



INSPECTION REPORT

1:2:1 Care Limited

Home Care Service

**Second Floor
JEC Powerhouse Building
Queens Road
St Helier
JE2 3AP**

27 February 2025

**Date Published
15 April 2025**

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 1:2:1 Care Limited. The home care service is operated by 1:2:1 Care Limited and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Home Care Service
Mandatory Conditions of Registration	
Type of care	Personal care / Personal support
Categories of care	Adult 60+, dementia care, physical disability and/or sensory impairment, learning disability, substance misuse and mental health.
Maximum number of care hours per week	2250 hours per week
Age range of care receivers	18 years to end of life
Discretionary Conditions of Registration	
None	

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager five days before the visit. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	27 February 2025 9:00am -2:00pm
Number of areas for improvement from this inspection	None
Number of care hours on week of inspection.	1100 hours
Date of previous inspection:	22 April 2024
Areas for improvement noted in 2024	None
Link to previous inspection report	IR121HomeCare20240422Final.pdf

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration required under the law.

The Regulation Officer concluded that all requirements have been met.

3.2 Focus for this inspection

This inspection included a focus on these specific 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 improvement identified at the last inspection

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

4.2 Observations and overall findings from this inspection

This home care service has been serving the island for over 15 years and has a clear management structure. The Registered Manager is supported by the Deputy Manager, team leaders and an Operations Manager.

Since the last inspection, four new employees have joined the staff team, all with healthcare experience. Due to continuing recruitment challenges locally, some staff are recruited from overseas.

The service follows comprehensive policies regarding safe recruitment and ensures all safety checks are carried out for local and overseas staff.

All new staff will have a probationary period of three to six months and will follow a robust induction programme which incorporates mandatory training.

Risk assessments are in place to mitigate risk to both care receivers and staff working for the service.

This service works well with other external organisations to provide combined care. Examples of this were given by the Registered Manager.

The shift rota has been adopted to provide a blend of staff to meet the needs of the care receivers.

Governance of this service is achieved by carrying out spot checks, receiving feedback from the care receivers and their families and completing audits regularly.

Transparency around fees, charges and invoicing was evidenced during the inspection, along with a policy for managing care receivers' money. Photographic evidence in the care receivers plans demonstrated good practice.

Feedback obtained throughout the inspection process suggests that 1:2:1 Care staff are kind, caring, professional and willing to go that extra mile for care receivers.

There were no areas for improvement from this inspection.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care Standards were referenced throughout the inspection.¹

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, reviews of the Statement of Purpose, and notifications to the Commission.

The Regulation Officer gathered feedback from seven care receivers. They also had discussions with the service's management and six staff. Additionally, feedback was requested from three professionals external to the service and two responded.

As part of the inspection process, records including but not limited to policies, care records, training matrix, staff recruitment files, written agreements, and induction handbook were examined both before and during the inspection.

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

This report sets out our findings and includes any areas of good practice identified during the inspection.

¹ All Care Standards can be accessed on the Commission's website at <https://carecommission.ie/>

5.2 Sources of evidence.

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<p>Staff recruitment files</p> <p>Interview process template</p> <p>Code of conduct worksheet</p> <p>Induction handbook</p> <p>Competency booklet</p> <p>Non-disclosure agreement template</p> <p>Risk assessments</p> <p>Feedback</p> <p>Training matrix</p> <p>Staff qualifications matrix</p>
Is the service effective and responsive	<p>Written agreements</p> <p>Feedback</p> <p>Online management system Zuri</p> <p>Record keeping</p> <p>Complaints policy</p>
Is the service caring	<p>Care plans</p> <p>Feedback</p>
Is the service well-led	<p>Policies including:</p> <ul style="list-style-type: none"> • Complaints policy • Disciplinary policy • Grief and loss policy • Recruitment policy

	<ul style="list-style-type: none"> • Safeguarding policy • Medication administration and medication error procedure <p>Feedback</p> <p>Statement of Purpose</p> <p>Notifications to the Commission</p> <p>Organisational structure organogram</p>
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6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer spent time with the Registered Manager, focussing on safe recruitment practices. 1:2:1 Care has recruited staff locally and from overseas since the last inspection due to continuing challenges in recruiting in health and social care on the island. The staff files were viewed and contained the appropriate documentation in line with the services recruitment policy. Furthermore, staff feedback confirmed the management team have been supportive, helpful and generous during the recruitment process.

The managers went above and beyond for me, the company has exceeded my expectations.

As the weather is cold here, I was given warm clothes, a coat and boots on my arrival, along with bedding, toiletries and money for food.

All newly recruited staff complete a thorough induction programme consisting of spending a week learning about the company, completing mandatory training and attending a care home to practice operating hoists. They subsequently spend at least one to two weeks shadowing staff and meeting the care receivers. Once deemed competent by senior staff, new carers are allowed to work on their own with ongoing support and supervision from management. The Regulation Officer viewed a current induction booklet and was satisfied that the induction programme covers the relevant training needed to meet the needs of the care receivers.

The governance procedures within the service were reviewed. Evidence of comprehensive audits for medication management was noted. All medication administration record (MAR) sheets are audited weekly and subject to spot checks by managers.

All incidents and accidents are comprehensively reviewed, and all members of the staff team are involved in identifying lessons learned and taking steps to improve care. The Regulation Officer viewed the service's online management system for accidents and incidents, and these were found to match the notifications submitted to the Commission.

The Regulation Officer received positive feedback from staff about training and reviewed evidence on the training matrix supplied by the Registered Manager. A discussion took place regarding Capacity and Self Determination training as several staff were out of date. This has been addressed by the Registered Manager and the service are waiting on dates from the training provider. It has been highlighted by several providers that the demand for this training outweighs the current training provision.

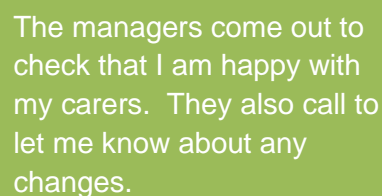
All mandatory training is up to date and the staff have completed additional training to comply with the mandatory conditions on registration. All staff administering medications have completed Regulated Qualification Framework (RQF) Level 3 training. Furthermore, two of the staff have train the trainer qualifications covering medication and safe handling of people. All staff are encouraged to further their knowledge by completing RQF Level 2 and Level 3 qualifications in health and social care.

Risk assessments are in place to safeguard the care receivers and the care staff. Falls risk assessments were viewed during the inspection with appropriate actions to safeguard the care receivers.

Is the service effective and responsive?

Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

During feedback it became clear that this service communicates well with the staff, the care receivers and their families. The management team and financial director meet monthly and the whole staff team meets once or twice a year to discuss the service, packages, new initiatives, policies and training amongst other topics.



The managers come out to check that I am happy with my carers. They also call to let me know about any changes.

The team leaders are allocated a group of care receivers and a staff group. Each team leader is responsible for visiting care receivers and going through their care plans with them and/or their families regularly. They carry out spot checks on the staff to ensure they are practising safe care, following relevant policies and are wearing the appropriate uniform, footwear, and ID badge.

The spot check spreadsheet evidenced this, and subsequent actions taken to address any issues identified.

The Registered Manager advised that if a care receiver is due to be discharged from hospital, one of the managers will complete a new assessment to ensure they can still meet the care receivers needs. Care plans are updated to reflect this. A care receiver stated, *"I have recently been in hospital and Xxx called me most days to check how I was doing, we increased the package on my discharge and when I am back on my feet properly it will be reduced to what it was previously"*.

A complaints policy is in place with appropriate timelines for the service to act and respond. The policy covers verbal and written complaints, investigation, record of complaints, confidentiality, convening an advisory panel and final review panel. Whilst this is a robust policy the Regulation Officer advised that there should be a paragraph giving the Commissions details should a complainant not be happy with an outcome. The Registered Manager escalated this to the operations manager straight away.

This service is open and transparent with regards to fees and charges. Each written agreement signed by the care receiver and/or their representative clearly states what the fees are, and how they will be charged, thus ensuring understanding and transparency from the start of the package of care.

An online care management system has been utilised by the service for some time and allows the managers to oversee the care provided at the time allocated. Care staff can check care plans, write daily notes, and alert senior staff to any issues or concerns immediately, thus ensuring the quality of care remains consistent and high. The Regulation Officer was assisted in navigating through the system at the inspection.

1:2:1 Care Limited operates a 24 hour on-call service for any emergencies with all calls diverted to the out of hours service. This is undertaken by members of the management team.

Feedback from professionals external to this service provided reassurance to the Regulation Officer that this service collaborates well with external agencies whilst acting in a professional yet friendly manner.

1:2:1 Home Care really do that little bit extra. They liaise with families really well and provide excellent care. We are so reliant on overseas workers and the ones employed by this agency are great and well trained.

I find them to be highly reliable. They enable clients to feel that they are in control. Xxx consistently understands her client's needs and goes the extra mile to support them. Client feedback during our reviews is generally positive. The team is approachable through telephone, email or in person.

Is the service caring?

Care is respectful, compassionate, and dignified. Care meets people's unique needs.

During the inspection, the Regulation Officer learnt that 1:2:1 Care Limited receive referrals from the Adult Social Care team or self-referrals and have a robust process in place before starting a new care package. Prospective care receivers are involved in an initial assessment carried out by one of the management team. This assessment captures the care receiver's medical history, interests, hobbies, risks, equipment needs, and what they would like to be achieved from the service.

Each Care Receiver has signed a written agreement which details the start date of the package of care, fees, terms and conditions and how to terminate their contract. Should the care receiver wish the care staff to do light cleaning duties this will specified in the agreement for clarity. Should a package of care be changed the care receiver will be issued with a new written agreement to sign. The Regulation Officer viewed a signed agreement, and this was verified during feedback.

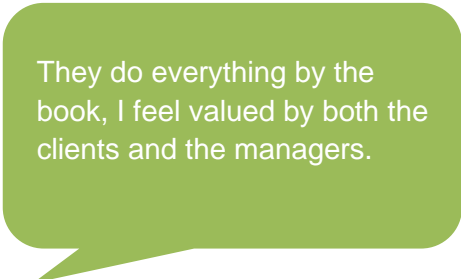
The Regulation Officer spoke with seven care receivers and selected three care receivers' assessments and care plans to view during the inspection process. These included initial assessments, medical information, contacts, risk assessments, and care plans specific to their needs. These are updated on a three-monthly basis or more regularly with care receivers and family members if agreed. The service follows the Gold Standards Framework (GSF) to provide end of life care where needed. Additionally, managing infection and advanced directives are documented in the care plans. This was evidenced during the inspection.

All staff participate in regular documented supervisions to ensure they feel valued, supported, trained, and have the opportunity to discuss any issues or concerns. This was positively spoken about during staff feedback.

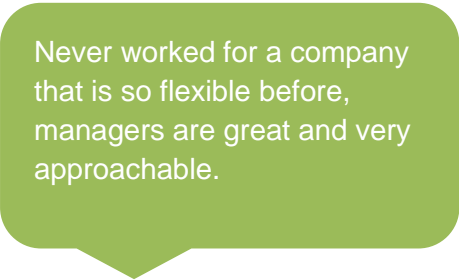
Staff said:



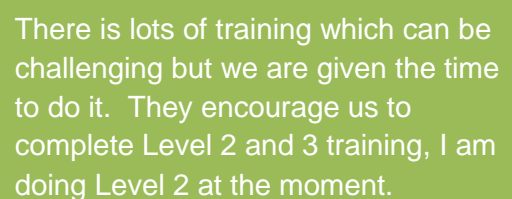
I had a good induction and have regular supervisions.



They do everything by the book, I feel valued by both the clients and the managers.



Never worked for a company that is so flexible before, managers are great and very approachable.



There is lots of training which can be challenging but we are given the time to do it. They encourage us to complete Level 2 and 3 training, I am doing Level 2 at the moment.

Is the service well led?

The leadership, management and governance of the organisation assures delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

The service's Statement of Purpose (SoP) has clear aims and objectives, which places emphasis on delivering a high-quality, cost-effective service from staff who are knowledgeable and skilful. The service has been found to be complying with the Statement of Purpose. There is a clear organisational structure with a senior management team, team leaders and care staff. This has been added to the SoP following the inspection.

Prior to the inspection the Regulation Officer requested copies of policies including:

- Complaints
- Disciplinary
- Medication administration and error
- Recruitment
- Safeguarding
- Grief and loss

The Regulation Officer noted that although the policies were of a high standard and had review dates, the safeguarding policy required the relevant Jersey legislation, and the complaints policy required a paragraph giving the Commission's contact information for complainants to access. This was acted on immediately and rectified.

There is a coherent governance framework in place to continually assess the service. The team leaders complete monthly spot checks, regular audits, obtain feedback from care receivers and their families and update risk assessments on a regular basis.

A discussion took place around notifications of incidents to the Commission since the last inspection on 22 April 2024. The Registered Manager openly discussed the details of several of the notifications and evidenced that these were dealt with appropriately. Their incident management system aligned with the notifications received by the Commission.

This service operates with a commitment to openness, transparency, and strong leadership. The service is guided by an experienced management team to maintain high standards and strive for continuous improvement.

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.



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