



Jersey Care
Commission

INSPECTION REPORT

RJ Response

Home Care Service

**RJ Response Services Ltd
Retreat Farm
Rue de la Frontiere
St Mary
JE3 3EG**

23 and 26 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 RJ Response. Since the last inspection on 16 March 2023, the Commission has received notification that the service has changed premises. The service offices are situated in the parish of St Mary.

Regulated Activity	Home Care Service
Mandatory Conditions of Registration	Type of care: Personal care Category of care: Adults 60 +, dementia, mental health, and physical disability/sensory impairment Maximum number of personal care hours per week: up to 600 Age range of care receivers: 18 years and over
Discretionary Condition of Registration	None

Dates of Inspection	23 and 26 July 2024
Times of Inspection	On 23 July 12:00 – 16:40 On 26 July 10:30 – 12:50
Type of Inspection	Announced
Number of areas for improvement	Four
Number of combined personal care and personal support delivered during the week of inspection	115 hours

The Home Care service is operated by RJ Response.

The Commission received an absence of manager notification on 24 July 2024 which set out the service’s plan to have an interim manager from 25 July 2024. The Interim Manager intends to apply to the Commission to be the Registered Manager of the service.

Since the last inspection, the Commission has received two applications from the Registered Provider to vary a condition of the service's registration.

The first application was received on 23 January 2024 and included changes to the service management structure. The application was not accepted as the lines of responsibility were unclear. It was explored with the Registered Manager that the areas of concern could be addressed, and the application resubmitted. However, the Commission was informed that the service had withdrawn the application.

The second application was to increase the combined personal care and personal support hours from a small provider of no more than 112 hours per week, to a medium provider of no more than 600 hours per week. The variation was granted on 13 May 2024, and an updated statement of purpose representing the change was received.

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.

The service has moved offices, and risk assessments effectively identified the risks of the new environment and aimed to mitigate their impact. There was safe, secure storage of sensitive information.

The team's philosophy described in the Statement of Purpose is respectful and promotes and encourages care receiver independence. Service delivery aligns with the service registration, and by design, the response element of the service is highly responsive.

The referrals are processed efficiently. The service information leaflet was clear. There was evidence the team were delivering person-centred care. There were clear, individualised care records detailing assessments, the plan of care and how the care was delivered and evaluated. The technology used for care records supported responsive practice.

Feedback from a care receiver and their representative demonstrated that staff were caring, kind, supportive, and understanding. Feedback from professionals external to the service highlighted that the team worked collaboratively with other health and social care staff and agencies. They also described staff as knowledgeable and skilled.

The team were appropriately trained and competent to deliver care and support. Managers responded to changes in the staff team by reviewing the organisational structure. Monthly provider reports were being produced.

There are four areas for improvement which are detailed within the report.

INSPECTION PROCESS

This inspection was announced and was completed on 23 and 26 July 2024. Notice of the inspection visit was given to the Registered Manager on 16 July 2024. This was to ensure that the Registered Manager would be available during the visit.

The Home Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

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

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

The Regulation Officer gathered feedback from one care receiver and three care receiver representatives. They also had discussions with the service's management and other staff. Additionally, feedback was requested from six professionals external to the service and was provided by four of those approached.

As part of the inspection process, records, including policies, care records, and staff files, were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Provider and Interim Manager. This report outlines the inspection findings. 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.

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

INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified.

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 service's policies and procedures were reviewed. The documents are contained in a folder that is accessible to staff and cover a wide range of appropriate topics. It was noted that the Registered Manager had responded to advice from the 2023 inspection to review the documents and the frequency of review. However, on deeper scrutiny, it was found that the documents do not reference Jersey law. Therefore, the requirement for the policies and procedures to ensure they comply with Jersey law is an area for improvement.

The Home Care Standards require that the service's premises be suitable for operating a home care service and provide a safe working environment for staff. The internal and external environments of the new office premises were reviewed. The Regulation Officer identified areas of concern, including slip and trip hazards and limited access to private spaces. Environmental risk assessments, including issues related to lone working, were reviewed. The Regulation Officer was satisfied that the risk assessments effectively identified risks and aimed to mitigate their impact.

The secure storage of confidential information and the availability of privacy for sensitive discussions were reviewed. It was found that there was a lockable cupboard for documentation. Devices, including computers and phones, were password-protected. The team uses the digital program Careline Live to store care records. Calls are taken separately from the main office, either in the service's outer office or a private space in the community. The service is registered with the Jersey Office of Information, and the Registered Manager demonstrated knowledge of data protection principles.

At the time of the inspection, the Regulation Officer was satisfied that confidential information was being stored securely and that there was adequate privacy for sensitive discussions.

Recruitment practices were reviewed. There was evidence of applicants' curriculum vitae, completed application forms, appropriate interview questions, and applicants' responses. A criminal record check and two references were gained before care staff commenced work. Each file contained signed and dated contracts of employment. These practices met Home Care Standards.

The files of the two staff members recruited since the last inspection were reviewed. One staff member had been recruited with the aim of developing into a senior role, and it was positive to see information regarding this included in the contract. However, neither file contained a structured induction program to assess the staff's competence to work in the care service. Therefore, this is an area for improvement.

Is the Service Effective and Responsive?

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

The service's Statement of Purpose describes the team's philosophy as promoting and encouraging independence, respecting each individual's right to receive only the care they feel they need. This is achieved through the delivery of a 24-hour pendant alarm response service and what the team describes as social care. When the pendant alarm is pressed, it connects the care receiver directly with a trained first responder, who arranges appropriate assistance, including providing first aid.

Social care includes monthly welfare checks, companionship, assistance with food shopping, social outings, and attending appointments. Help with washing, dressing, and meal preparation can also be provided. The philosophy is respectful, both activities align with the service registration, and by design, the response element of the service is highly responsive.

Medication management was explored. The service had a medication management policy in place, and staff had received medication training online. The Regulation Officer was informed that the team does not administer medication to care receivers. The Regulation Officer advised the team if they were to consider medication administration to support care receivers, care staff would be required to undertake medication competency training.

The Registered Manager has reviewed the referral form with the aim of enabling a more efficient referral system, shortening the time from referral to the commencement of support. The revised form was clear and comprehensive. It required the care receiver or their representative to sign to consent to the referral. The service terms, conditions, and fees were outlined on the form. This level of transparency was positive, and the Regulation Officer noted that the format, detail, and level of transparency could contribute to a more efficient referral system. The Regulation Officer also noted that the format and detail of the service's information leaflet was clear and transparent.

The service's requirement to notify the Commission of such incidents, accidents, or other events that have posed or may pose a risk of harm to care receivers was explored. The Commission has received one notification since the last inspection. Staff informed the Regulation Officer of three events. The Regulation Officer explained these had been notifiable events, though notifications had not been placed at the time of the discussion. The requirement to place notifications is an area for improvement.

Is the Service Caring?

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

The Regulation Officer gained feedback from a care receiver and three care receiver representatives, and reviewed a sample of care records to inspect if the service was caring. Feedback consistently noted that the team was flexible if changes to the care and support plan and to the times of care were needed. The rota of who was coming was given in advance, though often the same carer came, and it was clear who to contact if there was an issue or concern.

It was stated:

"Nothing seems to be too much trouble."

"We always a laugh. The support helps me thrive."

"Engagement with Xxx [care staff] from the initial stages was exactly as I would have hoped."

"RJ Response have given me so much support and are understanding."

"Staff attitudes are amazing; they are so supportive, easy to talk about anything or any issues I have."

"Nice, delightful, and caring people."

Care records were reviewed. They were clear and factual, with person-centred assessments, care planning, delivery, and evaluation present. The care records and feedback from professionals external to the service evidence that the team works collaboratively with other health and social care staff and agencies and were described as "patient-focused".

Furthermore, the formatting of the electronic care records system, Careline Live, enables vital information to be quickly accessed and informs appropriate responses.

For example, if a care receiver does not wish to be resuscitated, this information is displayed prominently on the first page of their care records and is visible as soon as the records are opened.

Emails related to care demonstrated the team were escalating issues appropriately. It was noted that, at times, emails had not been transferred to Careline Live records. The Regulation Officer advised staff to upload all care-related documents to Careline Live to enable easy access to all care records.

To determine whether care staff were appropriately trained and competent, the Regulation Officer reviewed training records and obtained feedback. It was found that staff who undertook initial assessments had a relevant level 3 diploma in Health and Social Care or above. Staff had access to face-to-face and online training. Training had been received on topics including basic life support, first aid training, safeguarding, manual handling, and infection control. Education was undertaken regarding the Capacity and Self Determination (Jersey) Law 2016. Staff also had training on how to support people diagnosed with learning difficulties, dementia and mental health issues.

The Regulation Officer saw literature from The Challenging Behaviour Foundation that the team used and offered to families.

This included:

- Understanding Challenging Behaviour
- Finding the Reasons for Challenging Behaviour
- How to develop a positive behavioural support plan

Feedback from professionals external to the service described the staff as knowledgeable and skilled. They explained the work within the scope of their practice and knew when to ask for support and advice. Feedback from staff where support for care receivers was shared was positive. The Regulation Officer was informed that handovers from the team "were very good".

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.

The mandatory conditions for which the service is registered were explored with managers. It was agreed that the care and support being delivered align with the service conditions of registration.

Staffing levels and structure were reviewed. For most of the time since the previous inspection on 16 March 2023, it has comprised of a Registered Provider, Registered Manager and Deputy Manager. Both Managers have been working 30 hours per week, with three care staff, working between four and 30 hours a week.

More recently, a senior carer was employed with a plan to develop into a management role. This level and structure had clear lines of accountability appropriate to the service's size.

However, due to staff changes during the inspection process, the planned development of a senior carer into a management role was expedited and they became the Interim Manager. The Regulation Officer noted that all managers had insight into how the staff changes can unsettle the service delivery and the team. There was evidence of negative impacts being identified and actions being taken to mitigate these. These included communication with care receivers, their families, staff and external agencies.

The Regulation Officer viewed the new team restructure, which includes lines of accountability. The plan for how the development role will be supported was also shared. The changes will require staff to apply for registration with the Commission, and at the time of writing, the applications are outstanding. All plans appeared appropriate, though it is too early in the changes for the Regulation Officer to assess the impact.

The service monitors and evaluates its performance through monthly provider reports. The Regulation Officer reviewed January, February, and March 2024 reports. The reports demonstrated a monthly review of staffing levels and any staffing issues related to retention and recruitment. Accidents and incidents were described, and follow-ups and outcomes were documented.

The reports highlight that there was an ongoing review of pendant alarm equipment. These are linked with the service's key performance indicators, which are used to measure performance objectively.

The reports did not always review the same topics each month. The Regulation Officer concluded the service did meet the requirement to monitor and evaluate through monthly provider reports. However, managers were advised to ensure consistency in the reviews.

The Regulation Officer was informed there was no formal appraisal or supervision system. There was no evidence to the contrary. Therefore, it is an area for improvement for the Registered Provider to ensure care staff are given regular opportunities to discuss their role and identify any issues through formal supervision and appraisal.

During the inspection, the Registered Provider enquired if it was possible to utilise the home care offices for partnership working with another service. They were advised that, there is no information within the Regulation or Standards to prohibit this. However, it is a requirement that any risks associated with another service using the space are considered, assessed to mitigate, and recorded.

IMPROVEMENT PLAN

There were four areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 3.10, Appendix 5.</p> <p>To be completed by: with immediate effect.</p>	<p>The Registered Provider must ensure that care/support workers will complete a structured induction programme which will assess their competence to work in the care service.</p>
	<p>Response of Registered Provider:</p> <p>The interim manager has reviewed the existing company induction policies including; appraisal scheme, staff supervision and career development pathways, that were not implimented by the previous Manager and Deputy.</p> <p>This has been updated and reimplemented to include a revised induction check list and a further developed shadowing programme for new staff.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 4.6, 9.3</p> <p>To be completed by: within four months of the date of this inspection (19 November 2024).</p>	<p>The Registered Provider must ensure that policies and procedures reference relevant Jersey legislation.</p> <hr/> <p>Response of Registered Provider:</p> <p>We have reviewed and amended the Policies and Procedures so they contain reference to local legislation. Further to this we have engaged an external HR specialist company to produce new Policies, Procedures, Staff Hand Book and Contracts. This work is on going at time of writing.</p>
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<p>Area for Improvement 3</p> <p>Ref: Regulation 21</p> <p>To be completed by: with immediate effect.</p>	<p>The Registered Provider must notify the Commission of such incidents, accidents or other events that have posed or may pose a risk of harm to care receivers as specified in Updated notifications guidance – 2024 Children, Young People and Adult Services.</p> <hr/> <p>Response of Registered Provider:</p> <p>The interim manager has implemented this process, since clarification has now been provided by the Inspectorate.</p> <p>The previous Registered Manager had not followed the guidelines set out by the JCC inspector.</p>
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<p>Area for Improvement 4</p> <p>Ref: Standard 3.14</p> <p>To be completed by:</p>	<p>The Registered Provider will ensure that all care/support workers are given regular opportunities to discuss their role and identify any issues through formal supervision and appraisal.</p>
<p>within four months of the date of this inspection (19 November 2024).</p>	<p>Response of Registered Provider:</p> <p>The interim manager has re-implemented and updated the existing staff appraisal scheme and has held individual opening appraisal meetings with all staff and subsequent monthly supervisions. We have held several minuted staff meetings since the time of inspection. The interim manager has reinstated the regular monthly staff meetings. The minutes of which are available to all staff and the inspectorate at any time.</p>

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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