

ANNUAL  
REPORT

2020

Jersey Care  
Commission

R.109/2021



Providing independent assurance, promoting best practice and improving health and social care outcomes for the people of Jersey.

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# OUR YEAR

## at a glance

### OUR ROLE

The Commission was appointed to:



provide the people of Jersey with independent assurance about the quality, safety and effectiveness of their health and social care services



promote and support best practice in the delivery of health and social care by setting high standards and challenging poor performance



engage with service users and their families and carers to improve their experience of health and social care and achieve better outcomes



facilitate the registration of a range of health and social care professionals in order that they may lawfully practise in Jersey



undertake regulatory functions prescribed by the Regulation of Care (Jersey) Law 2014 and other laws

### ACHIEVEMENTS



Recruited **four** new members of staff to the Team and appointed **three new Commissioners** who will commence their terms of office in 2021.



Developed and implemented a process of **quality assurance monitoring** following inspections, with further quality assurance visits to be undertaken in 2021.



Successfully revised the **Code of Practice for Piercing and Tattooing**, which has been published on the Commission's website.



Published **61** inspection reports.

# 2020

# 2020

# 2020



**Implemented Standards** across all regulated activities and ensured that inspections involved the assessment of performance against these Standards.



Carried out inspections of **seven children's care homes** and registered an additional service towards the end of 2020.



Granted applications for registration for **338 health care staff** (representing an increase of approximately 50% compared with 2019).



Ensured that each regulated activity has a **designated Regulation Officer** to ensure consistency and a point of contact and implemented an inspection scheduling tool to better enable the prioritising of inspection work.



Prioritised the registration of **health care professionals**, many of whom needed to become registered in response to the establishment of Jersey's Nightingale ward and the Covid-19 vaccination programme.



Provided **Continuity throughout the height of the Covid-19 pandemic** by temporarily operating a 7-day service, and continuing to operate a Duty System, providing guidance, reassurance and advice across the sector.



Added the facility to **our website to make complaints directly**, although other methods including letters, telephone calls and emails also exist.



Continued to ensure the health and social care workforce in Jersey is **appropriately qualified, registered and fit to practise**. Developed the renewals process in order that the Commission can more effectively establish fitness to practise.

# INTRODUCTION

The Jersey Care Commission, (the Commission), was established on 1st January 2019 in accordance with the enactment of the Regulation of Care (Jersey) Law 2014 (the 2014 Law), and the Regulation of Care (Transfer of Functions) (Jersey) Regulations 2018.\*

## The Commission was appointed to:

- ▶ provide the people of Jersey with independent assurance about the quality, safety and effectiveness of their health and social care services
- ▶ promote and support best practice in the delivery of health and social care by setting high standards and challenging poor performance
- ▶ engage with service users and their families and carers to improve their experience of health and social care and achieve better outcomes.
- ▶ Facilitate the registration of a range of health and social care professionals in order that they may lawfully practise in Jersey
- ▶ undertake regulatory functions prescribed by the Regulation of Care (Jersey) Law 2014 and other laws; the regulatory responsibilities having been transferred from the Minister for Health and Social Services to the Commission on 1st January 2019.

This is the Commission's second annual report and describes our performance against the strategic and operational objectives set out in our 2020 Business Plan. The outbreak of Covid-19 in Jersey disrupted our operations significantly. Despite this, the Commission successfully achieved many of its strategic and business objectives as documented in this report.

This report, whilst setting out the achievements, also describes the impact of the challenges associated with Covid-19 and notes where further progress is needed in 2021.



\* See also: Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 and the Regulation of Care (Regulated Activities) (Jersey) Regulations 2018.

# FOREWORD

The year 2020 will always be remembered for the impact of Covid-19. The pandemic has touched people's lives in so many ways, including work, travel, family contacts and in social and leisure activities. Sadly, it has had a very real impact for the many who have lost a friend or family member to Covid.



During the first lockdown, following the instruction to stay at home, all scheduled inspections were postponed. Regulation officers recognised and responded appropriately to the very significant impact of the pandemic for managers and staff working in regulated activities and for people using these services. The Team provided a much needed advisory role, providing information to the public and to those working in regulated activities on issues such as access to PPE, testing for Covid, staff absences, the requirements to self-isolate and visiting arrangements.

In June 2020, the programme of inspections was reinstated, albeit with necessary modifications. Despite the complex challenges for the care sector arising from the pandemic, the inspection findings were overwhelmingly positive, with regulated activities being consistently able to demonstrate high standards of care. In a small number of regulated activities, some areas for improvement were identified and most have been resolved swiftly and informally. The majority of services inspected during 2020 were able to demonstrate compliance with the Regulations and Standards, despite the added challenges of dealing with Covid.

Commissioners were unable to visit the island to the same extent as previously. There were fewer opportunities to meet with service providers and with people who use services. We intend to remedy this in 2021. The Commission has adapted successfully to remote working, using the internet to host Board meetings. Whilst this is less than optimal, I can report that all scheduled meetings took place, either in Jersey or as virtual meetings.

The Commission provided advice to the Government of Jersey on the drafting of the Emergency Covid-19 Regulations. This advice was applied appropriately,

not only in the drafting stages but in the subsequent review of these Regulations.

In January 2020 Charlie Parker, the former Chief Executive of the States of Jersey, along with Mark Rogers and Mark Owers, attended the Board to discuss regulation and inspection in respect of Children's Services. During the year, despite Covid, we completed scheduled inspections of all registered children's homes in Jersey.

Several care services operated directly by the Government of Jersey, had not completed applications for registration in 2019, having been established before the Regulation of Care (Jersey) Law 2014 was fully enacted. They had continued to operate outside the regulatory framework in 2020, potentially placing staff and care receivers at risk. This non-compliance was escalated to Ministerial level and by December, most of these services had submitted completed applications or had been granted registration.

In November 2020, I met with Deputy John Young, the Minister with responsibility for regulation of care, to provide an overview of the Commission's work and its response to the Covid pandemic. The Minister expressed his support for the Commission's work during the pandemic.

The Commission is grateful to staff in Strategic Policy, Planning and Performance (SPPP), and in Treasury for their help and support in shaping the Commission's relationships with the Government of Jersey. In May 2020, after much deliberation, we concluded a new Framework Agreement describing the independence of the Commission and its relationship with the Government of Jersey.

The profile of the Commission changed in 2020. We bade farewell to Ann Abraham, one of the first cohort of Commissioners. Ann brought a breadth of experience, both as Parliamentary and Health Services Ombudsman and as Chair of Dorset Healthcare University NHS Foundation Trust. Ann provided expert advice on the development of the Framework Agreement, the Commission's Constitution and Governance Framework and on key policies and procedures.

I am pleased that Alison Allam, Lisa Jacobs and Siân Walker McAllister, appointed in 2017, remain with the Commission. In November we recruited three new Commissioners, Jackie Hall, Noreen Kent and Angela Parry, all with recent relevant experience of oversight of health and social care systems.

In 2020 we said farewell to two members of staff, Sally Hazley and Geoff Gurney. Sally had transferred to the Commission from the former Professional and Care Regulation Team. Geoff Gurney, Regulation Officer, took a lead role in the regulation and inspection of children's services. We welcomed three new staff members: Lesley Callander and Alli Tandy as Regulation Officers, and Francesca Bihet as an Administrator.

In preparing this, our second Annual Report, the Commission has referred to the findings of the Comptroller and Auditor General in 'Annual Reporting, A Good Practice Guide - August 2020'.\* The report describes our achievements, the impact of the challenges associated with Covid-19 and areas where further progress is needed in 2021.



**Glenn Houston**

Chair of the Jersey Care Commission

\* Office of the Comptroller and Auditor General. Annual Reporting, A Good Practice Guide – August 2020. Jersey Audit Office. Available at: <https://www.jerseyauditoffice.je/wp-content/uploads/2020/08/CAG-Good-Practice-Guide-to-Annual-Reporting.pdf>



# PERFORMANCE SUMMARY

The Commission's second year of operation has focussed on the consolidation of its role and function, the publishing of inspection reports, efforts to source feedback relating to the quality and benefit of the inspection process and the development of the team. All of this has been set against the backdrop of the Covid-19 pandemic which had the effect of significantly interrupting and slowing progress in respect of each of these activities.

## Inspections

Despite the unprecedented challenges, the Commission has continued to undertake inspections of regulated activities, albeit with an adapted methodology. The reports of every completed inspection have been uploaded onto the Commission's website.

Where areas for improvement have been identified by the Commission, these have been addressed by service providers, using a staged and collaborative approach, with the aim of driving improvement.

## Governance

The Commission has produced and finalised a suite of policies to inform its governance framework. These include policies relating to inspection, escalation and enforcement, and complaints.

Travel restrictions required the Commission to hold Board meetings remotely for much of 2020. Despite this, the Board has continued to operate successfully, providing strategic oversight of the Commission's activities, setting strategic objectives and in holding services to account where there has been a need to take action to effect change.

## Registration

The Commission is responsible for the registration of health and care professionals, medical professionals, piercing and tattooing premises and premises where certain classes of lasers are used. The Regulation of Care (Transfer of Functions) Jersey Regulations 2018 placed a duty on the Commission to ensure that a range of legislation relating to the registration of these individuals and premises is implemented.

## Legislation

A significant piece of work relates to the degree to which the Commission cooperated with the Government of Jersey in the development and the implementation of the amended Regulations relating to the Regulation of Care (Jersey) Law (the Regulation of Care Standards and Requirements) (Jersey) Regulations 2020).

The emergency legislation introduced at the height of the pandemic was, for the most part, not relied upon. However, in April 2020, three care homes had to implement the temporary measures set out in the amended Regulations, having declared that, due to Covid-19, they were unable to carry on their service in accordance with their Statements of Purpose, due to staffing challenges. This resulted in a condition of their registration being suspended until 30 September 2020. Commission staff ensured that these measures remained under close scrutiny and liaised regularly with the care home managers.

In accordance with the Regulation of Care – (Standards and Requirements) (Jersey) Regulations 2020, the Commission reported to the Minister two situations in which there were concerns relating to serious risks to care receivers on account of staffing shortages and proposed recommendations. Ultimately, staffing levels were restored to normal levels and a crisis averted.

The Commission provided advice to the Government of Jersey in relation to both the Regulation of Care (Amendment of Law) (Covid-19 – Temporary Amendment No. 2) (Jersey) Regulations 2020 and the Medical Practitioners (Registration) (General Provisions) (Covid-19 – Temporary Amendments) (Jersey) Order 2020.

The Covid-19 (Capacity and Self-Determination) (Jersey) Regulations 2020 came into force on 14 May 2020. The Commission identified several areas of concern relating to the rights of care receivers and the role of care home managers, were these Regulations to become enacted. Consequently, the Commission prepared a paper outlining its position, which was submitted to the Minister for Health and Community Services, the Chair of the Health and Social Security Panel and to the Children's Commissioner for Jersey. This document was published on the Commission's website.

In compliance with Regulation 32A of the Regulation of Care (Standards and Requirements) (Covid-19 – Temporary Amendments) (Jersey) Regulations 2020, the Chief Inspector notified the Chief Minister of the Commission's intention to postpone its inspection schedule and provided an assurance that any inspections which had to be postponed would be

undertaken within two years of the due date. Although inspection activity was suspended for a 12-week period, the recommencement of inspections in June 2020 led to most scheduled inspections having been completed prior to the end of the calendar year.

### Consultation

The Commission contributed to consultation requests which have included, Brexit Preparations and Business Readiness in Jersey; the Care Needs at Home project; the potential introduction of an Inquiries Law for Jersey, the existing redress and accountability systems in Jersey and the Jersey Care Model. The Commission will continue to be responsive to all relevant requests and is committed to working collaboratively with external agencies where there is mutual interest. There is increasing evidence that the Commission's perspective is being routinely sought and valued by both law drafters and policy makers.



“ I contacted the Jersey Care Commission. From my very first e-mail, I received a prompt response, reassurance and indeed a follow up phone call from a Regulation Officer, which gave me confidence that I was indeed, in the right hands for my situation to be viewed holistically.

I have no hesitation in recommending the services of the Jersey Care Commission to the people of Jersey. ”

A care receiver's relative



# FINANCIAL PERFORMANCE AND ACCOUNTS

This section includes information on income and expenditure, details of remuneration (including any non-cash remuneration) and interests of Board members.

Under the provisions of the Regulation of Care (Jersey) Law 2014 the Commission is required to: -

- a. keep proper accounts and proper records in relation to the accounts; and
- b. prepare accounts in respect of each financial year and a report on its operations during the year.

Income forecasts and the expenditure budget are agreed at the beginning of each financial year with the Accountable Officer. The Commission determines areas of expenditure in accordance with its annual priorities and commitments as described in its Annual Business Plan.

The Commission cannot commit to any new expenditure unless it can be met from within available funds, or from an additional recurring or non-recurring allocation approved by the Government of Jersey.

The Government of Jersey provides a financial management service to the Commission, including in relation to its core budget and fee income (Commission funds).

## Income Sources

Income is received from two sources. Fees are derived from healthcare professionals, regulated activities, individuals, and premises. The Commission also receives a direct allocation which is provided from the Government of Jersey and specified within the core budget.

The Regulation of Care (Jersey) Law 2014 was agreed by the States Assembly on the understanding that the former Inspection Team's budget would be grant funded to the Care Commission and that this would represent approximately 45% of the total cost of administering the Law. These monies, the core budget, were transferred to a dedicated Care Commission

business unit for financial accounting purposes.

In addition, the Commission received income from fees prescribed by the Chief Minister at the point at which the 2014 Law came into force.

These fees include: -

- Making an initial application for registration as a provider or a manager (Article 4)
- An annual fee for continued registration (Article 9)
- Applying for a variation on conditions of registration (Article 17)
- Replacement of registration certificates (Article 8)
- Provision of printed copies of Commission reports (Article 38)

The division responsible for the provision and oversight of adequate financial and other resources required to support the function of the Commission is the Department for Strategic Policy, Planning and Performance (SPPP), within the Government of Jersey.

The Accountable Officer for the appropriate use of public funds, including the funding for the Commission, is appointed in accordance with the Public Finances (Jersey) Law 2019, and is the Director General for SPPP. It is the responsibility of the Accountable Officer to ensure the Commission represents value for money.

Where the Accountable Officer has concerns relating to fee income, the Accountable Officer will inform the Chair and Chief Inspector and may report those concerns to the Treasury and Exchequer; the Comptroller and Auditor General. No such concerns arose or were reported in 2020.



The Accountable Officer delegates the management of funds to the Chief Inspector in accordance with the Department's Scheme of Delegation and the Government of Jersey's Financial Directions. The Board of the Commission supports the Chief Inspector with scrutiny and oversight of financial performance.

The SPPP Department provides a HR framework for supporting staff appointed by the Commission and works with the Treasury Department to ensure the provision of a core budget to the Commission, post staff to the Commission and to provide financial management and other agreed services to the Commission.

The staff working for the Commission are employed by the States of Jersey Employment Board (SEB). The terms and conditions of employment of Commission staff are the standard SEB terms and conditions, and staff are remunerated accordingly. The Commission appoints and manages its staff in accordance with the relevant SEB policies and procedures.

The main components of expenditure consist of pay, including staff salaries and pension contributions, and non-pay, including goods and services.

Essential support services including provision of office accommodation, information technology, human resources, payroll and legal services are provided directly to the Commission by the Government of Jersey at no direct cost. This represents part of the Government of Jersey's contribution to the overall operation of the Commission.

The Commission is required to complete an Annual Financial Assurance Statement.

The Commission's accounts for 2020 are audited as part of the whole of Government accounts and published in the Government of Jersey Annual Report and Accounts for 2020.

## TABLE 1 Income and Expenditure

Jersey Care Commission - Statement of Comprehensive Net Expenditure for the year ended 31 December 2020

|   | 2020 Budget<br>£ | 2020 Actual Budget<br>£ | 2019 Actual<br>£ |
|---|------------------|-------------------------|------------------|
| <b>INCOME</b>   |                  |                         |                  |
| Fee Income - regulated activities                                   | (330,000)        | (303,937)               | (206,230)        |
| Fee Income - other  | (39,000)         | (34,495)                | (31,060)         |
|   | <b>(369,000)</b> | <b>(338,432)</b>        | <b>(237,290)</b> |
| <b>EXPENDITURE</b>  |                  |                         |                  |
| Staff Expenditure   | 598,759          | 574,894                 | 472,541          |
| Supplies & Services   | 108,000          | 74,308                  | 112,062          |
| Administrative Expenditure  | 5,000            | 3,796                   | 7,200            |
| Premises & Maintenance  | 1,000            | 2,796                   | 1,139            |
|   | <b>712,759</b>   | <b>655,794</b>          | <b>592,942</b>   |
| <b>Net Expenditure - Funding received from Government of Jersey</b> | <b>343,759</b>   | <b>317,362</b>          | <b>355,652</b>   |

### NOTES TO TABLE 1.

- 1.0 The Commission's total fees budget was £369,000
- 2.0 The Commission's full year actual net expenditure was £317,362
- 3.0 Overall net expenditure variance was a budget underspend of £26,397
- 4.0 The accounts of the Commission must be audited by auditors appointed in respect of each financial year by the Minister for Treasury and Resources and qualified for appointment as auditors by virtue of Article 113 of the Companies (Jersey) Law 1991. The Care Commission accounts will be audited as part of the overall Government of Jersey audit.

**TABLE 2**

**Remuneration of Chair and Non Executive Board Members:**

| Name  | Date Appointed | Salary (bands of £5,000) £000 | Benefits in Kind (travel, accommodation and subsistence) | Restated salary 2020 Total (Salary + Benefits) |
|---|----------------|-------------------------------|--|--|
| <b>Glenn Houston</b><br>Chair                 | 01 May 2017    | >£15,000 <£20,000             | <£5,000  | >£15,000 <£20,000                              |
| <b>Ann Abraham</b><br>Commissioner            | 10 May 2017    | <£5,000                       | <£5,000  | <£5,000  |
| <b>Alison Allam</b><br>Commissioner           | 10 May 2017    | <£5,000                       | <£5,000  | <£5,000  |
| <b>Lisa Jacobs</b><br>Commissioner            | 01 July 2017   | <£5,000                       | <£5,000  | <£5,000  |
| <b>Siân Walker-McAllister</b><br>Commissioner | 10 May 2017    | <£5,000                       | <£5,000  | <£5,000  |

**NOTES TO TABLE 2.**

- 1.0 Fees are stated in bands of £5,000 for the period from 01 January - 31 December 2020
- 2.0 Four of the five Commissioners live outside Jersey and incur additional costs in respect of travel, accommodation, and subsistence.
- 3.0 Commissioners were appointed for an initial term of 3 years.
- 4.0 Expenses are rounded to the nearest £100
- 5.0 Travel restrictions necessitated that Board meetings in May, July, September, and November 2020 were held virtually (or with limited travel to Jersey). This had the effect of travel and accommodation expenses being less than might otherwise have been the case.



# ORGANISATIONAL STRUCTURE

The Commission has both a strategic and an operational structure. Its work is overseen by a Board of Commissioners who have a range of professional and carer/service user experience.

In 2020, each of the existing Commissioners' initial three year terms came to an end. Four Commissioners, including the Chair, were appointed by the Chief Minister to serve for a second three year term. Towards the end of 2020, three additional Commissioners were recruited, and their appointments were ratified by the Minister for the Environment (Please refer to Appendix B).



Left to right: Alison Allam, Ann Abraham, Glenn Houston (Chair), Siân Walker-McAllister, Lisa Jacobs



The operational aspects of the Commission's function are undertaken by a team, which in 2020 consisted of: (Left to Right) Stephanie Kuryszezak, Lesley Callander, Linzi Mudge, Bradley Chambers, Alli Tandy, Mandy Bates, Geoff Gurney, Audrey Murphy.

**Audrey Murphy**  
Chief Inspector

**Bradley Chambers**  
Head of Governance,  
Policy and Standards

**Dave Luscombe**  
Regulation Officer

**Linzi Mudge**  
Regulation Officer

**Geoff Gurney**  
Regulation Officer

**Lesley Callander**  
Regulation Officer

**Alli Tandy**  
Regulation Officer

An additional Regulation Officer was employed in late 2020 and will commence employment in 2021.

**Mandy Bates**  
Executive Officer

**Sally Hazley**  
Administrator



# PERFORMANCE ANALYSIS

The Commission's strategic focus is to develop a comprehensive and effective regulatory infrastructure that protects and promotes the rights of people who use the services it regulates.

**The Commission had six key priorities throughout the course of 2020. These were to:**

- 1** *Ensure that the services we regulate are safe, well led and of high quality, by developing and delivering an effective system of regulation and inspection of health and social care services in Jersey.*
- 2** *Maintain a register of relevant health and social care professionals working in Jersey*
- 3** *Raise the profile of the Commission by involving people who use and provide care services by consulting and engaging with service users, carers, providers and other stakeholders in all aspects of our work and by developing and implementing the Commission's communication strategy.*
- 4** *Raise the profile of the Commission by involving people who use and provide care services by consulting and engaging with service users, carers, providers and other stakeholders in all aspects of our work and by developing and implementing the Commission's communication strategy.*
- 5** *Improve the Commission's capacity to gather, interpret and respond to information and intelligence regarding regulated activity and registered professionals (including concerns, complaints and compliments), and using this data to inform regulatory activity.*
- 6** *Develop both a three-year financial plan setting out how the Commission will utilise income received from fees/ other sources and a three-year strategic plan setting out how the Commission will deliver its core functions and will extend regulatory reach to those aspects of health and social care which fall within scope.*

- Regulation and Inspection
- Professional Registration
- Public Engagement
- Information Governance
- Leadership and Delivery
- Planning

The next section of the report will provide a detailed analysis of performance in respect of each of these priorities.



# REGULATION & INSPECTION

Establish a strong team of skilled and experienced regulation officers and support staff who will deliver an effective regulatory regime for Jersey which supports best practice and drives continuous improvement. As part of this ambition, the Commission will develop individual areas of interest and expertise within the team, allocating specific project work to staff members who are best placed to lead in these areas.



## How successful has this been so far?

Despite a particularly challenging year, the team has largely stayed intact. At the height of the pandemic, one staff member was temporarily seconded to support a Government of Jersey service. Another staff member had a fixed term contract which came to its natural end.

The Commission successfully recruited two new staff members in the first quarter of 2020. A further staff member was recruited in the final quarter of 2020 and commenced work in January 2021.

The Commission's administrative function has been boosted by the appointment of a full-time administrator following the retirement of a long-serving staff member in 2020.

Despite the varied difficulties associated with the pandemic, the Commission has undertaken its role effectively and has retained its focus on continual improvement across the health and care sector and the identification and upholding of best practice.

## What more needs to happen?

The Commission has been advised of the Government's intention to extend regulation to include additional aspects of children's services, for example social work, child protection, adoption, fostering and CAMHS, which will require team expansion over the course of the coming years. The Commission is seeking to recruit an additional Regulation Officer early in 2021 with a background in children's services, to undertake regulatory activity in this area of planned development.

A budget build has been drafted and a plan is in place to recruit a Programme Manager, additional Regulation Officers and additional administrative support to ensure the Commission is appropriately resourced to meet the demands of this expansion of its regulatory scope.

The development of individual areas of interest and expertise and the allocation of programme work has of necessity, been curtailed due to other demands and constraints. It is intended that this be revisited in 2021.



Undertake a training/ learning needs analysis to identify any gaps in skills within the team and devise a plan in respect of how these might reasonably be addressed; develop a staff training programme including the identification of mandatory and other training requirements.

#### **How successful has this been so far?**

An ambition outlined in the 2019 Annual Report was that the Commission should develop its induction programme for new members of staff and to ensure that existing staff have access to appraisal and workforce training opportunities. The period of lock-down in Spring 2020 curtailed inspection and other site visits. Consequently, the team members made use of the available time to take part in online training and to attend to aspects of their Continued Professional Development (CPD). Examples have included training relating to capacity assessments and best interest decision-making, tenancies relating to home care services and best practice relating to dementia in care homes.

#### **What more needs to happen?**

Further analysis is required to update the learning needs assessment across the team and to devise a plan as to how these needs will be met, with a renewed focus on ensuring that mandatory training is taken forward in 2021.

Implement a system of regular staff supervision utilising a designated template and associated supervision policy; undertake annual appraisals and mid-year performance reviews.

#### **How successful has this been so far?**

A supervision policy has been developed following consultation with staff. Despite the difficulties which arose in the earlier stages of the pandemic, group supervision continued to be provided weekly and, as the situation stabilised, one to one supervision recommenced in the third quarter of 2020. This was welcomed by the team and it was acknowledged that direct managerial contact is crucial in supporting staff in being able to seek advice, guidance, and support.

#### **What more needs to happen?**

Work will continue to develop a system of annual appraisals and mid-year performance reviews in 2021.

Apply the approved standards for all regulated activities as a framework to measure the quality, safety and effectiveness of these services.

#### **How successful has this been so far?**

The Standards have been implemented across all regulated activities and the inspections involve the assessment of the performance of regulated activities against these Standards.

#### **What more needs to happen?**

Feedback from across the sector indicates that the existing Standards are appropriate and fit for purpose.

New Standards are to be developed in respect of supported accommodation for young people and for various aspects of children's services. A plan is in place for this to be completed in 2021.

Encourage the providing of feedback across the sector in relation to the standards and collate this information: ensuring that the Board is appraised of the findings associated with this evaluation.

#### **How successful has this been so far?**

The regulated sector is encouraged to submit feedback on Standards, either formally or informally. Additionally, quality monitoring of the inspection process has commenced and is proving to be successful and well-received. The Head of Governance, Policy and Standards has provided updates in respect of this work at each Board meeting. Quality monitoring will continue throughout 2021 and the findings will be collated into a summary report and presented to the Board.

#### **What more needs to happen?**

Further developmental and collaborative work needs to take place with stakeholders to ensure that the Standards are appropriate, that people who use services are aware of and understand them and that they are meeting the needs of each sector. Depending upon the outcome of this collaborative approach, the Standards will be reviewed and may be updated accordingly.

“ The carers were welcoming... I could see on my first visit there was a lovely interaction between the carers and care receivers. ”

Feedback from a family member



Work with Government of Jersey policy leads in the development of Regulations and Standards relating to children’s social work and Child & Adolescent Mental Health Services (CAMHS); ensure that appropriate action is taken to facilitate the development of capacity within the Commission to absorb any additional developmental work relating to these.

#### How successful has this been so far?

The Chief Inspector met with the Government of Jersey Policy Leads on several occasions throughout 2020 and has contributed to joint planning in this respect. A paper and accompanying presentation from senior policy staff was presented to the Board meeting in September 2020.

#### What more needs to happen?

Recruitment has commenced relating to the appointment of a Regulation Officer with specific children’s service experience. It is anticipated that this post will be filled in the second quarter of 2021.

It may be necessary to source external consultancy input in respect of the drafting of Standards relating to statutory children’s services and this is intended in 2021.

Develop a caseload allocation system to ensure that all regulated services have a designated Regulation Officer.

#### How successful has this been so far?

Each Regulation Officer carries a caseload of regulated services for which they are responsible.

#### What more needs to happen?

No additional work is needed in this regard other than that the allocations will continue to be monitored to ensure that the system remains effective.

Develop and implement an inspection scheduling tool to better enable the prioritising of inspection work.

#### How successful has this been so far?

This activity was in progress until the pandemic caused it to be delayed. Inspections have needed to be re-prioritised, with some planned inspections having to be postponed until 2021. However, the tool itself is in operation and will be further refined in 2021.

#### What more needs to happen?

It is intended that a full programme of annual inspections will take place in 2021. However, the Commission will remain apprised of developments affecting the sector relating to the pandemic, and will adapt by modifying its inspection methodology accordingly.

Ensure that service providers can be readily held to account where there are concerns relating to adherence to Regulations and Standards by fully implementing the Escalation, Enforcement and Review policy following consultation with the sector.

#### How successful has this been so far?

The Escalation, Enforcement and Review policy was approved by the Commission's Board and is publicly available on the Commission's website. The policy continues to guide the Commission's practice and decision-making.

#### What more needs to happen?

The policy will remain under continuing review and will be adapted and updated periodically as required.



“ The staff are absolutely tremendous, they are amazing, and the care is all about the people in the home. There's a happy atmosphere, there's something special about it when you walk through the door ”

Feedback from a family member

Work collaboratively with the sector; encouraging improvement by actively providing advice and support as required.

#### **How successful has this been so far?**

Each regulated activity is assigned a designated (named) Regulation Officer and the Commission operates a duty system during office hours which ensures that advice and support can be provided if the designated officer is unavailable. Advice and support are also provided by Regulation Officers to staff in regulated activities during the inspection process. Feedback, as sourced in the quality assurance visits, has been positive in the most part.

There is evidence that managers and providers of regulated activities have welcomed the support the Commission provided during the height of the pandemic, in April-June 2020, when inspections were temporarily halted. During this period, Regulation Officers proactively maintained contact with the sector and responded to concerns as they arose.

The Commission communicates with the sector through a process of regular email correspondence, telephone contact and newsletters. Feedback is always welcomed and acted upon and stakeholders are consulted about Commission policies and any changes to practice. The Commission's website is regularly updated to include guidance and policy provided by the Government of Jersey and other relevant bodies.

#### **What more needs to happen?**

Collaborative working in developing and implementing a communications strategy is ongoing.

Introduce Improvement Plans in a designated format. These will include timescales associated with improvement and an outline of the form that improvement should take.

#### **How successful has this been so far?**

Areas for improvement are addressed directly in discussion between Regulation Officers and managers/ providers, and this informal approach often avoids the need to produce Improvement Plans, forming part of the collaborative approach to achieving best practice. Where such matters cannot be resolved informally, Improvement Plans are produced in a consistent format, with appropriate timescales included.

#### **What more needs to happen?**

The process associated with making improvements will continue to be reviewed periodically.

Finalise the Inspection Policy following consultation with the sector.

#### **How successful has this been so far?**

The policy was reviewed in quarter two of 2020, due to the changes in the inspection methodology which were necessary because of the challenges associated in undertaking inspections during a pandemic and on account of related temporary amendments to legislation.

#### **What more needs to happen?**

The policy will remain under continuing review.



“ *It's great, I really like it. I like the atmosphere and there's lots going on...I can go out whenever I want* ”

Feedback from a care receiver

Implement the Inspection Report template and evaluate its effectiveness.

#### **How successful has this been so far?**

The inspection report template has been implemented. Its effectiveness will be evaluated in 2021 and a plan formulated to enable this. Following feedback from the sector, the template will be revised to better focus on outcomes, as opposed to process.

#### **What more needs to happen?**

The template will be evaluated in 2021.

Develop a robust system in supporting prospective service providers to complete the registration process, ensuring that the role and remit of the Commission is easily understood.

#### **How successful has this been so far?**

All the activities which were anticipated to have become registered have done so, excepting some services carried on by the Government of Jersey. In respect of each of these, the Chief Inspector met with a range of senior staff members in Government of Jersey to ensure these services submit the necessary applications to become registered and achieve compliance with the law.

#### **What more needs to happen?**

The Commission requires that any remaining Government of Jersey services which meet the definition of a regulated activity and continue to operate complete the mandatory application process and become registered.

The Commission always provides guidance and support throughout the registration process and will continue to work with any new services which are seeking to become registered so that they are able to operate lawfully.

Carry out a planned annual programme of announced and unannounced inspections of all registered services for adults and children in Jersey.

**How successful has this been so far?**

It is a legal requirement that every service registered under the Law receives a minimum of one annual inspection in every 12-month period since it became registered.

In 2020, the Commission completed 45 inspections of adult care homes, seven inspections of children’s residential homes and 23 inspections of home care services.

It has not been possible to inspect all regulated services/activities, on account of the necessary restrictions associated with the Covid-19 pandemic. However, a robust plan is in place to ensure that all outstanding inspections are completed in 2021.

Each service needs to be inspected against specific Standards, depending upon the activity’s Statement of Purpose. It is intended to develop a framework to better enable the Commission to tailor its inspection activity to the needs of individual services.

The number of regulated activities as of the end of 2020 are represented in Figure 1.

Alongside inspections of regulated activities, the Commission undertakes routine inspections of Piercing and Tattooing premises. This was not possible in 2020 due to the restrictions associated with Covid-19. Specifically, infection control requirements limited the possibility of Regulation Officers undertaking physical inspections of premises. This was coupled with the inability of Piercing and Tattooing practitioners to practise throughout parts of the year. However, the Commission was proactive in revising the Code of Practice for Piercing and Tattooing, which has been published on the Commission’s website.

**What more needs to happen?**

The programme of inspections needs to continue in 2021 to ensure that the statutory requirement is met and continues to be met.

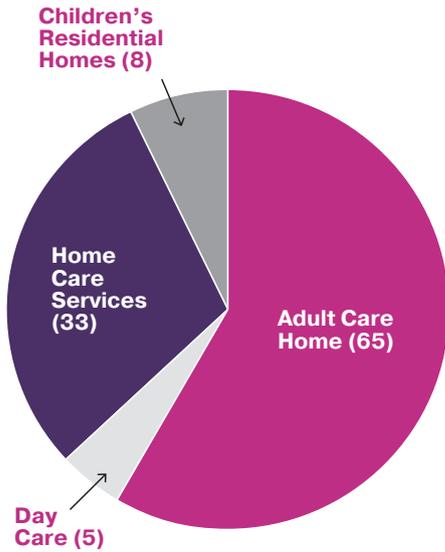


Figure 1: Number of services which are subject to the provision of the Regulation of Care (Jersey) Law 2014 as of 31 December 2020.

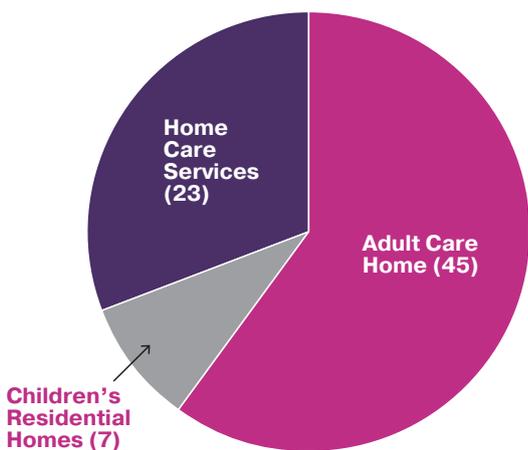


Figure 2: Number of registered services which received at least one inspection as of 31 December 2020

*N.B. Seven children’s residential homes were inspected in 2020. A further home became registered at the end of 2020 and will be inspected in 2021.*

Hold service providers to account by taking corrective action when they fail to comply with Regulations or to conform to relevant Standards in the delivery of health and social care.

#### **How successful has this been so far?**

The Escalation and Enforcement Policy is complete and is available on the Commission's website. Corrective action was necessary in 2020 in respect of one regulated activity. The Commission is fully able to take such action as required. The Commission reserves the right to formalise such escalation and enforcement activity as required. The Commission meets with managers and providers as part of its regulatory function and holds providers to account through a process of telephone communication, letters, and meetings. For the most part, it is possible for concerns to be resolved effectively through a collaborative and stepped approach which involves providers and the Commission working together to resolve issues as they arise and to proactively drive forward improvements in the delivery of services.

#### **What more needs to happen?**

The Commission will maintain its commitment to working with providers to improve the quality of care across the sector.

To work with the Government of Jersey to develop a programme of inspection and monitoring visits for children's services. Create the capacity within the team to effectively absorb this area of work and source independent external support as necessary (in line with the expectations of the Independent Jersey Care Inquiry).

#### **How successful has this been so far?**

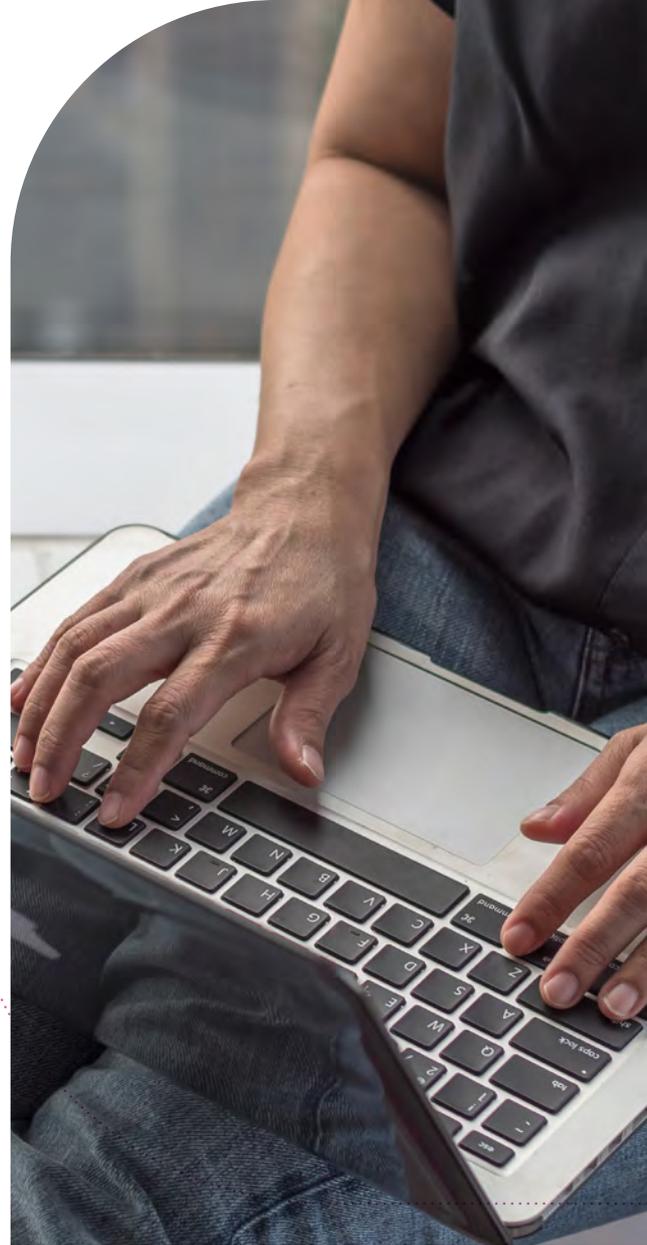
The seven children's residential services registered with the Commission in 2020 have been inspected and the inspection reports are accessible on the Commission's website.

#### **What more needs to happen?**

Further regulatory powers and responsibilities will be given to the Commission as new legislation is expected to come into force in 2021. This will increase the Commission's remit to register and inspect a range of services for children and their families including social work, child protection, adoption, fostering and CAMHS. Consequently, the Commission is in the process of increasing its capacity to absorb this work by recruiting an additional staff member with experience of this area and in sourcing external expertise to support its work.

# PROFESSIONAL REGISTRATION

Maintain an online register of all registered health and social care professionals which is kept up to date and which is available to the public. Ensure that the Commission can introduce professionals to the register and renew registrations annually. Review and expand the capacity of the Commission in order that it can service the register in partnership with colleagues in IT.



## How successful has this been so far?

The register is appropriately maintained, kept up to date and is publicly available. The Commission can introduce new professionals to the register and can renew registrations annually. The Commission also maintains a register of bodies corporate which are carrying on business as either optometrists or dispensing opticians.

There are significant challenges associated with the register relating to the registration of medical professionals. This part of the register is not up to date and needs significant 'cleansing', to ensure that medical professionals who are no longer working in Jersey or in clinical practice are removed.

## What more needs to happen?

The register relies upon input from the Government of Jersey and from a private IT provider to enable it to operate effectively. This poses difficulties regarding the ability of the Commission to manage the annual renewal process independently.

Overall, the registration and renewal processes are cumbersome and time-consuming. As such, it would benefit from considerable reform and additional administrative resources.

The Commission has formulated a budget build for 2021 which includes the provision of additional capacity to construct an electronic portal to enable registrants to complete the registration and renewal process online. It also includes provision to increase the Commission's administrative capacity to ensure that the medical professionals register is updated.

Ensure the health and social care workforce in Jersey is appropriately qualified, registered and fit to practise. Develop the renewals process in order that the Commission can more effectively establish fitness to practise.



### How successful has this been so far?

The Commission has adapted its registration and renewal process in order that fitness to practise can be better ascertained.

In 2020, applications for registration were granted for 338 health care staff which represents an increase of approximately 50% compared with 2019. It is noteworthy that there was an increase in registration activity in March and April 2020. Most applications were from nurses; and the Commission registered twice as many nurses in 2020 as in 2019.

There was a 40% decrease in applications from medical professionals compared with the previous year. This concurs with the travel restrictions imposed by the Covid-19 pandemic and the reduction in some areas of activity at the General Hospital during the earlier stages of the pandemic.

The Commission continues to prioritise the registration of health care professionals, many of whom have sought registration in response to the establishment of Jersey's Nightingale ward and the Covid-19 vaccination programme which has been underway since early December 2020.

The annual renewal of health care and dental professions concluded on 31 December 2020. The Commission has successfully managed these renewal applications.

In addition, the Commission maintains a register of individual home care workers.

### What more needs to happen?

A further increase in dental professional registration applications is projected in 2021 when the Commission will implement Article 26 of the Dentistry (Jersey) Law 2005 which comes into force on 26 February 2021. This will mean that all dental nurses will be required to register with the Commission. The Commission must ensure that it is properly equipped to meet the demands associated with this increase in workload.

Recruitment and project planning will be necessary to ensure the Commission can successfully implement the Professional Registration (Jersey) Law, (which is likely to come into force in early 2023).

Continue to review the IT support which is necessary to ensure that the registration and renewals process is more streamlined and efficient.

#### **How successful has this been so far?**

The registration and renewals processes remain challenging, but the Commission has secured the necessary IT support to facilitate the change process, making it more streamlined and efficient.

#### **What more needs to happen?**

Additional capacity will be required to make this change and the Commission has prepared a budget build which includes the costs associated with this.

Work with the Government of Jersey policy lead in considering the implications of the new Professional Registration Law.

#### **How successful has this been so far?**

The Chief Inspector continues to meet with Government of Jersey Policy Leads and plans are in development to enable the Commission to respond to the requirements associated with this area of legislation. Senior Government of Jersey policy staff attended the September meeting of the Commission Board to provide an update relating to these developments.

#### **What more needs to happen?**

The Commission will continue to work with the Government of Jersey to ensure the Commission becomes appropriately equipped and resourced to meet the demands associated with expansion in regulatory scope.

Establish effective regulatory links with other organisations which have shared responsibilities for the oversight of professional regulation in Jersey, e.g. General Medical Council (GMC), Nursing and Midwifery Council (NMC) and Health and Care Professions Council (HCPC), General Dental Council (GDC) and Social Work England.

#### **How successful has this been so far?**

This has happened, but to a limited degree. The Commission has written to all the relevant organisations and a small number have responded. The Commission will continue to liaise with relevant organisations as specific needs require.

#### **What more needs to happen?**

The Commission will continue to work with external organisations associated with the registration of the health and social care profession. Where appropriate, the Commission will seek to develop formal arrangements to enable the sharing of information in line with relevant legislation and policy.

# PUBLIC ENGAGEMENT

Provide a voice for service users, by ensuring that service providers operate robust systems for investigating complaints relating to possible regulatory breaches and, where necessary, undertaking inspections to investigate concerns.

## How successful has this been so far?

All regulated activities are required to maintain and to operate effective complaints processes. Each inspection involves a review of complaints policies and procedures, with an improvement plan being devised where deficits are identified.

The Commission has introduced and has fully implemented its own complaints policies, in relation to both complaints about the Commission and about regulated activities. A complaints leaflet has also been published. These documents are available electronically on the Commission's website. The complaints leaflet is distributed across the sector by Regulation Officers when undertaking inspections.

## What more needs to happen?

The complaints policy relating to the Commission and the policy relating to regulated activities, along with the complaints leaflet, will be reviewed in the first quarter of 2021.



Raise the profile of the Jersey Care Commission with the organisations we regulate, as well as with service users and carers through a planned programme of engagement activity.



### **How successful has this been so far?**

The Commission has a Communications Strategy which has been implemented to an extent.

However, despite the difficulties presented by the pandemic, the Commission has proactively responded to the needs of the sector by devising a Covid-19-specific page on its website and keeping this regularly updated with relevant information including legislation, policy, and guidance.

The number of visits ('hits') to the website has increased significantly throughout 2020 by over 70% since 2019 (38,806 compared with 22,807). There was a marked increase in visits between July-November, compared with the previous year. In addition, inspection reports have been accessed 6,554 times and the Covid-19 page has been accessed 2,769 times.

Regulation Officers have consulted with a range of stakeholders including service providers, managers, and care receivers' family members, particularly during the period of lockdown and of restricted visiting of care homes.

The Commission provided the local media with several press releases throughout 2020 which resulted in media coverage of the publication of inspection reports and concerns within the care sector relating to the impact of Covid-19. Journalists and reporters sought the views of the Commission in respect of matters relating to the pandemic and how they affected the care sector. These included changes to Regulations; the restrictions on visiting; difficulties relating to staffing levels; access to PPE and access to Covid-19 testing.

A range of communication media were utilised by the Commission throughout 2020. The Commission provided regular updates via email to the care sector and produced newsletters which were distributed to care home and home care service managers and providers. The Commission also provided updates to the wider community through its Twitter feed.

### **What more needs to happen?**

The Commission will review its Communications Strategy in the first quarter of 2021 with a view to implementing it more fully. In reviewing the effectiveness of its communications, the Commission is considering the use of additional formats including the possibility of launching a Facebook page in 2021.



# INFORMATION GOVERNANCE

Ensure that the Commission has an effective system to enable it to manage the complexity of information which it receives.

## How successful has this been so far?

The Commission receives information through a range of mechanisms. Data is held securely and is managed effectively through appropriate retention and disposal schedules.

## What more needs to happen?

An external advisory audit has been commissioned in the first quarter of 2021. This will assist the Commission in maintaining and operating a comprehensive and appropriate suite of policies relating to the governance of data.

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Develop a complaints procedure to ensure that people can make complaints about both service provision and about the Commission itself.

## How successful has this been so far?

Complaints policies have been devised, regarding both regulated activities and the Commission itself. These are publicly available and will be reviewed in 2021.

The Commission encourages care receivers, their families and carers, care providers, as well as members of the public to make representation where there is a concern or dissatisfaction about any regulated activity.

The Commission has modified its website to include the facility to make complaints directly through the website although other methods including letters, telephone calls and emails also exist.

## What more needs to happen?

The Commission's complaints process includes the ability for complaints to be made about the Commission itself. Where possible and appropriate, such complaints will continue to be managed informally or internally. However, it is acknowledged that the Commission will need to source an independent complaints reviewer in 2021.



Implement an internal records retention and disposal schedule to ensure that data is processed in accordance with all relevant statutory and policy requirements.

**How successful has this been so far?**

A retention and disposal schedule has been devised but has not been fully implemented. The Commission maintains a large amount of documentation in paper form. Additional capacity will be required to enable the Commission to effectively process this information.

**What more needs to happen?**

The Commission will require additional administrative capacity to meet the needs associated with cleansing the archive of paper documentation. These resources will be sourced early in 2021 on a temporary basis.

Undertake an audit of in-house activity, policy and training relating to building security, health and safety, moving and handling, first aid and fire safety.

**How successful has this been so far?**

Fire Safety training has been undertaken and a Fire Marshal is in place. Additional First Aid and Health and Safety training may also be required. The overall security and suitability of the current office accommodation remains problematic because of its inaccessibility and alternative premises are being sought.

**What more needs to happen?**

The Commission is in the process of sourcing alternative office accommodation, having explored a wide range of potential alternative locations throughout St Helier. Work with the Government of Jersey in determining an appropriate and cost-effective long-term solution is ongoing.

# LEADERSHIP AND DELIVERY

Maintain and develop a system of corporate governance which ensures effective oversight and accountability for the work of the Commission. This will include the development of a suite of policies; maintaining of risk registers; reviewing of the Business Plan and the provision of performance reporting.

## How successful has this been so far?

The work of the Commission is overseen by a Board of Commissioners. The role and responsibilities of the Commission are set out in Schedule 2 of the Regulation of Care (Jersey) Law 2014. The Board usually meets six times a year. These meetings are open to the public.

The Board receives reports from officers employed within the Commission, provides governance and financial oversight, and maintains an integrated risk register of both strategic and operational risks.

The Commission is accountable to the Government of Jersey as an arms-length organisation. The relationship with the Government of Jersey is described in a Framework Agreement, dated May 2020 which replaced the pre-existing Memorandum of Understanding.

Ministerial responsibility for arms-length bodies including the Jersey Care Commission, transferred from the Chief Minister to the Minister for the Environment in 2020. The Chair of the Commission and others met with the Minister for the Environment during 2020.

In 2020, six meetings of the Board of Commissioners were scheduled to take place in Jersey. As the events of 2020 unfolded, travel restrictions made this impossible and it was therefore necessary to facilitate most of the meetings virtually. The attendance of Board members was as follows:

|                      |                             |
|----------------------|-----------------------------|
| <b>Glenn Houston</b> | 6 out of 6                  |
| <b>Ann Abraham</b>   | 5 out of 5 (see note below) |
| <b>Alison Allam</b>  | 6 out of 6                  |
| <b>Siân Walker</b>   | 6 out of 6                  |
| <b>Lisa Jacobs</b>   | 6 out of 6                  |

► Note: Ann Abraham's term of office ended in 2020.

Each Board member has completed and regularly updates a declaration of interests which is reviewed and confirmed at every Board meeting. The Register of Interests is a public facing document, accessible on the Commission's website and included as Appendix A to this report.

Commissioners' terms of office were reviewed in 2020 as their initial three-year terms came to an end. Four Commissioners agreed to continue for a further three-year term. In addition, three new Commissioners were appointed in 2020 and will commence their terms of office in 2021.

## What more needs to happen?

The Commission's governance arrangements are in the process of being audited to better determine their suitability and comprehensiveness. The outcome of this audit will be available in the second quarter of 2021.

# PLANNING

Formulate a three-year financial plan.

## How successful has this been so far?

A budget build for 2021 was prepared at the close of 2020 and the Commission is closer to achieving the formulating of a comprehensive three-year plan than at any time over the past two years. However, the Commission needs to undertake further and more detailed work with Treasury to understand the financial context in which it is working and to devise an agreed formula for funding expansion related to proposed legislative changes and in managing its existing resources effectively over a three-year horizon.

## What more needs to happen?

The Commission will continue to work with the Government of Jersey to address the requirement of a comprehensive three-year financial plan.



Develop operational links with local stakeholders that have a shared interest in the areas regulated by the Commission e.g. Safeguarding Partnership Board, Office of the Children's Commissioner, Chief Nurse, Medical Practitioners local Responsible Officer.

## How successful has this been so far?

Links have been made with local stakeholders including Ministers, other elected representatives and with senior officials in the Government of Jersey. Links have also been established with people who use services, their carers and family members, representatives of the voluntary and community sector and with managers and staff working in regulated activities.

## What more needs to happen?

The Commission will renew its efforts to raise its profile and to develop appropriate links with local people and their elected representatives.

# KEY PERFORMANCE INDICATORS (KPI'S)



45

inspections of Adult Care Homes

7\*



inspections of Children's Residential Homes

\* This is every Children's Residential Home in Jersey



23

inspections of Home Care Services

61



inspection reports published on our website

The following indicators, linked to our strategic and business objectives described above, were used in 2020:

**1. The number of inspections carried out and inspection reports published in each of the following services:**

- **Care Homes for adults:** 45 inspections undertaken. 41 reports published.
- **Children's Residential Homes:** 7 inspections undertaken. 7 reports published.
- **Home Care Services:** 23 inspections undertaken. 15 reports published.
- **Adult Day Care Centres:** 0 inspections undertaken. 0 reports published.

It is important to note that although care homes and home care services continued to function throughout the pandemic, day centres were temporarily closed or operated differently. This contributed to a decision by the Commission not to inspect day centres in 2020.

**2. The number and outcome of enforcement actions.**

There was one enforcement action in 2020 in respect of a domiciliary care provider. This matter is ongoing.

**3. The number of inspections undertaken including the numbers/percentage which were announced and unannounced; the length of time each inspection took to bring to completion; the length of time taken to both issue and publish (on the Commission's website) inspection reports.**

A total of 75 inspections were undertaken in 2020. Each of these inspections will result in a published report being produced although some of the reports will not be published until 2021. By the end of 2020, 61 inspection reports were published on the Commission's website. A further two were published in January 2021.

Of the 75 inspections, 73 were announced inspections. Two were unannounced. In general, the Commission will undertake a combination of announced, unannounced and partially announced (limited notice not exceeding 24 hours) inspections. However, the impact of Covid-19 meant that it was not possible to undertake unannounced inspections as routine, due to the need to adhere to infection control protocols.

The length of inspection visits varied significantly and ranged from 150 to 795 minutes. This was due to a need to spend a longer period with services which were new to the inspection process, particularly home care services, where there was a need to visit both the service's offices as well as individual care receivers' homes. Some inspection visits were significantly shorter than might ordinarily have been the case due to a need to have limited footfall in care homes and to only be able to access specific parts of a building. The average length of inspections was 269 minutes.

In respect of the length of time taken to both issue and publish inspection reports, once a report is finalised by the Commission, the provider and manager have a period of 28 days in which to confirm factual accuracy or to raise any concerns relating to the content of the report.

The length of time taken from the date of an inspection visit and the date at which a report is uploaded to the Commission's website has varied significantly during 2020, between 208 days and 48 days. The average amount of time taken was 87 days.

The length of time taken between issuing a report to the provider and manager of a regulated activity and uploading the report to the Commission's website also varied between 155 days and 8 days. The average amount of time taken was 51 days.

It is important to note that any urgent action in respect of safeguarding or health and safety concerns are addressed before a report is issued.

#### 4. The number of registrations of service providers and the length of time required to finalise the process of registration.

There were 13 new managers of regulated activities registered in 2020. Of these, 10 were care home managers and three were home care managers.

In respect of regulated activities, 10 care homes became registered in 2020, 10 home care services became registered (one of which also closed in 2020) and four day care centres became registered.

Two services closed in 2020. Of these, one was a care home and one was a home care service.



**8** new service providers registered

**338\*** health care registrations

\* Representing a 42% increase compared with 2019

**111** more nurses in 2020 compared with 2019



**65** piercing & tattooing premises registered

+

**85** piercing & tattooing practitioners

In respect of the length of time required to finalise the process of registration, the most common cause of delay relates to the sourcing of references and DBS (criminal record) checks. The Commission is proactive in supporting applicants to ensure that all necessary documentation is sourced promptly. Once the necessary supporting documents are received, in combination with the designated registration documents, the Commission is usually able to finalise registrations within a 48-hour period.



**70% increase**

in website hits when compared to 2019

**38,806** compared with **22,807**



marked **increase** in visits between **July-November**

Reports page

**6,554 hits**

Covid 19 page

**2,769 hits**

**5. The number of health and social care professionals added to and removed from the Jersey register.**

**Health Care Registration  
(new entries to the register):**

| Occupation                               | 2020       | 2019       |
|--|------------|------------|
| Ambulance Paramedic                      | 1          | 6          |
| Biomedical Scientist                     | 13         | 9          |
| Chiropodist                              | 0          | 2          |
| Chiropractor                             | 1          | 2          |
| Clinical Scientist                       | 0          | 0          |
| Clinical Psychologist                    | 3          | 1          |
| Dietitian                                | 1          | 2          |
| Midwife                                  | 16         | 9          |
| Nurse                                    | 208        | 97         |
| Nurse Independent Prescriber             | 2          | 12         |
| Occupational Therapist                   | 10         | 8          |
| Operating Department Practitioner        | 4          | 6          |
| Osteopath                                | 1          | 0          |
| Physiotherapist                          | 8          | 10         |
| Podiatrist                               | 2          | 3          |
| Psychotherapist                          | 3          | 3          |
| Radiographer                             | 8          | 7          |
| Social Worker                            | 49         | 53         |
| Specialist Community Public Health Nurse | 6          | 5          |
| Speech and Language Therapist            | 2          | 3          |
| <b>TOTAL</b>                             | <b>338</b> | <b>238</b> |

**Health Care Registrations by month:**

| Occupation   | 2020       | 2019       |
|--------------|------------|------------|
| January      | 16         | 21         |
| February     | 18         | 13         |
| March        | 66         | 11         |
| April        | 41         | 14         |
| May          | 7          | 19         |
| June         | 13         | 16         |
| July         | 21         | 11         |
| August       | 30         | 23         |
| September    | 36         | 25         |
| October      | 28         | 38         |
| November     | 29         | 23         |
| December     | 33         | 24         |
| <b>TOTAL</b> | <b>338</b> | <b>238</b> |

A total of 227 health registrants were removed from the register in 2020. In the main, these removals were the result of the registrant not renewing their registration in 2019.

In respect of dental registrations, seven registrants were removed from the register in 2020, in the main because they did not wish to renew their registration.

A total of nine medical practitioners were removed, by their own request, from the register in 2020. This is in line with expectations as medical practitioners either retire from practise or leave Jersey.

**6. The number of piercing and tattooing premises and practitioners; laser premises registered.**

A total of 65 piercing and tattooing premises and 85 piercing and tattooing practitioners were registered in 2020. Of these, there were 11 new premises and 14 new practitioners registered in 2020.

There were six laser premises registered.

**7. The number of Designated Yellow Fever centres inspected, and the number of vaccines provided.**

There were 10 Yellow Fever Centres registered in 2020. The Commission has been advised of 62 vaccines having been given in 2020. This represents a significant reduction compared with 2019 when 323 vaccines were given. However, this accords with the impact of the Covid-19 pandemic and the reduction in international travel.

**8. The number of health or social care professionals referred to a UK regulator for fitness to practice issues.**

The Commission did not refer any professionals to a UK regulator in 2020.

**9. The number of regulatory responses in relation to concerns or complaints about service provision.**

The Commission received 16 complaints relating to regulated activities, in 2020. In line with its Complaints Policy, the Commission endeavours to ensure that complaints are managed and resolved by the service to which the complaint relates in the first instance. Where this is either not possible or is unsuccessful, the Commission reserves the right to undertake the investigation of complaints itself. In the course of 2020, no complaints required extensive input by the Commission (which might include a full investigation and several site visits). Three complaints required moderate input (which might include at least one site visit or follow-up correspondence/ involvement in meetings). Thirteen required minimal input (which might include correspondence by letter or telephone).



**10. The number and outcome of consultations completed in respect of operational documentation.**

There were two consultations undertaken in respect of both the Inspection Policy and the Escalation, Enforcement and Review Policy.

**11. The number and outcome of reports about health and social care services requested by the Chief Minister or Health Minister (or initiated by the Commission itself) and provided in response to emerging issues.**

There were no requests made in 2020.

However, there were some enquiries made by Ministers and members of the States Assembly relating to the impact of restrictions on visiting and the temporary suspension of physical inspections at the height of the pandemic. The Commission responded to each of these enquiries.

**12. Number and outcome of public and stakeholder engagements and consultations aimed at raising the profile of the Commission in Jersey.**

The impact of Covid-19 has been such that physical stakeholder events have not taken place throughout 2020. There was one 'rapid information session' which took place virtually in November, with service providers and managers to discuss the impact of emergency legislative changes.

As new Standards will be introduced in 2021, to meet the needs of services which are new to regulation, it is intended that there will be further direct engagement with stakeholders in 2021.

**13. The number of Memoranda of Understanding (MOU's) agreed with relevant regulatory bodies.**

The Commission is committing to formalise its working arrangements with regulatory bodies by developing MOU's. The Commission will continue to cooperate with regulatory bodies as required and will share information on a case by case basis in line with data protection requirements.

**14. The outcome from consultation service providers and other stakeholders in ascertaining their views about the impact of inspection on driving service improvement.**

A programme of quality monitoring of the inspection process commenced in 2020. This was undertaken by the Head of Governance, Policy and Standards and involved a meeting (either in person, virtually or by telephone), with either the provider and/or the manager of a regulated activity which had been subject to a recent inspection.

The discussion included the manner of the inspection, whether any concerns or areas for improvement were identified, whether the inspection process is of benefit to the service and what the impact of the inspection has been.

Although this process was in its early stages in 2020, it has been welcomed by providers and managers. Feedback has been overwhelmingly positive and has focussed on the approach taken by the Commission in working supportively and collaboratively with services wherever possible. The process has also identified some key areas of learning which will be consolidated in a report to the Board of Commissioners in 2021 to inform and improve the quality of the inspection process.

**15. The number and volume of complaints received by the Commission.**

The Commission received 16 complaints in 2020. Of these, 12 related to care homes, two related to home care services and one related to a piercing and tattooing practitioner. A further anonymous complaint was received but it was not possible to ascertain which service the complaint related to. No complaints were received about the Commission in 2020.



# PRIORITIES IN 2021

Whilst this report covers our activities in 2020 it is appropriate to look to the future with confidence.

## Regulation and Inspection

The Commission will develop a plan of recovery from the Covid19 pandemic and will continue to adapt the inspection regime as necessary to both safeguard people and to prevent the spread of infection.

The programme of inspections will continue in 2021 to ensure that the statutory requirement to undertake one annual inspection of each regulated activity, continues to be met.

Those services which were due an inspection in 2020 but did not receive one, on account of the temporary suspension of inspections, will have received their inspection early in 2021.

Inspection reports will be published on the Commission's website throughout 2021.

All regulated services will continue to have a named Regulation Officer to better ensure business continuity.

The team of Regulation Officers will expand in 2021 to enable the Commission to continue to deliver an effective regulatory regime for Jersey which both supports best practice and drives continuous improvement.

The Commission will continue to work with any developing services which are yet to register in order that they can confidently and successfully complete the registration process.

The existing Standards will continue to be applied with attention given to collating and interpreting feedback from the sector regarding their quality and utility.

The Commission will continue to hold service providers to account by taking corrective action when there is a failure to comply with Regulations, or to conform to relevant Standards, in the delivery of health and social care.

The Commission will continue to work collaboratively with Government of Jersey policy leads in the

development of new Regulations and Standards relating to children's social work, fostering and adoption services and Child and Adolescent Mental Health Services; ensuring the Commission has enough capacity to absorb any additional developmental work relating to these activities. The Commission will continue to develop associated Standards for services new to regulation and will publish them once they are finalised.

The Commission will continue to make progress in sourcing alternative office accommodation. In doing so, the Commission will uphold its commitment to ensure that its accommodation is in premises which provides appropriate access to people who use and provide services.

## Professional Registration

The Commission will continue in its role of providing a service to professionals whereby registrations are processed promptly and where any difficulties arising from the registration processes are responded to efficiently. The Commission will continue to work towards the development of an online renewal process and registration processes.

The Commission will continue to work with Government of Jersey policy leads in preparing for the implementation of the new Professional Registration Law.

In ensuring that the health and social care workforce in Jersey is appropriately qualified, registered and fit to practise, the Commission will further develop the renewals process in order that it can more effectively establish fitness to practise.

The Commission will continue to maintain regulatory links with other UK regulatory bodies which have shared responsibilities for the oversight of professional regulation in Jersey and will formulate Memoranda of Understanding, or other such formal data sharing arrangements where this is possible.

## Public Engagement

The Commission will continue to ensure that the voices of people who use and provide services, their carers, and representatives and those who deliver care services are heard, throughout all the work which the Commission undertakes.

The Commission's website will be regularly updated to ensure that the public are provided with access to relevant information about the Commission's activities. The Commission will remain mindful of the needs of people who cannot access the internet and will ensure that other appropriate methods of contacting the Commission remain available.

The Commission will continue to raise its profile with the organisations it regulates and with those who use services, and their carers/representatives, through a planned programme of engagements, which will reflect arrangements associated with the Covid-19 pandemic in Jersey.

## Information Management and Responsiveness

The Commission will actively explore ways in which to strengthen its internal administrative systems to ensure that they are sufficiently robust to manage and process the complexity of information received from the public and from regulated activities.

It will implement an internal retention and disposal schedule to ensure that data is processed in accordance with the General Data Protection Regulations and the Data Protection Law and will source additional capacity to do this.

The Commission will continue to provide prompt and detailed responses to consultations, correspondence from Ministers and Government of Jersey departments, as required.

## Governance Framework

The Commission will ensure that its governance framework and financial oversight remain robust.

In respect of the investigation of complaints, the Commission will retain the services of an independent body that can act for the Commission and on its behalf.

It will also appoint and retain the services of an independent solicitor / advocate to act for the Commission in specific matters.

## Planning

The Commission will formulate a three-year strategic and financial plan.

It will develop operational links with local stakeholders that have a shared interest in the areas regulated by the Commission.



# APPENDIX A:

## The Jersey Care Commission Register of Board Members' Interests 2020.

| Board Member   | Paid employment/ consultancy   | Company | Other public appointment  |      | Unpaid office in charitable/other body  |
|--|--|---------|---|------|---|
| <b>Glenn Houston</b><br>Non-executive Chairperson<br><br><b>Date of appointment:</b><br>01/05/2017           | None   | None    | Vice- Chair Disclosure and Barring Service (DBS)<br><br>Member, Human Tissue Authority<br><br>Member, Northern Health and Social Care Trust (appointed for second term of four years commencing 01 January 2021)<br><br>Member, Board of the Public Prosecution Service, Northern Ireland | None | None  |
| <b>Dr Alison Allam</b><br>Non-executive Board member<br><br><b>Date of appointment:</b><br>10/05/2017        | Director, Cootes (Fen Drayton) Management Company Limited<br><br>Non-clinical honorary contract, Royal Marsden Hospital  | None    | None  | None | None  |
| <b>Lisa Jacobs</b><br>Non-executive Board member<br><br><b>Date of appointment:</b><br>07/07/2017            | Supply contract, Mont a L'Abbe School  | None    | None  | None | Vice Chairperson, Mont a L'Abbe School Charity  |
| <b>Siân Walker-McAllister</b><br>Non-executive Board member<br><br><b>Date of appointment:</b><br>10/05/2017 | Independent Chair, Adult Safeguarding Board, London Borough of Lambeth<br><br>Independent Chair Devon Safeguarding Adults Partnership<br><br>Independent Chair, Bath & North East Somerset Community Safety and Safeguarding Partnership, Bath and NE Somerset Council<br><br>Associate, UK Local Government Association (LGA) | None    | None  | None | None  |
| <b>Ann Abraham</b><br>Non-executive Board member<br><br><b>Date of appointment:</b><br>10/05/2017            | None   | None    | None  | None | Trustee of the Dorset Mental Health Forum from 1/3/18<br><br>Pro-Chancellor of the University of Bournemouth – appointed January 2019 |

The Commission's constitution requires that Board Members must ensure that no conflict of interest arises, or could reasonably be perceived to arise, between their public duties and private interests.



# APPENDIX B:

## The Board of Commissioners



**Glenn Houston**

Appointed 2017.  
Reappointed 2020.



**Jackie Hall**

Appointed 2020.



**Lisa Jacobs**

Appointed 2017.  
Reappointed 2020.



**Noreen Kent**

Appointed 2020.



**Siân Walker-McAllister**

Appointed 2017.  
Reappointed 2020.



**Angela Parry**

Appointed 2020.



**Dr Alison Allam**

Appointed 2017.  
Reappointed 2020.

Details of each of the Commissioners is available at:  
[www.carecommission.je/the-commissioners/](http://www.carecommission.je/the-commissioners/)

# APPENDIX C:

## Professions which are registered by the Commission

| Legislation   | Registrable Professions   |
|---|---|
| Health Care (Registration) (Jersey) Law 1995.<br>Health Care (Registration) (No.5) (Jersey) Regulations 2019: | <ul style="list-style-type: none"> <li>Ambulance paramedic</li> <li>Art Therapist</li> <li>Biomedical scientist</li> <li>Chiropodist</li> <li>Chiropractor</li> <li>Clinical psychologist</li> <li>Dietitian</li> <li>Midwife</li> <li>Midwife prescribing practitioner</li> <li>Nurse</li> <li>Nurse prescribing practitioner</li> <li>Occupational therapist</li> <li>Operating department practitioner</li> <li>Orthoptist</li> <li>Osteopath</li> <li>Physiotherapist</li> <li>Podiatrist</li> <li>Psychotherapist</li> <li>Radiographer</li> <li>Registered nurse: first level</li> <li>Registered nurse: second level</li> <li>Social worker</li> <li>Specialist community public health-nurse</li> <li>Specialist community public health-nurse prescribing practitioner</li> <li>Speech and language therapist</li> <li>Nurse independent prescriber</li> <li>Optometrist independent prescriber</li> <li>Paramedic independent prescriber</li> <li>Pharmacist independent prescriber</li> <li>Physiotherapist independent-prescriber</li> <li>Podiatrist independent prescriber</li> <li>Therapeutic radiographer independent -prescriber</li> </ul> |
| Dentistry (Jersey) Law 2015   | <ul style="list-style-type: none"> <li>Clinical dental technician</li> <li>Dental hygienist</li> <li>Dental nurse</li> <li>Dental technician</li> <li>Dental therapist</li> <li>Orthodontic therapist</li> </ul>  |
| Medical Practitioners (Registration) (Jersey) Law 1960  | <ul style="list-style-type: none"> <li>Doctors</li> </ul>   |



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



# Jersey Care Commission

**Providing independent assurance, promoting  
best practice and improving health and social  
care outcomes for the people of Jersey.**

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