



**Jersey Care
Commission**

INSPECTION REPORT

**Island Home Care
Home Care Service**

**PO Box 714
Jersey
JE4 0PU**

5, 6 and 18 September 2024

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1. 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 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

2. ABOUT THE SERVICE

This is a report of the inspection of Island Home Care, which has a Registered Manager in place. Island Home Care offices are situated in the parish of St Helier with views over the sea and Elizabeth Castle.

Registration Details	Detail
Regulated Activity	Home Care
Mandatory Conditions of Registration	
Type of care	Personal care and personal support
Categories of care	Dementia care, autism, mental health, substance abuse, adults 60+, physical and/or sensory impairment and learning disability
Maximum number of care hours per week	More than 2250 hours per week
Age range of care receivers	17 years and over
Discretionary Conditions of Registration	
None	
Additional information	
<p>Since the last inspection there has been three variations to registration requests for individual young people below the age of 17 to be in receipt of care. Only one care package remains active. An application to increase the maximum number of hours the service can provide from 2250 hours per week to more than 2250 hours per week was approved in July 2024.</p> <p>The Regulation Officer conducted an introductory visit to the service 01 August 2024.</p>	

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager nine days before the visit. This was to ensure that the Registered Manager would be available during the visit. Two regulation officers were present for the three days of inspection. Any additional information requested was provided following the inspection.

Inspection information	Detail
Dates and times of this inspection	5 September, 11:00-16:00 6 September, 11:00-17:00 18 September, 12:45-13:45
Number of areas for development from this inspection	One
Maximum number of care hours per week	More than 2250 hours in any week
Date of previous inspection: Areas for development noted in 2023 Link to previous inspection report	19 and 28 December 2023 Three IRIsland-Home-Care-20231228-Final.pdf (carecommission.je)

3.2 Focus for this inspection

This inspection included a focus on the areas for development identified at the previous inspection on 19 and 28 December 2023 as well as these specific new lines of enquiry:

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

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for development identified at the last inspection

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 (areas for improvement will now be identified as areas for development).

The improvement plan was discussed during this inspection, and it was positive to note that improvements have been made. This includes evidence of a training matrix identifying the training required by staff members that covered all the care categories. The complaints log was shared, and evidence was provided demonstrating the Complaint Policy was followed. Spot check audits have been initiated in the home care setting, which includes observation of care and support work provided, the medication protocol being followed, asking the carer and care receiver how the provision of care is for them and is the home a safe working environment. Spot check outcomes are shared with staff, and any suggestions implemented. It is anticipated that the service will develop the audit process to give assurance that identified improvements made are embedded in practice.

4.2 Observations and overall findings from this inspection

The Statement of Purpose was reviewed as part of the inspection process, and minor amendments were made following a discussion with the Registered Manager. An updated Statement of Purpose was submitted on the second day of inspection to reflect the size of the service.

The service demonstrated strong management and governance practices, including transparent filing of invoices, audits, policies and rotas.

During the inspection, it was evident that Island Home Care provides personalised support in the home care setting, promoting independence while meeting specific care requirements, demonstrating its vision of 'putting people first.'

Feedback from care receivers and their families was positive. Staff provided positive feedback on the service's leadership and access to training and professional development. One staff member said they "*would not want to work anywhere else.*"

The regulation officers were satisfied that there had been improvement since the last inspection and were impressed by the Registered Provider's/Registered Manager response to the last inspection and how they had addressed three areas for development.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care Standards were referenced throughout the inspection.¹

Prior to the inspection visit, the Commission reviewed all its information about this service, including the previous inspection report from December 2023, reviews of the Statement of Purpose, variation requests and notification of incidents.

The Regulation Officer gathered feedback from one care receiver, four care receivers' representatives, as well as discussions with the service's management and other members of staff. Additionally, feedback was provided by one professional external to the service.

The inspection process included examining policies, care records, incidents, monthly provider reports, risk assessments, duty rotas and complaints.

After the inspection, the regulation officers provided feedback to the Registered Manager and a summary provided via email. The Registered Manager provided the Regulation Officer writing the report with an email sharing the findings of the inspection that had been shared with the staff team following the inspection. Staff had reported during the feedback gathering that there was good communication between management and care givers which the email confirmed.

This report outlines our findings and includes areas of good practice identified during the inspection. Where areas for development have been identified, these are described in the report, and an improvement plan is attached at the end.

¹ The Home Care Standards and all other Care Standards can be accessed on the Commission's website at [Adult Standards | Jersey Care Commission](#)

5.2 Sources of evidence

The sources of evidence reviewed as part of this inspection are listed in Appendix 1.

6. INSPECTION FINDINGS

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.

Island Home Care has seen significant growth during 2024, with an increase in the staff team to include seven care co-ordinators, who are supported by two care managers, a registered manager, a finance manager, a human resources consultant and a legal director/company secretary. The number of carers has also increased, which has enabled an increase in the provision of care packages.

Island Home Care currently has no staff vacancies, and several successful applicants have been added to a waiting list for when a vacancy does arise. An up-to-date Disclosure Barring Service (DBS) certificate is requested when joining the waiting list so that the new staff member can begin their induction as soon as a post becomes available. This ensures that continuity of care has been protected, minimising disruption to care receivers. This system also means that staff are not required to work additional hours to cover gaps in the rota for staff that have left. There is a contingency plan to cover an unexpected staff shortage: the seven care co-ordinators have time in their calendars to cover care at short notice.

During the inspection, personnel files were reviewed, and evidence of interviews were available. The Registered Manager is approached by carers wanting to join Island Home Care, and following receipt of a satisfactory application form, a telephone discussion is held. Following a successful phone conversation, the applicant is invited to the office for an informal discussion, documented as the interview. The Registered Manager gauges whether the applicant is a good fit for the service, and due to low attrition rates, they consider it a successful process.

Home Care Standard 3.1 states that recruitment processes include interview panels and assessment techniques. The Standards further state that interviews will be prepared for, ensuring a consensus about the required standard for the role.

At inspection, interview records and candidate assessments were seen. There was little recorded in the interview record and there was no evidence of a panel of interviewers or an agreed assessment criteria. The interview process is an area for development.

During the staff induction, an induction booklet is completed, mandatory training is attended, and shadow shifts are conducted. Shadow shifts were confirmed via feedback from staff and care receivers' families.

Some care receivers request the carers' rota one to two months in advance so that they know whom to expect each day for care and support. Rotas have been adapted to meet their individualised communication needs, such as a board in the home with photos of the carers and a laminated rota available on another care receiver's fridge.

Staff are provided shifts two to three months in advance. Due to the nature of working in small teams, there is often a pattern of care, so care receivers know whom to expect each day to support them, and carers see a year in advance their monthly rolling rota identifying weekends off and booked annual leave. A review of the staff rotas by the regulation officers confirmed this.

Carers are paid for a 12-hour day regardless of whether they work less than 12 hours. On some days, travelling time was included within the carers' break; on other days, travel time was afforded outside of the break time.

In advance of working shifts, carers can ask for their working day to be re-organised if they require longer for travel between care receivers and their break.

The management team has a rota system in the office that identifies who is on duty, and carers know the phone number to contact if they require support from the duty manager. A carer gave feedback that the duty phone was always answered, and carers appreciated the support. However, one carer said they would like to know who will answer the phone rather than trying to deduce from the voice which manager they are talking to.

From reviewing care plans, carers are responsive to care receivers' needs, and reference is made in relevant care plans to incorporate training received in autism care. Risk assessments were present, and examples of these include a decline in emotional wellbeing and what to do in the event of a crisis, fall risk, social isolation, and moisture damage risk. Review dates for the risk assessments are set but adaptable to need, and some have the relevant policy attached. Home fire risk assessments are conducted for each care receiver's home, and all staff have access to policies including fire safety and prevention. Quarterly care package reviews are undertaken, including a spot check in the home to inspect any fire risk, safe storage of medicines and check that the carers follow the medicines management policy. Signed contracts for care packages and detailed monthly invoices were accessible.

Is the service effective and responsive?

Assessing the organisation of the service so that care receiver's needs are respected and met.
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The regulation officers were given examples of when the Registered Manager has advocated for a care receiver as their care needs exceeded the care package that Island Home Care could safely provide. The Registered Manager collaboratively worked with the General Practitioner to have the care receiver reviewed and subsequently admitted to the hospital.

Feedback from a family member:
"They have gone above and beyond what I had expected or hoped for."

Collaborative work with physiotherapists, social workers, and medical practitioners was also evident in care plans.

Delegated tasks by Family Nursing and Home Care were documented, and the staff competency checks were signed and in the personnel files.

A business continuity plan is accessible in the event of an unplanned absence of the Registered Manager/Provider, and they can no longer manage the service. This includes allocating tasks to identified team members to ensure there is no impact on service delivery. The regulation officers suggested that the business continuity plan be adapted to include measures to be taken in the event of adverse weather, and this was done within two days of receiving post inspection feedback.

A log of notified incidents was shared with the regulation officers, and themes were identified in the monthly provider report. An example of this was when an increase in incidents in April was evident and was attributed to increased staff awareness and management oversight. In a provider report that the Regulation Officer reviewed, a reference was made to the annual care receiver survey conducted in 2024, which yielded positive results. This included improvements in care receivers' health and well-being since support was received from Island Home Care.

Is the service caring?

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

Island Home Care uses 'Careline Live', and staff can access care plans from the home and update them regularly. It was evident from the care plans that continuity of carer is maintained within small teams, which carers and care receivers identified as beneficial to forming a relationship built on trust and feeling safe.

One family fed back: *"We seem to see the same carers."*

All care receiver's records accessed during the inspection included an initial assessment identifying an individual's preferences, needs, and wishes. Personal plans and risk assessments were regularly reviewed with the care receiver and updated. Feedback was received stating that, *"we definitely felt included in the care package, we had meetings and discussions with them, and they are going to ensure we get the correct level"*. Another family member said, *"we were involved in designing the package of care for Xxx and the care package is reviewed regularly, and carers are adaptable and available to changes in routine"*. Care records are updated by the carers at each care episode.

Care receiver feedback:

"We see the same carers and if a new person covers for holidays they are introduced, shadow a few times and are shown what to do."

The regulation officers suggested including evidence within the care plans of discussions between carers and care receivers about their wishes relating to advanced care planning, particularly since staff recently received training from a partner agency in end-of-life care planning. Collaborative working with General Practitioners (GP's) currently ensures that care receivers identified speak with their GP regarding advanced care planning. Gold Standard Framework training is planned.

While it was evident that some care receivers had a Significant Restriction of their Liberty (SROL), it was not apparent in the care plan what this entailed. It was suggested that the SROL be explained in the care plan for all staff to access.

Any concerns a carer has are notified to the care co-ordinator, and in an emergency, to the duty manager. One staff member said that she always gets a response to her calls and is listened to, and "the Registered Manager is very approachable, and they absolutely love working for Island Home Care".

An experienced care worker shared:

"I absolutely love working for Island Home Care, the team are just amazing and so is the care and the Registered Manager is the best boss I have ever had!"

All the personnel files reviewed during the inspection included at least two supervision outcome forms for this year and an annual appraisal. Staff have supervision but not from their line manager which supports open communication and facilitates staff feeling safe when raising concerns. A video is shown to all new staff, informing them of what to expect from a supervision session and for managers to learn how to conduct supportive supervision. The Regulation Officer was told that "the aim is for a positive culture around supervision".

A schedule of team meetings was provided, and feedback from a staff member confirmed that meetings were held regularly, and they felt *“happy to speak freely around any concerns they have and can work together constructively to address these”*. The meetings support shared communication between all staff regarding subjects that include but are not limited to, any challenges experienced, concerns, new policies, complaints and compliments.

One carer fed back, *“I believe the managers have regular meetings. It would be nice to be included in some of these meetings especially when it concerns decisions or ideas for our clients”*.

Is the service well led?

Evaluating the effectiveness of the service leadership and management.
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All new healthcare support workers complete a ‘Standard for Health Care Support Workers Booklet’ as part of their mandatory induction. The sign off page for each chapter was evident in the staff personnel file. The individual caregivers retain the completed paper record. The document includes good hygiene practices, communication, and teamwork, as well as identifying training needs.

The Registered Manager shared that their biggest challenge this year was ensuring all staff completed mandatory and relevant training. Evidence of an effective staff training matrix included care receiver specific needs training, such as dementia training, and mandatory training. The staff’s professional development is encouraged and supported, and 21 staff members are waiting to commence Regulated Qualifications Framework (RQF) level three training. All carers are expected to complete RQF Level three medications per the training flow chart and annually pass a medication competency assessment which were evident within the personnel files. Management team members are trained in subjects such as how to change the environment and approaches, to meet the specific needs of an autistic adult or child, challenging behaviour and mental health and deliver in house training.

This year, an event was organised for staff to receive training to enhance communication within the team and with professionals and staff to attend training in end-of-life care. Feedback received from a staff member was, *“I am provided with ample training to compliment my role and help me develop”*.

Compliment from a professional who delivered staff training:

“I had such a positive and engaging meeting. I have never had such a professional and positive meeting; it was wonderful!”

Staff wellbeing features highly in Island Home Care, and staff can access a psychotherapist if required. Staff parties are held in the summer and winter to thank staff for their hard work and support, and the management team has recently been out for a meal together. During the inspection process, one member of staff who had come into the office volunteered that *“the service is a great place to work and not only does Island Home Care care for care receivers but care for the staff as well”*.

The complaints and compliment logs were shared with the regulation officers, and actions taken in complaints were recorded. The compliments log is accessible to staff, and staff are commended during team meetings and by email.

An investigation was conducted per disciplinary procedures regarding a safeguarding issue, and records were kept for each step of the process, which were filed within the relevant personnel file.

Standard 9.4 of the Home Care Standards states, “*There will be systems in place to monitor, audit and review the quality of care within the service*”. During the inspection, evidence of spot checks in the home setting and audit activity including safe recruitment practices, appraisals and annual medication competency checks were evident. Actions taken to improve care standards and retention of records will become apparent when the audit is repeated. The Registered Manager fed back that they will include compliance work within job descriptions and a suggestion would be to have an audit policy for staff to refer to. Monthly provider reports were submitted, and the Regulation Officer suggests that in the future, they occasionally be completed by an external person for objectivity as a Care Manager currently completes them. It is evident within the report that a standard from the Home Care Standards is subject to audit each month. The monthly provider report also referenced an internal mock inspection completed in 2024, which was reported to have yielded promising results as well as identifying areas for improvement.

DEVELOPMENT PLAN

There is one area for development identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Development 1</p> <p>Ref: Standard 3.1 and 3.5</p> <p>To be completed: by 18/12/2024</p>	<p>The Registered Provider must ensure that safe recruitment processes are followed and ensure there are clear and fair processes for the assessment of recruits.</p> <hr/> <p>Response by registered provider:</p> <p>We believe our current process is robust, safe, fair, and clear following a multistage recruitment process recorded on our interview log:</p> <ol style="list-style-type: none"> 1. CV by email 2. Telephone interview/WhatsApp Video Call 3. Interview at Office 4. Shadowing 5. Carer Feedback 6. Client Feedback 7. Potential Employee Feedback 8. Final Job offer made. <p>The interview log currently includes assessment criteria such as qualifications, values, medication experience, and various interview questions. However, we acknowledge that it does not provide sufficient evidence for JCC requirements. To address this, we have implemented the following improvements:</p> <ul style="list-style-type: none"> • A minimum of 2 interviewers are to sit on the interview panel • A scoring system against the assessment criteria will be used. • Answers to questions posed to the candidate will be clearly recorded on the interview log.
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Appendix 1 – Sources of Evidence

Follow up on previous areas for development	
Focus	Evidence Reviewed
Safety	<p>Policies including:</p> <ul style="list-style-type: none"> • Fire Safety and Prevention • Medicines Management • Lone Worker • Security (entering and leaving a care receivers home) • Whistleblowing • How to Raise a Complaint • Safeguarding Policy • Health and Safety Policy
Training	Staff training records and processes for staff development
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<p>Feedback from professionals, carers, care receivers and their representatives</p> <p>Various job descriptions</p>
Is the service effective and responsive	<p>Feedback from professionals, carers, care receivers and their representatives</p> <p>Independent inspection reports</p>
Is the service caring	Feedback from professionals, carers, care receivers and relatives

Is the service well-led	Feedback from professionals, carers, care receivers and relatives Job descriptions Policies including Whistleblowing, Safeguarding, Complaints, Fire Safety and Prevention and Medicines Management Standard for Health Care Support Workers Booklet
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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 development 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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