prior to the deadline listed. We have also reviewed processes for the issuing of contracts and amended them to prevent this from happening again. We look forward to evidencing this on the commissions return later this year.</p>
<p>Area for Improvement 2</p> <p>Ref: Standards 2.1, 2.5</p> <p>To be completed by: with immediate effect</p>	<p>The registered provider must ensure that initial assessments are carried out, and regularly reviewed and revised as necessary.</p> <hr/> <p>Response of Registered Provider:</p> <p>Whilst initial assessments were already routinely carried out for all clients being onboarded prior to commencing care, we recognise the need for more thorough evidence of all that was discussed. Where we previously relied on paper-based notes to supplement the assessment carried out on our care</p>

	<p>management system, we are now using digital notes to supplement the more thorough assessment on our new care management system which makes notes more readily accessible and easier to upload onto client's profiles for more efficient data storage.</p> <p>This system also makes it clearer to identify reviews and updates made to assessments and care plans. This system was already being set up at the time of the inspection visit and was partially evidenced whilst the inspection was still active and has been functional since the inspection which we will be able to evidence on the commission's return later this year.</p>
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<p>Area for Improvement 3</p> <p>Ref: Standards 1.3, 8.3</p> <p>To be completed by: with immediate effect</p>	<p>The registered provider must demonstrate transparency and clarity in its invoicing procedures, and this should be linked to the care workers times so that accurate calculation can be made. Payment methods must be clear on the invoices.</p>
	<p>Response of Registered Provider:</p> <p>The new care management system also addresses this as it links the rostering features to the financial features (invoicing and payroll) and is automated meaning that these processes no longer rely on human interaction to process. This system was already being set up at the time of the inspection visit and was evidenced whilst the inspection was still active and has been functional since the inspection which we will be able to evidence on the commission's return later this year.</p>

<p>Area for Improvement 4</p> <p>Ref: Appendix 3 Home Care Standards</p> <p>To be completed by: with immediate effect.</p>	<p>The registered provider must ensure that staff rosters are available, and legible to reflect full staff names, dates, and times of their shifts. They should also reflect the location and activity of all workers. The arrangements for on call support must also feature within the staffing roster.</p>
	<p>Response of Registered Provider:</p> <p>We recognised that this was an area to address prior to the inspection and had begun the setup of this prior but were unfortunately unable to evidence its functionality at the time of the inspection. Also, it is regretful that a previous system that we used was unable to be reviewed at the time of inspection and we have since recovered those records for retention as required.</p> <p>The new system is used through an app that carers use on their company issued phones and the visits on the roster is linked to the profile of the staff member assigned, the profile of the client and times.</p> <p>The system also uses a google maps integration for ease of use and further clarity on the exact positioning of the client's home. This was partially evidenced whilst the inspection was active, and we look forward to evidencing prolonged use of this during the commissions return later this year.</p>

<p>Area for Improvement 5</p> <p>Ref: Regulation 5(2) Standard 6.2</p> <p>To be completed by: with immediate effect</p>	<p>The registered provider must demonstrate continuity of care and ensure visits to care receivers are punctual and in line with the agreed and invoiced times.</p>
	<p>Response of Registered Provider:</p> <p>The new system described above more efficiently creates alerts for late or missed visits and this is monitored on a daily basis to immediately address any potential issues in punctuality and attendance. This was already being set up at the time of the inspection visit and was evidenced whilst the inspection was still active and has been functional since the inspection which we will be able to evidence on the commission's return later this year.</p>

<p>Area for Improvement 6</p> <p>Ref: Standard 6.1</p> <p>To be completed by: two months from the date of inspection (20 August 2024)</p>	<p>The registered provider must ensure that care receivers are provided with a list of workers who will be providing care/support to them. The person receiving care should receive a copy of staffing arrangements in advance, so that they know who to expect and when.</p>
	<p>Response of Registered Provider:</p> <p>During an initial assessment we routinely ask the client whether or not they would like to have a staff rota and the majority response that we had received was that they did not wish for this but as previous mentioned in area for improvement two, we have improved our processes for documenting such meetings which will be able to evidence this preference where this is not wanted. Where this is</p>

	wanted, we will now be liaising with the client as to their preferred method of delivery.
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<p>Area for Improvement 7</p> <p>Ref: Regulation 9 (1)(3) Standards 2.3, 2.5, 2.6</p> <p>To be completed by: two months from the date of inspection (20 August 2024)</p>	<p>The registered provider must ensure that care receivers are fully involved in developing their care plans which detail how their needs will be met based upon their goals, aims and preferences. They must have access to their plans.</p> <hr/> <p>Response of Registered Provider:</p> <p>As per area for improvement two, we have made investments in new systems that aid in more thorough documentation as we acknowledge that although we always ensure to put our clients at the centre of their care and involve them in the development of their care plans, this has not been sufficiently documented. This was already being set up at the time of the inspection visit and was partially evidenced whilst the inspection was still active and has been functional since the inspection which we will be able to evidence on the commission's return later this year.</p>
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<p>Area for Improvement 8</p> <p>Ref: Regulation 23(2) 23(3)(a) Standard 2.7</p> <p>To be completed by: with immediate effect</p>	<p>The registered provider must maintain care and other service records for at least five years, which must be available for inspection by the Commission at any time.</p> <hr/> <p>Response of Registered Provider:</p> <p>In reference to the records for the care receiver for whose record we have not been able to store as we</p>
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	<p>were unable to recover them from the client's home. The records at the time were paper based which we addressed last year and changed to digital systems.</p> <p>The newest system that was already being implemented at the time for the inspection, further addresses this point and is much clearer and more thorough. It also makes the retention of client's documentation more concise as it is now also stored in one place in a more user friendly system. This was partially evidenced to the commission whilst the inspection was still active and continued functionality can be evidenced on the commissions return later this year.</p>
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<p>Area for Improvement 9</p> <p>Ref: Standard 3.10 Appendix 5 Home Care Standards</p> <p>To be completed by: two months from the date of inspection (20 August 2024)</p>	<p>The registered provider must evidence that care workers complete a structured induction programme.</p>
	<p>Response of Registered Provider:</p> <p>We acknowledged that our induction records required improvement and since the inspection we have built out a custom, purpose-built cloud-based system to allow for easier access for those assessing and inputting data and improves data retention and review. This new system also allows for better access to records between senior colleagues supporting with the induction process. We look forward to evidencing this on the commissions return later this year.</p>

<p>Area for Improvement 10</p> <p>Ref: Standard 3.14</p> <p>To be completed by: two months from the date of inspection (20 August 2024)</p>	<p>The registered provider will ensure that appraisals will be carried out annually.</p>
	<p>Response of Registered Provider:</p> <p>We acknowledge there was a shortfall with a few members of staff in this regard. Appraisals were largely undertaken in the weeks following the inspection and will be scheduled for the same time every year to ensure these are a priority moving forward. We provided evidence to the commission whilst the inspection was still active and look forward to evidence continued practice during our inspection next year.</p>

<p>Area for Improvement 11</p> <p>Ref: Standard 6.7 Appendix 8 Home Care Standards</p> <p>To be completed by: two months from the date of inspection (20 August 2024)</p>	<p>The registered provider will ensure that staff who administer medication complete appropriate training and have their competency to do so checked on at least an annual basis.</p>
	<p>Response of Registered Provider:</p> <p>All staff that administer medication had a minimum of a level 2 qualification in medication administration with several holding a level 3 qualification in medication administration. We are in the process of the applying for spaces for those staff without the level 3 qualification to be enrolled in the course run by the hospital but the speed at which this can be actioned depends on spaces on the upcoming courses and additional resources. This is a priority of ours and is being addressed as efficiently as possible.</p>

<p>Area for Improvement 12</p> <p>Ref: Standard 7.2</p>	<p>The registered provider will ensure that the complaints procedures are detailed and made known to care receivers. The service must keep a written record of complaints in line with the Standards.</p>
<p>To be completed by: two months from the date of inspection (20 August 2024)</p>	<p>Response of Registered Provider:</p> <p>Whilst there was a summary of the complaints policy in client's files that are kept in their homes which they all had access to, we have since amended this to include more information and to be more explicit and in keeping with the full company policy and procedure. Additionally, similarly to our new induction system, we have since built out a custom, purpose-built cloud-based feedback and complaints register system to allow for easier access to records between senior colleagues when reviewing and addressing feedback submitted and improves data retention. We look forward to evidencing this on the commissions return later this year.</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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