



**Jersey Care
Commission**

INSPECTION REPORT

Centrepoint at Home and More

Home Care Service

**Le Hurel
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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 Centrepont, known as Centrepont at 'Home and More'. The home care service is operated by Centrepont Trust and there is a registered manager in place. Since the last inspection, the Registered Manager has completed their Level 5 Diploma in Management and Leadership.

Registration Details	Detail
Regulated Activity	Home Care
Mandatory Conditions of Registration	
Type of care	Personal care and personal support
Category of care	Children and young people
Maximum number of care hours per week	600 hours per week
Age range of care receivers	0-15 years old
Discretionary Conditions of Registration	
None	

Additional information:

The Statement of Purpose was reviewed and updated following the inspection

As part of the inspection process, the Regulation Officers 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. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced, and notice of the inspection visit was given to the Registered Manager four days before the visit. This was to ensure that the Registered Manager would be available during the visit. While the Registered Manager has overall oversight of this service, the Practice Manager is responsible for the day-to-day operational activities and is the main point of contact for this inspection. No applications to vary the conditions of this service have been made to the Commission since the last inspection in February 2024.

For this report, the Regulation Officer will refer to care receivers as children which includes young people.

Inspection information	Detail
Dates and times of this inspection	09:30-16:30
Number of areas for improvement from this inspection	Three
Number of care hours during the week of inspection.	39
Date of previous inspection:	8 and 22 February 2024

Areas for improvement noted in 2024	None
Link to previous inspection report	IRCentrepointTrust20240222-final.pdf

3.2 Focus for this inspection

This inspection included a focus 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**

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for development identified at the last inspection

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

4.2 Observations and overall findings from this inspection

Centrepoint has a child-centred approach to providing care and support. There is a clear management structure and mutual respect amongst the staff team. Where appropriate, children are involved in decisions about their care, and the Regulation Officer witnessed children choosing where they played within a recreational setting. The children observed were collected from school by their support workers, taken to their activity, and returned home. This gives parents and representatives valuable time to meet their needs or that of siblings.

The service aims are to provide a trusted, caring place where children can thrive and flourish, whether in the home or in the community. During the inspection process, the Regulation Officer heard how the service provides bespoke care to meet each family's individual needs, promotes independence with daily tasks, supports attendance at activities, and supports all of the family.

During discussions, it was evident that the Centrepoint staff team strive to continually improve and is dedicated to delivering high-quality care and support.

There is a Registered Manager at Centrepoint and a Practice Manager who oversees the day-to-day running of the service. Both were present for the initial conversations held during the inspection process.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home 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 from 8 February 2024 and the Statement of Purpose. The Regulation Officer gathered feedback from two family members and undertook one observation of two children receiving support in the community. The Regulation Officer did not seek specific feedback from the children during the observation. They also had discussions with the service's management and other staff. Additionally, feedback was sought from two professionals external to the service, but none was received.

As part of the inspection process, records including policies, support session logs, incidents and safe recruitment practices were examined.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and Practice Manager and subsequently confirmed the identified areas for improvement by email.

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

This report sets out our findings and includes any 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.

5.2 Sources of evidence.

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<p>Policies including:</p> <ul style="list-style-type: none"> • Complaints Policy • Positive Behaviour Policy • Grievance and Disciplinary Policy • Partnership with Families Policy • Medication Policy • Safeguarding Policy • Whistleblowing Policy <p>Staff training matrix</p> <p>Feedback from carers, family members</p> <p>Supervision records</p> <p>Support session logs</p> <p>Staff induction checklist</p> <p>Employee handbook</p>
Is the service effective and responsive	<p>Support session log</p> <p>Feedback from family members</p> <p>Feedback from professionals external to the service</p>
Is the service caring	<p>Observation</p> <p>Feedback from family members</p>

	Support session log
Is the service well-led	Discussion with staff Staff rota Monthly provider reports Business plan Team meeting agendas Statement of Purpose

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Centrepoint operates according to its Statement of Purpose. During the inspection, the Regulation Officer sought assurance that safe recruitment practices were in place. Within the personnel files viewed, there were several documents, including an application form and curriculum vitae. The original Disclosure and Barring Service certificates were stored electronically, and the Regulation Officer suggested an internal system be adopted to capture the certificate number, the date supplied, and any concerns reported and addressed so that the original certificate could be returned to the employee. Centrepoint requires all staff to be on the update service, which is a safe practice. A staff member has moved from one area of work in Centrepoint to work in Centrepoint Home Care.



The employee's original two references are not held on file. The senior management team acknowledged that requested references need to be held on file and accepted that safe recruitment, including the receipt of references, is an area for improvement.

Two members of staff conduct interviews, ensuring a fair process. There was evidence of a robust interview question form with an associated scoring system. Questions asked included safeguarding scenarios. Employment contracts were evident, including hourly rates of pay and annual leave entitlement. An existing employee had recently commenced a new role, and their contract had not been signed by them. The service is aware the contract requires the employees' signature and is taking steps to amend this. The staff team was found to be suitably qualified and trained for their positions.

When new staff members commence employment, they are provided with an employee handbook that specifies the core values of the service. These core values are patience, passion, open communication, creativity, and respect. All the core values were evident during the inspection process.

There are four sections within the employee handbook covering:

- introduction to the service
- contractual terms and conditions
- benefits for staff include a reward for completing vocational training, length of service awards, a day off for your birthday, and if working full time, the benefits of a healthcare plan
- Policies and procedures that include Freedom to Speak up and Whistleblowing.

The employee handbook also states that staff must wear a uniform. The uniform was an agenda item for a staff meeting, during which staff were reminded to comply with the uniform policy.

A comprehensive staff induction checklist is utilised and generally completed within the first week of employment. The induction checklist includes policies and procedures to be read. The Practice Manager ensures the policies' content is understood before signing off the induction as completed.

Other documented discussions held during the induction period include the importance of positive partnerships with parents. An example of a staff induction checklist was seen within a personnel file and included assurance that the employee had received the employment contract and job description. The inductee shadows a colleague to observe the delivery of support sessions before being observed providing their support sessions. The Regulation Officer was informed that shadow support sessions are recorded on the rota but not formally documented to evidence how the session went, for example, any training needs identified, whether the support worker was confident in their ability to provide one-to-one care with the child and were the child and family happy with the new carer.

The Regulation Officer suggested a more formal approach to evidence that shadowing a support session has been conducted, what was learned, and any action required to increase the confidence and competence of the new staff member. A support worker works independently once they feel confident enough and the family feels comfortable with the staff member. A completed support session log describes the child's activity, experience, and social interaction with family members when the child returns home. The service operates a six-month probationary period.

The Regulation Officer reviewed an example of the staff rota, which they were informed is a rolling rota adapted to cover sick and annual leave. There is some flexibility within the rota to cover unexpected sick leave and some annual leave; however, some support sessions have had to be cancelled due to staff absence. This year, suitably trained staff from other areas within Centrepoint have been moved to support care packages so that support sessions are not cancelled.

The employee handbook refers to this flexibility and a parent reported that they receive adequate notice if a support session is to be cancelled. There is a rolling advert for staff recruitment, which has proven difficult due to the number of work hours required and the time of the hours. The recent introduction of collaborating with another service provider to provide a new care package has increased the number of hours being provided safely by the existing staff team. All staff have time within their allocated rotas to complete documentation and administrative tasks, including the support session log.

The governance procedures within the service were reviewed as part of the inspection process. A suite of guidelines has been reviewed annually, and it is an area of good practice. There is also a plan to develop five further identified guidelines this year. There was no audit activity to be shared with the Regulation Officer, and it was suggested that recruitment files be subject to audit to ensure compliance with safe recruitment by checking that all the required documents, such as references, have been sought and held within personnel files. An audit of record keeping could also be an assurance tool to ensure support staff complete all the necessary documentation, such as the daily support visit record, and they are stored safely.

Safe practices were observed regarding medication. There was evidence of two staff signatures for transcribing a medication onto the medication administration record from the prescription. There was a copy of the outpatient prescription accompanying the record and a sheet describing what the medication is, what it is used for, warnings, and any other relevant information.

A prescribed medication permission sheet was signed by a parent confirming that the medication was prescribed by a General Practitioner (GP), that a dose had been given in the home setting, and that there had been no allergic reaction. Neither the parent nor the support worker dated the sheet, and it was suggested this be rectified to provide assurance that the form is current.

During the inspection, the fire alarm was tested as part of the weekly test, and the first aid kit was seen mounted on the wall out of reach of small children. A bodily fluid spill kit is available when required, and a door locking mechanism ensuring no one can enter the building unannounced or children leave of their own accord.

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.

The service is registered to provide 600 hours of personal support and care a week and currently provides 60-70 hours weekly. This is due to challenges in recruitment for the required hours.

During discussions with members of the staff team, it was evident that they are motivated to make a difference to the children, young people, their families, and their representatives.

The Regulation Officer suggested introducing a formal feedback mechanism, as whilst there is a family feedback form and a home support survey for children that captures the child's voice, it was evident from the monthly provider reports that regular feedback was not requested. Visual communication tools are used for non-verbal children; an example of this is where children and young people are encouraged to complete their feedback forms themselves by colouring in a smiley or unhappy face in response to a question.

Examples of two recently completed forms were seen. One was all smiley faces, and the other had one sad face, which was not a reflection on the service and support workers. Children who are able to do so can verbalise and write comments. Feedback from families was sought for this inspection, and the families were very complimentary of the team and expressed that their and their child's preferences were listened to.

The Regulation Officer was informed that any feedback received is shared with the staff at regular meetings. Minutes of meetings seen as part of the inspection were sparse, with a tick next to an agenda item suggesting it was discussed. The Regulation Officer suggested a more formal approach to capture informative records of meetings that could be referred to for information if necessary. This year, a newsletter will be developed to share information with parents and representatives of the children who access the service.

The children currently in receipt of a care package were referred to the service by a social worker. An initial meeting is held with the Practice Manager to determine if there is capacity to meet the child's needs. Once approved, engagement with the child and family commences to understand their needs and preferences.

A relative feedback that during the initial contact they shared that their child enjoyed messy play, so the support workers have facilitated activities such as jumping on the trampoline whilst introducing flour that the participants get covered in. This activity was a great source of entertainment and enjoyment.

Discussions include the professional who made the referral, the Practice Manager, and the family/representatives, and information collated is used to inform the personal care plans, behavioural plans, and safe handling assessments. The Practice Manager will then introduce an appropriate support worker. It was evident from reviewing the rotas and speaking with staff members, that there is continuity of support workers, which is essential for building trusting and supportive relationships.

The children are involved in designing their care, and the care plans include activities they enjoy and new activities they would like the opportunity to try. Supported visits to the park and soft play areas are some examples of activities and provide a valuable break for parents from caring responsibilities. Written agreements of care signed by the parent were evident, and the Practice Manager explained that if they considered the package of care required the inclusion of additional support, they would escalate this to the assigned social worker for review.

The service works closely with professionals, including social workers, and attend relevant meetings to provide insight into the child and their family. Safeguarding concerns are escalated via the named social worker and concerns documented.

During conversations, it was clear to the Regulation Officer that staff recognise the importance of being open and transparent with families and maintaining confidentiality.

The Regulation Officer and the Practice Manager discussed keeping documents safe and confidential and the importance of documents required during home visits to be transported to the home in a zipped folder, which ensures paperwork is stored confidentially and reduces the risk of being mislaid.

There was evidence of numerous individualised risk assessments for the community and home setting, considering the child's and staff members welfare. It was pleasing to see that the risk and mitigation for the activity were recorded and the benefit to the child participating in the activity. There is a six-month review date for each risk assessment. The Regulation Officer was fortunate to attend a support session held in a community setting and observed a risk assessment being followed. This included the positive reinforcement of a safety message in a calm and straightforward language to ensure handholding with the support staff by the child whilst moving from one play area to another. It was clear to the Regulation Officer that the children thrived in a safe environment and had good relationships with support staff. The Regulation Officer observed the children being provided with choices of which apparatus they wished to play on, resulting in a child-led activity. The support workers were very responsive to the children's requests and needs and engaged in imaginary play. The Regulation Officer observed during the activity that risk assessments are dynamic.

A discussion regarding developing a contingency plan was held during the inspection process, and the Registered Manager agreed that a contingency plan would benefit the service. Whilst the children and young people receive home care, the Centrepoint building is used as a hub by the staff team, and the Information Technology (IT) access and paper documents are stored in the offices. It was suggested that the contingency plan include how to run the service in the event of senior management team sickness, access to personal care plans and records during a digital outage, and environmental disasters that affect the building.

All staff have access to their rotas on their staff phones, and there is hope that a phone application (app) may be introduced whereby staff will have access to all the policies and training matrix and potentially include human resource information. It is envisaged that the app will include children's information, such as any safeguarding concerns and medical history, with the ability to record the outcome of a home visit electronically. The app will also support communication between staff and the families.

Is the service caring?

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

Staff receive quarterly supervision sessions, and a staff member stated they feel comfortable raising concerns, making suggestions, and identifying their training needs and self-development opportunities. Examples of staff evaluation forms and supervision records were provided, and there was evidence of discussions that led to an employee modifying their behaviour and adapting a policy so that the same consistent message was portrayed to all staff. It was feedback to the Regulation Officer that annual appraisals were not conducted due to staff changes last year and Centrepoint undergoing a Human Resources (HR) review. Annual appraisals are an area for improvement.

The Positive Behaviour policy promotes the treatment of children, families, and staff members with respect, and there is open communication and encouragement of positive and nurturing behaviours. The policy aims, "*to enable all children to develop confidence, self-esteem and a positive attitude towards themselves and their own development*". The experience of the Regulation Officer during a supported play session was that the two staff members were positive role models, and the children were confident in expressing themselves.

Children are encouraged to be independent, and this was evident during the community visit when a child's shoe fell off during play, and they were encouraged to place it back on their foot themselves. Care plans also included examples of where children were supported to maintain their independence. Examples of information provided by the children in their care plans include, "When I am upset, I need you to..." and "I don't like...".

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 age range of children and young people able to access the service was increased to 15 years during 2024, which the Regulation Officer was informed has proven beneficial to the individuals concerned.

Any training required for staff to manage a child's medical/health requirements is provided by a partner agency, and currently, there are no training requirements.

The Practice Manager was recently recruited into their role. They expressed that they felt well supported by the Registered Manager and hope to commence their Level Five Diploma in Management and Leadership training this year.

The training matrix demonstrated that staff have the necessary childcare qualifications and competence, and some staff have attended additional training relevant to childcare, such as child mental health and Makaton training. The Registered Manager shared their vision of delivering an accredited Level Two Diploma in Play Work, which will initially be for staff at Centrepoint but then be offered externally.

Physical intervention is used as a last resort, and Centrepoint has its own in-house MAYBO trainer who facilitates regular staff training in how to reduce the risk of concerning behaviours.

The Regulation Officer was impressed by the Practice Manager's knowledge of the service and insight into where improvements can be made, including necessary modifications to the training matrix. The Regulation Officer could not determine when the training was last attended or if the training had been booked for future attendance. Training, including infection, prevention and control, was identified as not being attended within the year. There is a blended approach to the training.

The development of the training matrix and staff annual attendance at all mandatory training is an area for improvement.

Extracts from the draft business plan were provided and recognise that Centrepoint must make strategic adjustments to maintain sustainability following the withdrawal of the government subsidy in December 2024. There is a commitment to ensure the ongoing delivery of high-quality care to children and their families, and a plan is in place to achieve this while maintaining financial stability.

A new website is being developed that will include the service's aims and objectives to meet children's needs as set out in the statement of purpose and additional information for families to access. Fees will be published to demonstrate that the service is open and transparent. Currently, families and representatives are provided with a pamphlet informing them about the service.

Since the last inspection, the Commission has been informed of any notifiable incidents and, during the inspection, was shown the internal processes for monitoring incidents and accidents and the actions taken as a result. An example of a historically completed incident form evidenced two support workers listening to the child, working with the parent to de-escalate the behaviour, promoting the child's safety, and the social worker informed of the incident. The form was signed off by a member of staff and the senior manager, demonstrating leadership oversight.

The service has received no complaints since the last inspection, and there is a complaint and a Whistleblowing Policy available.

A blank copy of a record of concern was held on file, but the service had no completed forms to share during the inspection. This form was comprehensive and included a Multi-Agency Safeguarding Hub (MASH) inquiry form being completed as part of the checklist ensuring a statutory duty to keep children safe.

The record of concern requires updating to acknowledge that the MASH enquiry form is now called the Children and Family Hub referral form.

There is also a section for feedback that has been given to the member of staff who reported the concern and states any information that was shared as a learning event with the staff team.

It was pleasing to hear that the service recognises staff achievements and conducts an annual staff appreciation event. At this event, staff may be given a reward, such as an additional day of holiday. Last year, children who access Centrepoint were involved in the celebration and performed a dance routine for the staff.

A successful fundraising event was held last year, and another larger event is being organised for this year. Children and young people are provided with the opportunity to be involved in the event where possible.



"Gives time for myself that I wouldn't have otherwise."

There is open communication to address needs.

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Feedback from relatives

Got the child and family's best interests at heart.

Getting a positive adult interaction outside of the family setting and positively reinforcing adult relationships.

IMPROVEMENT PLAN

There were three 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 by 3.6, Regulation 17.5</p> <p>To be completed: with immediate effect</p>	<p>A minimum of two references should be sought and one must be the applicant's current or most recent employer and there must be a reference from the applicant's last care role.</p> <p>Care/support workers must not have any contact with people receiving care or support or have access to their personal information prior to the completion of all employment checks.</p>
	<p>Response by registered provider:</p> <p>The New Joiner Process is currently being reviewed and a new checklist/workflow has been created whereby the two references will be a documented requirement. There will also be a step in the process to flag whether or not the references have been received prior to the new joiner's start date. If the references have not been received then the employee will not be permitted to start their employment with Centrepont. This will be implemented in April 2025.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 3.14 Regulation 17.4c</p> <p>To be completed: by 31 December 2025</p>	<p>The registered person will ensure that all care/support workers are given the opportunity to have an annual appraisal to discuss their capabilities, training needs and development plans in relation to the needs of Centrepont. Appraisals are to be carried out and recorded at least annually.</p>
	<p>Response by registered provider:</p> <p>We have identified the need for a Performance Review process and this will be implemented in Q4 2025.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 3.11, Regulation 17.1a</p> <p>To be completed: by 30 September 2025</p>	<p>The registered person will ensure that all support workers complete and remain up to date with statutory and mandatory training requirements including infection, prevention and control training. Dates that training was last attended are to be maintained on the training matrix and a due date to complete future training evident. A date training has been booked to attend will also feature within the training matrix.</p>
	<p>Response by registered provider:</p> <p>We are committed to the development of our workforce, and as such, we will be looking to review our Learning and Development programme as well as ensuring that our record keeping and documentation is enhanced. The HR team will work with the Practice/Unit Managers to ensure that this is fully reviewed and implemented by the end of September 2025.</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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