



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Boak and Associates**

**Home Care Service**

**4 Jardin de la Chapelle  
Rue au Blancq  
Grouville  
JE3 9HR**

**5 December 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 Boak and Associates home care service which has been registered with the Commission since 2021. As the service supports a small number of care receivers the Regulation Officer has omitted some details that may enable individuals to be identified.

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 and Adults 60+ Maximum number of personal care and personal support hours to be provided per week: 112 Age range of care receivers: 18 years and over
Discretionary Condition of Registration	None
Date of Inspection	5 December
Time of Inspection	09:30 – 11:30
Type of Inspection	Announced

Number of areas for improvement	None
Number of combined personal care and personal support hours delivered during the week of inspection	75 hours

The Home Care service is operated by Boak and Associates and there is a Registered Manager in place. The Registered Manager is also the Registered Provider.

## **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.

Policies were detailed, regularly updated and accessible to all staff. The medication policy included a national safety tool to support safe medication administration.

Recruitment practices were safe. Recruitment checks were completed prior to care work commencing, and an induction programme was in place. Staff were appropriately qualified to undertake their roles, and ongoing training meets Standards.

The Statement of Purpose was reviewed. Minor amendments were required, these have been made, and the document has been resubmitted. The service is being delivered inline with the mandatory conditions of its registration.

The Regulation Offices received positive feedback regarding the team's skill's, knowledge and person-centred approach to care delivery. This was also evidenced in care records. Care receiver wishes and abilities and how the team could support them to thrive, being a thread through each entry and document. Assessments and care plans were holistic.

Risk assessments were thorough and described strategies to mitigate the risk. Written information provided to care receivers was clear and readable.

The service structure provides clear lines of accountability, a pathway for issues to be escalated, and enables the delivery of an effective and safe service. The structure reflects the size and complexity of the care provided. There was evidence of positive teamwork.

## INSPECTION PROCESS

This inspection was announced and was completed on 5 December 2024. Notice of the inspection visit was given to the Registered Manager on 18 November. This was to ensure that the Registered Manager would be available during the visit.

The Home Care Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

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

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

The Regulation Officer was not able to gather feedback from care receivers or their representatives. The Regulation Officer acknowledges this is not the normal inspection standard. However, from discussions with the Registered Manager, it would not have been appropriate to approach the individuals at the time of the inspection.

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

The Regulation Officer also had discussions with the service's management and other staff. Additionally, they approached two professionals external to the service for feedback, and one professional provided feedback.

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

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager.

This report outlines our findings of the inspection. No areas for improvement have been identified.

## **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 Regulation Officer reviewed the service's grievance, disciplinary and whistleblowing policies. It was found that the publication and review dates were appropriate, key terms were defined, and references were made to appropriate local organisations for support and guidance. Additionally, processes and procedures were clearly explained, and all staff had access to the documents.

The medication policy was reviewed. It references appropriate local and national legislation and organisations. The policy covers the prescribing, ordering, storage, and administration of medication. It highlights the importance of care receivers being supported to self-administer their medication where it is safe to do so.

Additionally, where staff are administering medications, the requirement for using the national safety tool 'Five Rights of Medication Administration; right patient, right medication, right dose, right time and right route', is described. The policy describes training and competency requirements, how medication errors should be managed and record keeping. The administration of covert and emergency medication is also detailed. The medication policy is comprehensive and usable.

The recruitment file of the recently recruited senior support worker was reviewed. It contained evidence of a pre-interview telephone call with the applicant. It was reported that this was to enable both parties the opportunity to see if they wished to proceed further with the application. There was a record of the interview undertaken by two interviewers, it contained appropriate questions, and responses were scored. Safe recruitment checks were undertaken before the successful candidate commenced care work and an induction programme had been completed. The staff file was organised and represented safe recruitment practices.

There was evidence that appraisals and supervisions were undertaken. The framework for the supervision discussion covered appropriate topics, including the staff roles and well-being.

The service training records were reviewed. The records demonstrated that training was undertaken on topics required in Appendix 6 of the Home Care Standards. Staff are appropriately qualified with all staff having obtained a health and social care diploma at levels three or three and five.

### **Is the Service Effective and Responsive?**

Assessing the organisation of the service so that care receivers' needs are respected and met.
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The Statement of Purpose was reviewed as part of the pre-inspection work and discussed with the Registered Manager. The statement describes the rehabilitation work the team deliver and the joint work that is undertaken with specialists, including neuropsychologists and occupational and speech therapists.

Amendments to the document to align with registration were required, and these have been addressed, and the document has been resubmitted.

The team's responsiveness to safeguarding issues was reviewed. Safeguarding referrals demonstrate the team's knowledge of types of abuse and their ability to recognise it and place strategies to reduce harm. Staff had escalated issues appropriately, and there was evidence of collaborative work with other professionals and agencies. Documentation and discussion with staff demonstrated that the team advocated for care receivers and ensured their wishes and safety were central to all discussions.

Feedback from a professional external to the service described the team as "*proactive and responsive*", with clear boundaries and "*excellent communication*". The professional explained that assessments the staff undertook were comprehensive. They highlighted present issues, considered past interventions and if these had helped or hindered, and demonstrated a detailed knowledge of the care receivers wishes and abilities. The professional explained that the team's work supported their role and enabled them to offer prompt guidance. They further explained that staff had followed their guidance and feedback on the impact it had had. Staff had also used their initiative to adapt and develop the program of support with the care receiver.

### **Is the Service Caring?**

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.
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Care records were reviewed and contained appropriate demographic information, assessments, and care plans. The physical and psychosocial care and support required each day were detailed. The care receiver was central to the care plan, with their wishes and abilities and how the team could support them to thrive, being a thread through each entry and document. This approach to support mirrored the aims of care and support set out in the service Statement of Purpose. Language in the care records was factual and nonjudgemental.

Care plans were reviewed monthly. Risk assessments were thorough, with risk scores recorded to highlight the probability and severity of the issue. Strategies to mitigate the risk were also described. Care records included scanned copies of relevant assessment and interventions from other health and social care professionals.

The Regulation Officer noted that during discussions with staff, they spoke respectfully and compassionately regarding care receivers.

There was evidence of a written agreement with care receivers. The agreement highlighted that the service would be tailored, delivered as detailed in the care plan, and comply with the Commission Standards. The terms and conditions of the agreement were clear and included fees, payment arrangements, and notice period requirements for the care receiver and the home care service. Jersey legislation was referenced. The Regulation Officer was satisfied the agreement met the requirements of the Standards.

The service also provides care receivers with written information describing the service, the team, how the team will work with other professionals and the costs of care. The information was clear and readable and demonstrated an open and transparent service.

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

Evaluating the effectiveness of the service leadership and management.
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The Regulation Officer explored the service structure, performance and developments since the last inspection in July 2023, with the Registered Manager and two senior staff members. It was reported that the organisational structure and number of care receivers remained unchanged for the majority of the time, though there had been some recent changes.

The service structure provides clear lines of accountability, a pathway for issues to be escalated, and enables the delivery of an effective and safe service. The structure reflects the size and complexity of the care provided.



A system was in place to monitor service performance. This included monthly provider reports and quarterly team meetings, where standards were reviewed. The provider reports examined by the Regulation Officer evidenced monthly reporting and monitoring. The reports covered an appropriate range of topics to enable review. The Regulation Officer was satisfied that the monitoring was appropriate to the size of the service.

The team are considering expanding the service and staffing levels are being increased to support this. However, at the time of the inspection, a mandatory condition of the service registration remains unchanged since the last inspection. The Regulation Officer was satisfied the Registered Manager was aware of the requirement to proactively consult with the Commission regarding any changes that may affect this.

All staff that the Regulation Officer spoke with, demonstrated an understanding of their roles and responsibilities. Staff appeared aware of each other's strengths and allocated work with regard to this. All staff spoke positively about the support they gained from one another.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and 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.



Jersey Care Commission  
1<sup>st</sup> Floor, Capital House  
8 Church Street  
Jersey JE2 3NN

Tel: 01534 445801

Website: [www.carecommission.je](http://www.carecommission.je)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)