

STATES OF JERSEY

Health and Social Security Scrutiny Panel Total Living Care

WEDNESDAY, 26th JULY 2017

Panel:

Deputy G.P. Southern (Vice-Chairman)

Deputy J.A. Hilton of St. Helier

Deputy T.A. McDonald of St. Saviour

Senator S.C. Ferguson

Witnesses:

Ms. J. Hopkins, Director, Total Living Care

Mr. C. Hopkins, Director, Total Living Care

[11:30]

Deputy G.P. Southern of St. Helier (Vice-Chairman):

We are recording this session and for the sake of identifying ourselves we normally announce ourselves. So I am Deputy Geoff Southern, the Vice-Chair of this Scrutiny Panel investigating the Long-Term Care Scheme.

Senator S.C. Ferguson:

Senator Sarah Ferguson, panel member.

Deputy T.A. McDonald of St. Saviour:

Deputy Terry McDonald, panel member.

Deputy J.A. Hilton of St. Helier:

Deputy Jacqui Hilton, panel member.

Scrutiny Officer:

Kelly Boydens, Scrutiny Officer.

Ms. J. Hopkins, Director, Total Living Care Limited:

Jayne Hopkins, Director, Total Living Care Limited

Mr. C. Hopkins, Director, Total Living Care Limited:

Chris Hopkins, I am also a director of the company.

Deputy G.P. Southern:

Okay, so let us get started. Terry?

Deputy T.A. McDonald:

Yes, by all means. The first question is a very simple one, could you give us a brief overview of the services you offer and how they relate to Long-Term Care Scheme.

Ms. J. Hopkins, Director, Total Living Care Limited:

Yes, we offer varied services to a number of clients, we have got about 38 to 40 clients on our books. It ranges from domestic help right through to end of life care. I have over 36 members of staff that have varying skills and abilities which will be attached to jobs that they match with. So, as I say, we can go from half an hour calls to help someone get up in the morning, prompting medication domestic support, cooking meals, meal preparation, taking to appointments, intimate and personal care ... gosh, there is lots.

Mr. C. Hopkins, Director, Total Living Care Limited:

Basically everything except for nursing?

Ms. J. Hopkins, Director, Total Living Care Limited:

Yes.

Mr. C. Hopkins, Director, Total Living Care Limited:

There is no medical input. As Jayne said about prompting medication, the staff can only prompt the client to take blister packed medication, they cannot give them any medication.

Ms. J. Hopkins, Director, Total Living Care Limited:

We cannot administer medication.

Senator S.C. Ferguson:

So all they can do is remind them they have to take pills?

Ms. J. Hopkins, Director, Total Living Care Limited:

Yes. What we basically do is present them with their blister pack and we have what is called a M.A.R. (Medical Administration Record) sheet and if we observe them taking their medication we can sign it off on a M.A.R. sheet, which is a legal medical document from the pharmacies. If they say: "I do not want to take them" and they have full capacity to do so, then we would mark a letter in there that indicates their refusal and we would let the next of kin know that they were refusing to take their medication, if appropriate. If they did not have capacity then somebody would be made aware that they were refusing to take their medication because obviously that would be detrimental to their health and wellbeing.

Senator S.C. Ferguson:

What about those that are having difficulty opening blister packs?

Ms. J. Hopkins, Director, Total Living Care Limited:

You can get a gadget to open blister packs now so that is not a problem.

Deputy G.P. Southern:

Okay, you told us have between 38 and 40 clients. How many of those are self-funding and how many come to your through Long-Term Care?

Ms. J. Hopkins, Director, Total Living Care Limited:

About 80 per cent are L.T.C. (Long-term Care) and 20 per cent are self-funding. I have a couple that are Health and Social Services that still get funded through the Health and Social Services Department. We had a couple of young people under 18 that came across from Family Nursing but we have now passed them back because of the 6-week holiday because that is probably a more appropriate service than the service I offer which is more for adults and older people. So we have carried out a service for a number of weeks but in retrospect and looking at it we felt that it would be more appropriate for another service to pick it up.

Deputy G.P. Southern:

So they were young people with disabilities so not poorly?

Ms. J. Hopkins, Director, Total Living Care Limited:

Yes. No, they needed support. A parent had a baby and it was premature and she was having caesarean so she needed help to get her disabled son washed and dressed and off to school, and a similar case with another child who has now gone off to Portugal for 6 weeks. So I gave the 6 weeks as the notice period so there was time to facilitate an appropriate replacement.

Deputy G.P. Southern:

How have you found the Long-Term Care Scheme?

Ms. J. Hopkins, Director, Total Living Care Limited:

Up and down, hit and miss. Sometimes it is extremely good. What we do tend to find is that we will be contacted: "Can you offer Mr. Bloggs X, Y and Z?" via a social worker. We say: "Yes, we have capacity to do that." We go out and meet Mr. Bloggs and you point out your prices but Mr. Bloggs says: "No, L.T.C. are paying" but we know L.T.C. are not going to pay until they have completed their assessment and it is not a finite decision that they are paying until an assessment is complete. So I have one client at the moment who has 4 months of invoices totalling up to £4,000 that they are in a position to pay and they have not completed the L.T.C. but they feel that they have been promised this money and it will happen when it may not necessarily happen. Which puts companies like myself in a difficult position because we are a caring company, we care for our clients, we want to ... we cannot just say: "Well, you have not paid your bills for 4 months, I am pulling out until L.T.C. come in" because maybe a large company that has the capacity or the backing, financial backing, is able to sustain that to a point where they can get L.T.C. More often than not things are backdated. But we do try and say to the client: "You are going to have to pay initially" and then we get an email from Social Security asking us several questions. One is when did they start care with us, how many hours are they getting, have the invoices been paid and, if so, by whom? We answer those questions and then client either gets reimbursed or we say: "No, we have not been paid" and then our fees reimbursed. We get backdated payments.

Deputy G.P. Southern:

Is it the norm that you get paid directly or does the payment come through the client?

Ms. J. Hopkins, Director, Total Living Care Limited:

I have had one client, unfortunately they are deceased now, where the payment went directly to the client. Sorry, no, I have still got a client that pays where it goes direct to them, but most of mine is directly paid straight to me through B.A.C.S. (Bankers' Automated Clearing Services) payment, through a wonderful lady called Denise Gibbons, who is fantastic, I have to say.

Mr. C. Hopkins, Director, Total Living Care Limited:

Just coming in on that point, though, Jayne did have a client whose daughter was receiving the money direct. The chap died and the daughter now is refusing to repay the money. As a care company we do not want to be on the front page of the *J.E.P. (Jersey Evening Post)* taking a dead man's daughter to Debtors Court because she is refusing to pay us the money. But, again, we have got no other way of doing that. We are still trying to negotiate that money to be paid back in small amounts.

Deputy G.P. Southern:

But you are saying that most of the funding through Long-Term Care comes directly from Social Security following assessment by the social workers?

Ms. J. Hopkins, Director, Total Living Care Limited:

Yes. Yes, social workers.

Deputy G.P. Southern:

So you get contacted by the social worker: "Can you take this client on?"

Ms. J. Hopkins, Director, Total Living Care Limited:

Have we got the capacity, yes.

Deputy G.P. Southern:

You say, yes, they do the assessment and then at some stage Social Security commence the payment direct to you?

Senator S.C. Ferguson:

What is the sort of length of time on average between them contacting you and you getting the results of the assessment?

Ms. J. Hopkins, Director, Total Living Care Limited:

It is how long is a piece of string, because a lot of it is down to the individual as well to declare their financial situations. I have a gentleman who I go out to every evening, he has a non-invasive ventilator, we only do a half an hour call and my half an hour calls are exactly half of the price of an hour call, we do not charge above the half hour. I presented him with his invoices and they are still sat there with their L.T.C. forms in front of him and they have not completed them. He is saying: "I cannot afford to pay for that on my bank" but his L.T.C. forms are there. So I did contact the social worker that referred the client to us and said: "Can you, you know, maybe advise him that someone from Social Security will come out and help them fill their forms" because obviously it is something I

cannot be involved in because I benefit from it and I become a social worker. So we are hoping that it will be resolved.

Deputy G.P. Southern:

But in normal circumstances do you have a feel for an average, if things go right ...

Ms. J. Hopkins, Director, Total Living Care Limited:

If things go right I would say it is 6 to 8 weeks.

Deputy G.P. Southern:

Six to 8 weeks, okay. But in that 6 to 8 weeks you might already have taken somebody on ...

Mr. C. Hopkins, Director, Total Living Care Limited:

We could be out of pocket for many, many thousands of pounds waiting.

Ms. J. Hopkins, Director, Total Living Care Limited:

Because we will have started the care.

Mr. C. Hopkins, Director, Total Living Care Limited:

They cannot afford to pay it.

Deputy J.A. Hilton:

Have you been in a situation where you have had to write-off a debt because the client ...

Mr. C. Hopkins, Director, Total Living Care Limited:

We have been in a number of situations where I have written to the Chief Minister demanding payment from the States or we are going to have to go under and put 30-odd locals out of work, and strangely enough we get the cheque the next morning.

Deputy J.A. Hilton:

What, usually from Social Security?

Ms. J. Hopkins, Director, Total Living Care Limited:

Yes.

Mr. C. Hopkins, Director, Total Living Care Limited:

The movers and shakers make the cheques appear but, again, we should not be in that position.

Ms. J. Hopkins, Director, Total Living Care Limited:

I have written off little bits of money when say we have taken somebody on and it has not worked and they have ended up going into a care home and, say, we have only done 3 or 6 visits in a week, then, yes, I have written those things off.

Deputy J.A. Hilton:

I suppose to be fair to the department, you spoke about a client earlier that the Long-Term Care form was with a pile of invoices, that is not the fault of the department, is it?

Ms. J. Hopkins, Director, Total Living Care Limited:

No, it is not the fault of the department.

Deputy J.A. Hilton:

It is the client being a little bit difficult maybe or not really wanting to pay ...

Mr. C. Hopkins, Director, Total Living Care Limited:

But the problem you have is that man must have that last visit every night and as far as we know he is one of 3 in the Island ...

Ms. J. Hopkins, Director, Total Living Care Limited:

Yes, of the non-invasive ...

Mr. C. Hopkins, Director, Total Living Care Limited:

... and I believe the other 2 are in hospital. So if Jayne ... and it is mainly Jayne that has been doing that one herself, because we do not want a member of staff having to go out for half an hour at 10.00 p.m. at night, it is just nonsense, so most of it is done by Jayne and what does she do, does she walk away from a man then that cannot go to bed until somebody sorts the bill out? We have chased Social, we have chased the social worker and, yes, you are absolutely right, it is not the department's fault that he is not filling the forms in but should there not be some sort of safeguarding that if that is the case and if the social worker goes out and cannot convince him to fill in the forms, should that decision not be taken away from them to cover us or work with them or have another option? As far as we know, we are the only option for that man other than going back into hospital.

Deputy G.P. Southern:

The problem, I think, is a technical one. That the claim is made by the client following assessment is their business, and the contract with you is between them and you. If they do not do the requirement, it is very difficult to get it done. But you are saying that in most cases it does not come through them, providing that the system works the payments are coming direct from Social Security.

Having to wait 6 or 8 weeks is difficult but nonetheless when it works it works. You say you have some 36 staff?

Ms. J. Hopkins, Director, Total Living Care Limited:

We have.

Deputy G.P. Southern:

Tell us something about recruitment and about the skills range and ...

Ms. J. Hopkins, Director, Total Living Care Limited:

I have a varied amount of staff and a varying amount of qualifications. I have got several that are Q.C.F. 3 (Qualifications and Credit Framework) and several that are Q.C.F. 2. Over the last year I have ... well, I have been established for 10 years, over the last 10 years I have probably trained over 15 members of my staff to Q.C.F. standard. I do not have a high turnover of staff. I have been able to maintain a really good relationship with my staff and we do not have a high turnover. We are just about to change ... we have 6 members of staff that have a 25-hour contract and we are just about to change over the 8-hour variable contracts with staff because the nature of our work is that you can have a client that needs 24/7 care and you need 5 members of staff in that staff team but a month down the line that person can pass away and you can have a lot less work. If I was in a position where I had to continually pay for those 5 members of staff when I was not receiving any money then it just would not be viable. I would not be trading any longer. I am always very fair with my staff and I say it: "It works as much for you as it does for me that if someone offers you a fantastic holiday tomorrow you can come to me and say: 'Jayne, I am going on this round the world cruise, bye'." In the same way as ... and I do not, and it has not happened, I have been very fortunate that it has not happened that I have said someone: "Well, Mrs. Bloggs has passed away, you have no work, bye bye."

[11:45]

That has never happened. What we have done is when things like that happen is we spread the work a bit more thinly but everybody gets the same amount of work. Then when we are busy again those that want the full-time hours get the full-time hours and those that want the part-time hours get the part-time hours. To recruit, say if we recruit someone and put them into employment after a probationary period costs me £1,000 to do all the police checks, the safe handling, the infection control, health and safety, food and fire training, first aid, safeguarding, that all comes at a cost. Two weeks shadowing, which they do 25 hours. I pay them for shadowing, I do not expect them to do it in their own time, it costs me £525, and then after that 2 weeks if they felt they needed another week

and I was keen to keep them because they were showing really good skills, then obviously I would give them the extra week that they needed shadowing for.

Deputy G.P. Southern:

So training is a cost to you?

Ms. J. Hopkins, Director, Total Living Care Limited:

Yes.

Deputy G.P. Southern:

It is not a cost to them?

Ms. J. Hopkins, Director, Total Living Care Limited:

No, it is not to them at all.

Mr. C. Hopkins, Director, Total Living Care Limited:

Again, in recruiting we find it very difficult to find staff in Jersey that want to do this work, firstly, secondly, are prepared to put the commitment in to do the training at our cost - it costs them nothing and they get paid - so as Jayne is saying there is big financial commitment by us to get anybody up to standard and it is not ... we do not turn over staff but there is a lot of staff that do not really want to do the job. We are now advertising not only in Jersey but in France and we are employing already, and intend to employ more, expats living in France that are prepared to travel here, work as a live in - because again Jayne ... she is the only Jersey company that runs live in. But they will do 3 weeks in somebody's home and then go home for 3 weeks or there is others that do 3 days, 3 days and they stay at friends.

Deputy G.P. Southern:

Your workers, are they largely full-time or do they work part-time or ...?

Ms. J. Hopkins, Director, Total Living Care Limited:

Largely over 25 hours. Most of them are over 25 hours so I would class that as heading to full-time. I would have a full-time care manager but we just parted company. But I have someone who is on holiday and will be coming back to take that role over and that is £36,000 plus that I pay a care manager. So your initial outlays for offices and things like that as well are quite high to begin with and I have always tried to be very ethical in what I do. My background has always been care. I worked for States of Jersey for 8 years, Deputy Manager at Aviemore, and then the special needs teams, children and adults under Chris Dunne before I started this business up. I went to work for another agency who highlighted to me that anybody can do this and it is not regulated and it should

be and all these issues and I was appalled at the service that that agency was offering to people. I would turn up to social work meetings and I would be introduced to the client and she would say: "I have not seen a carer for 3 months so why are you here?" So when she let me go after 3 months I was quite pleased and thought: "Well, let us see if I can do it." But I have always been in favour of regulations, quality assurance has been brilliant. It has had its issues and it does have its issues around the goalposts always being moved, you think you have passed your assessment and then they will say, just as they are leaving: "Well, we now want you to do this as well" and the goalposts are moved and you are constantly threatened with being a provisionally approved provider rather than approved provider.

Deputy J.A. Hilton:

Can I just interrupt there? When you say that the goalposts are constantly being moved, do you mean like so you have made an application to be an approved provider in the framework, can you just give me an example where they have moved the goalposts?

Ms. J. Hopkins, Director, Total Living Care Limited:

When I ... because obviously for 10 years I have gone through the system and gone through the regulations coming onboard and then we had a period where they called it preferred providers and at that time I was unsuccessful in my tender for a preferred provider but then we took that matter further and we said would it not be better for approved provider ... everyone should be an approved provider not someone you would prefer to use as a provider. So I went through the holding up period, which was a really difficult period because it was very clear what they wanted from us as care agencies and very ... how do I say ...

Mr. C. Hopkins, Director, Total Living Care Limited:

Having read this, you were totally incompetent and we appealed the decision and a number of staff were sideways moved and Jayne did come a preferred provider because there were an awful lot of things that went down that should not have done. I think that covers that.

Ms. J. Hopkins, Director, Total Living Care Limited:

Claire White has been an asset to the quality assurance and I know that the changes in the goalposts are probably because regulations are here and they should have been here a long, long time ago. Right back when I started my agency I remember Christine Blackwood was working on regulations, 10 years later we still have not got them in place. We are still working towards them. That is a really, really, really big frustration.

Deputy J.A. Hilton:

Why do you think that happened? Why do you think it took so long?

Ms. J. Hopkins, Director, Total Living Care Limited:

I do not know why it has taken so long and I would not be candid enough to say why I think really. You know, I have been to meeting after meeting over the last 10 years at the Halliwell Theatre with all sorts of different ... you know, Chris Dunne and the Ministers along the way: "It is coming, it is coming, it is coming" and it has been coming for 2 years. It should be here. It should have been here 5 years ago. Claire White and the job that she is trying to do is probably dictated to what Christine Blackwood is trying to put into place. We should continually strive for excellence but when we are there one month and the next month it is this standard we want and this standard, it cannot change that frequently because the cost impact on care agencies is immense. You know, we do not get a lot of States training coming out there as often as it should do. Palm Springs do in-house training. My last care manager was a trainer so I was fortunate over the last 6 months that I have been able to do in-house but any training that comes up in relation to elderly, dementia care, hospice, the gold standard framework, I am putting my staff on and, you know, they go in their time but I pay for the training, that is the agreement, because they are the people that will walk away with that qualification.

Mr. C. Hopkins, Director, Total Living Care Limited:

I think one of the other points as well and gateposts moving, et cetera, is that there has been a reasonably significant turnover of social workers and their changing priorities, their changing views, aspirations, and even the changing manhours. There is a number of occasions where Jayne has one of her staff contacting her saying: "We have got an issue with Charlie." "Oh right, okay." She is straight on the phone to that social worker. Oh, half day is on a Tuesday. "How about ...?" "Oh, no, they have gone on holiday." "Right, okay." "We will get the duty to phone you back." Well, I think they did phone us back about 7.00 p.m., was it?

Ms. J. Hopkins, Director, Total Living Care Limited:

No, they phoned me back at 4.30 p.m. and I tried to return their call.

Mr. C. Hopkins, Director, Total Living Care Limited:

They did not even finish the phone call, tried to reply, everyone has gone home. So I think it was a: "Oh God, I have got to phone before I go home. Rung 3 times, that will do and I have gone." Because they did not answer the phone and they did not answer the call back. It was outside of their hours, fair comment, but there is not really hours in this business. It is 24/7. I do not expect them to have a social worker on duty 24/7 because I do not really think that they would be required the majority of the time and you cannot do one, you would about 4 or 5 to do the job so that you got coverage, if it is not required it would be a total waste of money. But when you do contact, really you should be getting back ... firstly, somebody should be getting back to you regularly and quickly

and, secondly, it should be a standard view, the departmental view as opposed: “No, I do not think so” because, again, Jayne’s clients are so varied from the little old lady to the multi-millionaires. Some of the assessments really are quite shocking where the little old lady who has nobody is assessed with 2 hours days and ends up after a number of hospital admissions dying and then you have the multi-millionaires that are - some of them ...

Deputy J.A. Hilton:

Are self-funded?

Ms. J. Hopkins, Director, Total Living Care Limited:

No.

Mr. C. Hopkins, Director, Total Living Care Limited:

No, no, no, not self-funded at all.

Deputy J.A. Hilton:

Really?

Mr. C. Hopkins, Director, Total Living Care Limited:

They have 24/7 carers.

Deputy J.A. Hilton:

How can they not be self-funded?

Ms. J. Hopkins, Director, Total Living Care Limited:

I do not know. I do not know.

Mr. C. Hopkins, Director, Total Living Care Limited:

We do not make the rules.

Ms. J. Hopkins, Director, Total Living Care Limited:

I have got 3 clients that have got ... that it is commonly known that they have several properties and they are quite well off and even where they live it is quite well off.

Mr. C. Hopkins, Director, Total Living Care Limited:

Multi-million ...

Ms. J. Hopkins, Director, Total Living Care Limited:

But they are on the L.T.C.

Deputy J.A. Hilton:

Because they have exceeded the care cap?

Ms. J. Hopkins, Director, Total Living Care Limited:

Yes, yes.

Deputy J.A. Hilton:

Right, okay.

Ms. J. Hopkins, Director, Total Living Care Limited:

Yes, the care cap costs. Yes. Then I have got people who have to take property loans out. I have a couple that ... we started going in I would say about 5 years ago now when ... the other frustration is, and it is not so much now but when we used to do rapid response and then you had clicks and then you had something else, all these little things that they would say: "We will give this a go, we will give that a go" and we went into a gentleman who had Parkinson's but he had damaged his hand. So we went in for a 6-week period to help him out for that period and then at the end of the period he decided he wanted to continue with the care for him and his wife. Anyway, gradually over the 5 years we now do 17 and a half hours a day for this gentleman because his illness has progressed, his wife has now got quite bad memory loss and she suffers with dermatitis legs so they need a lot of help. He is happy to get a property loan out for them to ... they have no children, they are both only children themselves and they have no children. There is a family friend who is involved with their accounting and things but they, to stay together, will have to take a property loan out. If they were assessed to go into care homes they would be assessed for different care homes because they have different needs, so they would not ... and this is another frustration.

Mr. C. Hopkins, Director, Total Living Care Limited:

In effect, the States would split them up.

Deputy G.P. Southern:

You are saying that their assessment is inadequate?

Ms. J. Hopkins, Director, Total Living Care Limited:

Yes.

Deputy G.P. Southern:

Because they should be receiving Long-Term Care?

Ms. J. Hopkins, Director, Total Living Care Limited:

Yes. This gentleman, because of his Parkinson's and the medication that he takes, he has night terrors, so the carer is up with this gentleman all night long and then we do a morning slot and an afternoon slot.

Deputy G.P. Southern:

So I think you were saying earlier inconsistency as to assessment.

Ms. J. Hopkins, Director, Total Living Care Limited:

Yes.

Deputy G.P. Southern:

But here you are saying they are getting the assessment wrong?

Ms. J. Hopkins, Director, Total Living Care Limited:

Yes.

Mr. C. Hopkins, Director, Total Living Care Limited:

Yes.

Deputy G.P. Southern:

I have heard this from others that inconsistency of assessment is one thing ...

Deputy J.A. Hilton:

I thought you were saying that simply because they cannot be in the same nursing home because their needs are different?

Ms. J. Hopkins, Director, Total Living Care Limited:

Yes.

Deputy J.A. Hilton:

I thought that was what you were saying.

Ms. J. Hopkins, Director, Total Living Care Limited:

They want to be at home together for the rest of their lives.

Deputy J.A. Hilton:

Because that is the only way they can be together.

Mr. C. Hopkins, Director, Total Living Care Limited:

Exactly.

Deputy J.A. Hilton:

Because they cannot be accommodated in any of the nursing homes?

Ms. J. Hopkins, Director, Total Living Care Limited:

Yes, there will soon become a time when they need 24/7. Even yesterday the wife phoned me because the husband had had an accident and they did not have carers in during that period of time. I contacted a carer and they went in and dealt with the situation and those non-incidentals are not charged for because there is not a place for me to charge. If I put an extra hour on, I would get Denise ringing me up saying: "You have put too much in for this client and that is not what they are assessed for."

[12:00]

Deputy G.P. Southern:

When clients deteriorate, is it difficult to get a reassessment?

Ms. J. Hopkins, Director, Total Living Care:

Absolutely. I have one right this minute, and I am so glad to be here today because this is really quite sad. We only did a reassessment with a part-time social worker about 3 weeks ago of a gentleman who has cancer and lives with his wife and not a great deal of family support or family involvement. He has been assessed for 21 hours a week and that was his personal care in the morning, a few ... 3 afternoons so that his wife could go and do the shopping and she could leave the home and he would be safe. That was assessed as a sitting service even though this man needs care, so I was paid at a lesser rate because they assessed it as a sitting service. This weekend, well, the end of last week he deteriorated quite dramatically. He is now on a syringe driver and he will be passing away within the next few days. His wife asked on Sunday night whether someone could stay the night with her and we have done Sunday, Monday and Tuesday night, 12-hour shifts, because he is aspirating, he is choking, so we have to keep turning him. Hospice are on call to you but they are not there, you know. I phoned up a social worker on Monday. She was not available. I spoke to her senior; he said he would get her to call me. I phoned up yesterday. Again, she was not available. Again, I spoke to her senior. He said he would email her. As soon as I got in this morning I phoned her and managed to talk to her. She said: "Oh, but we cannot put up the care

level until we can go out and do an assessment, but we have been told by hospice it is not appropriate for us to go out and do an assessment” and it is not.

Deputy J.A. Hilton:

So hospice are actually ... because that is quite disturbing to hear that somebody is at end of life, literally, within sort of from the Sunday maybe probably 5 days, that ... I suppose I would expect that person to have gone to hospice for end of life care.

Ms. J. Hopkins, Director, Total Living Care:

No.

Deputy J.A. Hilton:

Or he wanted to stay at home?

Ms. J. Hopkins, Director, Total Living Care:

Yes.

Deputy J.A. Hilton:

Yes, I understand that.

Ms. J. Hopkins, Director, Total Living Care:

They have the choice to die ... where they choose to die, and his wife wants him at home. He wanted to be home. The gold standard framework is about giving people choices and it is about your end of life plan. He had an end of life plan in place, so while he was still able to discuss with us and talk to us, part of our care planning is when someone is end of life, for the last year of their life, we put that plan in place. But I had to have a delicate conversation with his wife last night and said: “There is no problem about the girls coming in and staying with you, but I just want you to be aware that you are only assessed for 21 hours a week and I really do not want to be sending you an invoice.”

Deputy J.A. Hilton:

But you would think in the circumstances when somebody is ...

Senator S.C. Ferguson:

I thought you said that hospice said it was not necessary?

Ms. J. Hopkins, Director, Total Living Care:

What, for ... no ...

Senator S.C. Ferguson:

The extra time?

Ms. J. Hopkins, Director, Total Living Care:

No, hospice said it was.

Senator S.C. Ferguson:

Oh, right.

Ms. J. Hopkins, Director, Total Living Care:

Hospice actually said ...

Senator S.C. Ferguson:

Because the social worker ...

Ms. J. Hopkins, Director, Total Living Care:

The social worker said they cannot increase his level of care until they go out and do an assessment.

Deputy J.A. Hilton:

You would have thought in those circumstances, and I totally understand why they are saying they cannot because you would not want them to be going ...

Ms. J. Hopkins, Director, Total Living Care:

No.

Deputy J.A. Hilton:

... but you would think in the circumstances this is a person who is on a syringe driver. It is end of life. There should be absolutely no question about him being ...

Mr. C. Hopkins, Director, Total Living Care:

Again, that goes back to what I said at the beginning of all this as like a safety net. There should be those weird and wonderful decisions. There should be somebody authorised to make that decision.

Deputy J.A. Hilton:

Authorised to make that decision, yes, to be able to phone you and say: "In the circumstances, go ahead."

Ms. J. Hopkins, Director, Total Living Care:

Go ahead, yes.

Mr. C. Hopkins, Director, Total Living Care:

Just crack on, you know. Everybody, and I am sure you are all fully aware of this, once you are on a syringe driver you are counting down.

Deputy J.A. Hilton:

Absolutely.

Mr. C. Hopkins, Director, Total Living Care:

You know, you might go a couple of weeks but it is fairly unlikely. So, somebody should be making that assessment: right, well, if a client goes on the syringe driver, we immediately authorise whatever, 3 days, 4 days or ...

Ms. J. Hopkins, Director, Total Living Care:

Also, this is a couple that live in parish accommodation so they have not got a property to take a loan against or anything like that. But also ... oh, gosh, my train of thought has just gone.

Mr. C. Hopkins, Director, Total Living Care:

Well, again, obviously we are assuming hopefully ... because we are not cold-hearted people, but we are hoping that when the dust settles and the gentleman has passed that somebody is going to authorise that payment. Because at the moment it has been authorised by Jayne. We are paying her staff. We are hopeful that we are going to get that money back.

Deputy T.A. McDonald:

The most important thing is pain control is in place, you are providing death with dignity.

Mr. C. Hopkins, Director, Total Living Care:

That is it.

Ms. J. Hopkins, Director, Total Living Care:

Yes, and I do not know because I have not found out: what does it cost to keep someone in hospice for a day? The cost of L.T.C. on level 4 is only £139 a day. Now, if I am doing 12-hour shifts with this gentleman and it is my top-notch staff that are in there, they are experienced in end of life care, know this client, know his wife, she feels confident she can have a sleep, that they will call her, I am paying them £12.50 an hour.

Deputy G.P. Southern:

That is an extreme case of a reassessment ...

Ms. J. Hopkins, Director, Total Living Care:

Yes, of reassessment but it is not an ... but it is a common case, you know. We want to give people the right of where they want to die, yes.

Deputy G.P. Southern:

Yes, that palliative care in particular is there and it is a ...

Mr. C. Hopkins, Director, Total Living Care:

It is an extreme case. It is not necessarily a rare case, and that is why I am saying about this fall-back plan, the back-up, the quarterback, whatever you want to call that person or persons. There should be a plan that, again, we can rely on as a company that on a Saturday evening we get the call, we go in, hospice are visiting, hospice are saying syringe. We should know full well that on Monday morning when we make the call to the approved person that they are going to say: "Right, give me 2 minutes. Hospice, is this the case? Yes, fine."

Deputy J.A. Hilton:

Can I just ask you a question there? So, everybody should ... in a perfect world, everybody should have a choice as to where they pass away, and so a particular client chooses to pass away at home. I am well aware that hospice provide palliative care in the community. I am just a little bit puzzled as to why maybe they have not been providing end of life care.

Ms. J. Hopkins, Director, Total Living Care:

They do not do it by the hour. They do not do ... they do not go in for 12-hour stints in the home.

Deputy J.A. Hilton:

Oh, right, so they just ...

Ms. J. Hopkins, Director, Total Living Care:

No.

Deputy J.A. Hilton:

I was not aware of that. I just assumed that if hospice is providing palliative care that they would be there the last couple of days.

Ms. J. Hopkins, Director, Total Living Care:

No, they do not have nurses or carers to provide the service outside of the hospice. They have an on-call community hospice nurse and what we have in a client's home is called a just in case box, which is locked and only they can access it, which if the patient becomes agitated or, you know, you feel they are in pain and you phone them and they come out 24/7, but they do not ... we do not have that ...

Mr. C. Hopkins, Director, Total Living Care:

The support from them is fantastic. They are unquestionable, but they do not do that job anymore. They will come out, deal with the emergency, for want of a better description. They will control the pain. They will stabilise the client, and as soon as they are happy that there is no more they can really do, they will go back to their next client and leave it in the carer's hands.

Deputy J.A. Hilton:

I think it is really good that you have highlighted that situation for us because it shows that there is a gap in the service.

Ms. J. Hopkins, Director, Total Living Care:

A very big gap.

Deputy J.A. Hilton:

With the ageing population, this could occur on a more frequent basis, so we should have a mechanism in place that people understand, that somebody can make a phone call and you should not be going through days of trying to track down a social worker.

Mr. C. Hopkins, Director, Total Living Care:

No.

Ms. J. Hopkins, Director, Total Living Care:

The Government support the gold standard framework. You cannot support something that you cannot sustain, that you cannot, you know, fund, no.

Deputy J.A. Hilton:

Can I just ask a question about that? You just mentioned that, sorry. I think you said that the long-term care fund provides £120 ...

Ms. J. Hopkins, Director, Total Living Care:

£139 a day, yes.

Deputy J.A. Hilton:

A day, so that would not cover the cost for somebody to be there 24/7 with somebody at the end of life?

Ms. J. Hopkins, Director, Total Living Care:

No, it would not.

Deputy J.A. Hilton:

How does it work then?

Ms. J. Hopkins, Director, Total Living Care:

Well, I do not know.

Mr. C. Hopkins, Director, Total Living Care:

We end up billing ...

Deputy J.A. Hilton:

Have you not been in that situation before?

Mr. C. Hopkins, Director, Total Living Care:

Well, yes, we end up having to give bills to the next-of-kin.

Ms. J. Hopkins, Director, Total Living Care:

Then they have to do the top-up. My company ...

Mr. C. Hopkins, Director, Total Living Care:

Or we have to wait for the probate to pay the bills.

Deputy J.A. Hilton:

Okay, then you become part of ...

Mr. C. Hopkins, Director, Total Living Care:

Again, we can wait months, years sometimes.

Ms. J. Hopkins, Director, Total Living Care:

Yes. T.L.C. (Total Living Care) began about 2 years ago offering live-in care because there seemed to be a gap in the market where people could get it on-Island with on-Island support. All the live-in care was coming from the U.K. (United Kingdom) with no on-Island support for the carers that were

working here. So, I looked and it was £139 a day. I recruited and I have had up to 6; now I have 4. I paid staff £100 a day, which is more than the U.K. company pay. They register here for social and tax, so it is ... whereas the U.K. companies, their staff are not registered here for paying their tax and social security. It became very apparent to me quite quickly that that margin of £39 a day was not ... I was not making anything. I was making absolutely zilch. So, last year I actually increased it to £175 and explained to people that if they wanted the service they would have to pay the top-up. I have clients that now pay the top-up but I only have 4 live-in carers and 2 of them are private, 2 of them are L.T.C. Two of them that I did have before went to a U.K. company because they could get it a lot cheaper.

Mr. C. Hopkins, Director, Total Living Care:

But again, they are bringing in staff from the U.K. They are not ... Jayne supplies her staff. She pays their ferries or their plane out of the money we make. In the U.K. they might pay, depending on which company you work for whether you get even the flight fare to get here. You then live here for 3 months. They want a separate room. There is a lot of criteria, but they pay them peanuts and that is why they are so cheap.

Deputy G.P. Southern:

You are talking 24/7?

Deputy J.A. Hilton:

Live-in care?

Mr. C. Hopkins, Director, Total Living Care:

Yes, and all the tax, social, everything, none of that comes into Jersey.

Deputy J.A. Hilton:

So do the U.K. companies who are providing live-in carers, 24/7 live-in carers, they still come under our regulations, do they?

Ms. J. Hopkins, Director, Total Living Care:

Well, I do not know how they get away with things, really, because we have one where we had to pass it over because the family did not want to pay the top-up. But we still do 5 and a half hours a day with this client in regards to supporting that package because there is a husband and a wife. Both husband and wife are level 4 but I had one live-in carer in there but there were 2 clients. I could never ... I could not get that across to L.T.C. that surely because we were like the live-in carer plus the top-up they were ... no, we are just paying this level for this person and that level for that person, even though they have both been assessed as level 4. They did not see it as ... and one of

my first clients I took on was actually a gentleman who lived in States accommodation. I do not think any U.K. company would have taken this gentleman on. He was a social case. His flat was only a one-bedroomed one. He moved into the lounge. He had C.O.P.D. (chronic obstructive pulmonary disease) and oxygen, so once he returned home, because his wish was to die at home, once he returned home to his flat he became housebound because he lived upstairs and his oxygen tank was not portable. We provided him with live-in care for a good year before he passed away, but a lot of care agencies from the U.K. would not have taken that on because you did not have your own bedroom, you did not have your own bathroom, you did not have access to Wi-Fi and television and a car to run around in and things like that.

Mr. C. Hopkins, Director, Total Living Care:

Another thing on that is that we have had situations where because Jayne has been in the business so long over here that a lot of the U.K. companies know her or are aware of her. We have had phone calls: "Oh, geez, can you cover the next 3 months because the carer has gone sick and we have got nobody to replace them?" They go back to the U.K. and the next ... 2 hours later that person is on their own for the next months. If Jayne can, obviously she does, but more often than not you cannot just put in a 24/7 package at 2 hours' notice. Because where are all those staff sitting waiting?

Ms. J. Hopkins, Director, Total Living Care:

We have had situations where we cover the breaks, because live-in carers are entitled to 2 hours' break a day, so we have been asked as a company in Jersey to do the breaks. We had a lady that had M.S. (multiple sclerosis). She was permanently in a wheelchair, hoisted, lift in her property and everything. We did her 2-hour breaks and we had concerns about the live-in carer. We voiced those concerns and the live-in carer was found to be intoxicated on several occasions.

[12:15]

But where is the supervisor? I mean, I have my live-in girls here, but I am at the end of the phone or I will pop out, you know, once and ...

Deputy J.A. Hilton:

So this is a live-in carer from the U.K.?

Ms. J. Hopkins, Director, Total Living Care:

Yes.

Mr. C. Hopkins, Director, Total Living Care:

If they go sick we can move in one of the community staff to cover.

Deputy G.P. Southern:

So you are saying who regulates the U.K. companies delivering services here?

Ms. J. Hopkins, Director, Total Living Care:

Yes. Claire White, it does come under Claire White's umbrella and I believe one of the companies has now got a representative in the Island, but that is only recently. They just seem to have a whole different standard to what we are expected to provide.

Mr. C. Hopkins, Director, Total Living Care:

Because, again, we have to produce bank account details. We have to have a registered office. We had to jump through every hoop possible to become an approved provider, and yet a company that has nobody in the Island at all, no office ... I am sure they probably did supply financial figures and whatever, but it just seems, well, hang on a minute, if we have to have an office in Jersey, how can they be working?

Ms. J. Hopkins, Director, Total Living Care:

Claire White can turn up unexpectedly to check us out at any point. She cannot them because they are not here.

Senator S.C. Ferguson:

She does not know that they are here, presumably?

Ms. J. Hopkins, Director, Total Living Care:

She does, yes.

Mr. C. Hopkins, Director, Total Living Care:

Oh, yes, she does.

Senator S.C. Ferguson:

But she does not know that all of them are here.

Ms. J. Hopkins, Director, Total Living Care:

Yes, she knows, yes.

Mr. C. Hopkins, Director, Total Living Care:

Well, I would like to think she does.

Ms. J. Hopkins, Director, Total Living Care:

She knows that ...

Deputy G.P. Southern:

You have to be an approved provider.

Deputy J.A. Hilton:

If they are an approved provider, they will know.

Ms. J. Hopkins, Director, Total Living Care:

Yes.

Deputy J.A. Hilton:

But the questions we will ask, obviously, at the time when we get the Minister and the department in is those questions about: is the criteria different for companies that are based in the U.K.?

Mr. C. Hopkins, Director, Total Living Care:

We would like to know that, that is for sure.

Deputy J.A. Hilton:

They should not be. The same thing should apply straight across.

Deputy G.P. Southern:

We may well be able to get in written answers from the officers first if we are going to hold them to account.

Mr. C. Hopkins, Director, Total Living Care:

Yes. No, that is fine.

Deputy G.P. Southern:

You have mentioned that you have initiated a top-up rate, which implies that the rate, the going rate, is not adequate. Where do you think we are going with those rates? Are the rates adequate?

Ms. J. Hopkins, Director, Total Living Care:

No, not at all, not at all. People would pay more for a labourer than they do a carer. They would pay more for someone to ... the labour charges on their car maintenance than they do for a carer. Some people even pay more domestic cash in hand than they do for a carer. £18.44 is the cap. My

prices are £18.50 and I am being encouraged by my accountant and everybody else to put my prices up. I do not feel comfortable putting my prices up. I am £19 at a weekend, but I know that I am the most reasonably priced care agency out there. That at times has lost me clients because I was once quoted: "You do not buy a Betamax when you can have a Ferguson." I said I present myself as an ethical company offering affordable care to people, but my margins are slim.

Deputy G.P. Southern:

If I were to say to you that in the next 2 years the plan is to have below-inflation increases in the rates, is that ...?

Ms. J. Hopkins, Director, Total Living Care:

You are putting companies out of business.

Mr. C. Hopkins, Director, Total Living Care:

We have already been told from other ... because obviously Jayne speaks to the other agencies. We are already being told that certain people who are well in the frame are saying: "We do not want small agencies."

Ms. J. Hopkins, Director, Total Living Care:

"We want a few big agencies."

Mr. C. Hopkins, Director, Total Living Care:

"We want a couple of big agencies that could deal with the whole thing because it is easier. We will have a set accountant, a set manager. We will not have to deal with all these different small agencies." Now, that obviously is anecdotal, I cannot evidence that, but that is what is being fed back to us, that the plan is - and hopefully Jayne's company is big enough to fulfil the criteria - that that is what the States actually want is a reduced number of agencies but big ones so they can be dealt with. They can hold a fairly high debt. Sometimes we have been owed £20,000, £30,000, £40,000 by the States. Now, that is a lot better now. What was that lady's name, Denise?

Ms. J. Hopkins, Director, Total Living Care:

Denise Gibbons.

Mr. C. Hopkins, Director, Total Living Care:

Brilliant, as long as she does not go on holiday. **[Laughter]** Because she goes on holiday and that means that she ... very brilliant, cannot praise her enough. She will contact Jayne and say: "I am going on holiday" so that Jayne gets the invoices in before she goes on holiday.

Ms. J. Hopkins, Director, Total Living Care:

Put your invoices in by this date.

Mr. C. Hopkins, Director, Total Living Care:

Because while that woman is away, nothing happens. Her supervisors, everyone: "Oh, Denise will get back to you." She is on holiday.

Ms. J. Hopkins, Director, Total Living Care:

She had a day off sick one Tuesday and ...

Mr. C. Hopkins, Director, Total Living Care:

God help us if she retires. I do not know how old she is.

Ms. J. Hopkins, Director, Total Living Care:

... invoices have to be in by Wednesday at 12.00. Then, because Denise knows when I pay my staff as well, so we have a good communication of when I do things giving her enough time to process them to get to accounts payable to get to me by payday. She was off on the Tuesday and I was thinking: "I do not know that they are going to be processed by 12.00 Wednesday, hence my payday is not going to happen." Unfortunately, I went through a number of people in the department that Tuesday afternoon; Wednesday morning Denise rang me and said: "It is okay, I am back." That was a relief because I knew that £40,000 that was outstanding was going to be in my account by payday.

Mr. C. Hopkins, Director, Total Living Care:

She has never let us down even to the point where if she thinks that Jayne has forgotten a client or if she thinks there is something really not quite right, she will contact Jayne and say: "Are you sure about this?" More often than not, Jayne will double check and there is a client that has dropped off the spreadsheet or something like that, and it is a significant amount of money. But she literally cannot have enough praise from us, that lady.

Ms. J. Hopkins, Director, Total Living Care:

But we are always in arrears, whereas I believe L.T.C. is always in credit. We are always in arrears.

Deputy T.A. McDonald:

Is there a lot of poaching or attempted poaching of staff and managers?

Ms. J. Hopkins, Director, Total Living Care:

I am experiencing a bit of a problem at the moment, but I will not go into that.

Deputy T.A. McDonald:

Yes, because you said you have just lost a manager.

Ms. J. Hopkins, Director, Total Living Care:

What can happen is that companies with established other businesses behind them ... I will use LV as an example. They have the care homes and they have the pharmacy and other things behind them. They can offer contracts, whereas standalone care agencies cannot always offer the contracts people want, so they will go where the contracts are. That is where the difficulty is. As I say, I have been very, very fortunate with my staff. Some have been with me 6, 8 years. I have got some new staff recently and the problems I have had with those new staff have been incredible compared to what I have had with my established staff that we have had to recruit. They have had to get to know me and how I work and, as I say, I am ethical in how I work and I hope that that comes across to the girls that work for me.

Mr. C. Hopkins, Director, Total Living Care:

That goes back as well, back to what we were talking about earlier about the standards of the approval. Because it is clearly set out in those standards, which Jayne always abides by, is that you cannot use a member of staff until you have their references. You cannot use the member of staff until they have done the police check on their own. That is where Jayne factors in the shadowing and the training so that we are paying that person and we are getting ... moving towards where we need to be. But we are fully aware of the odd staff member we have left ... who has left us, who is working for other agencies and we are still waiting to be asked for the reference. Jayne has flagged that with Claire White on occasions: "Oh, really?" She, I assume, goes and deals with it but, of course, will never come back to us because that would be a breach of the trust of the other agency. Every now and then we will get an urgent phone call: "Oh, can you do us a reference for this person?" We try and play by all the rules all the time. Clearly, others do not.

Deputy T.A. McDonald:

Could I also ask not only about poaching of staff and managers, poaching of clients?

Ms. J. Hopkins, Director, Total Living Care:

In regards to poaching of clients, it is always the client's choice which agency they go with. It is unethical for clients to be poached. I have been approached by people that wanted to change their agency because they were unhappy with their agency, and I go out and I do what I do for any client, an assessment, a meet and greet. I have here, and I will leave it with you, a rundown of the documentation that they get at that point. If they choose to come to us, then that is their choice. I do not go out seeking clients from other agencies, but it does go on. It does go on. I have even co-

worked with other agencies. I have worked hand in hand. I have also had situations where I have been struggling with some of my shifts and I have contacted another agency that I know I can work alongside and say: "Can you help me out?" So, there should be more joined-up work. There is no reason why we cannot work together in harmony, but there are people that do not and it does not work and that do poach.

Mr. C. Hopkins, Director, Total Living Care:

There are other people that have a mindset that Jayne has never had and that is the business mindset. They are out there to make money and Jayne's clients have had, while her staff have been there, brochures come under the door for other agencies of people that have been a neighbour or something like that and it is like ...

Ms. J. Hopkins, Director, Total Living Care:

Sometimes you take a member of staff on and you cannot give them quite enough hours, so they will work for another agency as well. That situation is quite difficult because obviously you do not want them saying: "Well, that other agency I work for is better than Jayne's" and they can offer you this. But I would never say to someone that they cannot. If I can only give you 20 hours and you need 40 hours so working for somebody else makes that up, that is fine. I just expect you to sign the documents about confidentiality, loyalty, you know, those things and take it from there. Fortunately, I have not suffered too badly.

Mr. C. Hopkins, Director, Total Living Care:

Along the lines of staff and loyalties and whatever there is another thing that Jayne's company does, which we have had in place now for some years, is that every client has a little number counter. As the staff member goes in to start their shift, that number changes every minute. It is like a security fob. It is attached to the care plan, so the member of staff has to go to the care planner and, therefore, we have at least got them there. You cannot make them read it but they are there. They take that number and put it into the app on their phone, which we supply, and they clock on and that goes straight on to the care plan computer. If anybody either has not got the app or if there is a problem, Jayne immediately gets a text: 15 minutes has gone by and nobody has logged on. So, even if there is an issue, staff cannot short-change shifts. They cannot turn up late. They cannot come in and say: "I only have 5 minutes" and try and charge an hour because they then cannot log off because that counter changes every minute. So they have to be there at the end. So all of that is recorded on Jayne's computer so that when we come to billing as well and invoicing and staff wages, she has access to exactly the amount of care that was supplied, not what should have been, exactly what has been supplied.

Deputy T.A. McDonald:

You are like us, everything we do is based on evidence.

Mr. C. Hopkins, Director, Total Living Care:

It has to be.

Ms. J. Hopkins, Director, Total Living Care:

It has to be accountable.

Deputy T.A. McDonald:

You have the evidence.

Ms. J. Hopkins, Director, Total Living Care:

Yes.

Senator S.C. Ferguson:

What is your general feeling, though, with regard to long-term care, the scheme?

Ms. J. Hopkins, Director, Total Living Care:

I think it is an excellent scheme, but I think it needs to be executed better and I think it needs to be realistic in its costings because it is not realistic.

Deputy G.P. Southern:

Earlier we were talking about the problems of recruitment and you were talking about 8-hour contracts. Can you tell us what the ...?

Ms. J. Hopkins, Director, Total Living Care:

Yes, it would be an 8-hour variable contract, so 8-hour week variable contract, which means regardless of what ... if there is only 4 hours' work from that week, they will still get paid for the 8 hours because that will be the lower limit.

Deputy G.P. Southern:

Is that likely?

Ms. J. Hopkins, Director, Total Living Care:

That is what ... like, the better ...

Mr. C. Hopkins, Director, Total Living Care:

It is 8 hours better than a zero-hour contract.

Ms. J. Hopkins, Director, Total Living Care:

Yes, it is better than a zero-hour contract and plus you can build in some capacity for holidays. At the moment, when my girls sign a contract, they sign it for so much an hour and it has less the 4 per cent, and the 4 per cent then goes on top. So, I do not pay anyone £10 an hour but I will use that as an example.

[12:30]

So, on their contract it says they are getting £9.60 plus 4 per cent, so on their wage slip it will say £10 an hour. So, that is what I do at the moment, but on contracts the 4 per cent is taken in holidays, actual holidays, and if they take 4 weeks a year they get those 8 hours paid in holiday pay. But at the moment that is the best option, better than a zero-hour contract.

Deputy G.P. Southern:

In order to do what?

Ms. J. Hopkins, Director, Total Living Care:

To give people some kind of security. You know, it is not a massive security but it is some kind of security so that ... because in this business you can go from having lots of clients with lots of work to having not much, not as many clients and just little half an hour here and half an hour there. People do not want to do that half an hour here and the half an hour there and the driving backwards and ... which you can have people that work 8 hours a day but may only do 5 hours of care. I try very hard in my company for that not to be the issue because we will try and put a group of clients together in the west of the Island. So we will have a carer that will go out west in the morning and do ...

Deputy G.P. Southern:

Do you pay for travel time?

Ms. J. Hopkins, Director, Total Living Care:

I do not pay travel time. I pay petrol.

Deputy G.P. Southern:

That is at what particular rate?

Ms. J. Hopkins, Director, Total Living Care:

12.5 per cent.

Deputy G.P. Southern:

12.5p?

Ms. J. Hopkins, Director, Total Living Care:

P, yes, sorry.

Mr. C. Hopkins, Director, Total Living Care:

I was thinking: "How do you do that?" **[Laughter]** Again, going back to the care planner, that actually works out the mileage for her from client to client or client to the office.

Deputy G.P. Southern:

The distances?

Ms. J. Hopkins, Director, Total Living Care:

Yes.

Mr. C. Hopkins, Director, Total Living Care:

It literally ... so, again, if a carer claims, as we had with a lady that has left, she was claiming ...

Ms. J. Hopkins, Director, Total Living Care:

She had done 700 miles.

Mr. C. Hopkins, Director, Total Living Care:

... 700 miles in a week, which is quite impressive. The care planner said she had done something like 160. So, again, hang on, you know, you do not mind if you are saying 200, okay, but 700 as opposed to 160?

Senator S.C. Ferguson:

Kilometres perhaps.

Mr. C. Hopkins, Director, Total Living Care:

Backwards. **[Laughter]** Sorry.

Deputy G.P. Southern:

You were talking earlier about the rates that you charge and the rates you receive from L.T.C. What is the rate you pay?

Ms. J. Hopkins, Director, Total Living Care:

What, staff?

Deputy G.P. Southern:

You said it is not £10.

Ms. J. Hopkins, Director, Total Living Care:

When they start, they start at £10.50. When they have been with me 6 months they go up to £11. Then the next jump would be when they have been put forward for their Q.C.F.2 - which is £650 that I pay - they will go up to £11.50. Q.C.F.3, which is £850, will take them up to £12.

Deputy J.A. Hilton:

Q.C.F.3? We have been working with N.V.Q.s (National Vocational Qualifications). What does Q.C.F. ...?

Ms. J. Hopkins, Director, Total Living Care:

Q.C.F. is N.V.Q. They are changing it again to R something now as well, but it is the same thing, yes.

Deputy J.A. Hilton:

Can I just ask you a question about ... you employ 34 staff?

Ms. J. Hopkins, Director, Total Living Care:

Yes.

Deputy J.A. Hilton:

Do you have ... does your business licence allow you to employ registered staff who are entitled to work in the Island?

Ms. J. Hopkins, Director, Total Living Care:

Yes, and that is what helps with our people that come over from France. I have 6 registered and I have one licensed.

Deputy J.A. Hilton:

Oh, right, okay. Is that a big issue, the fact that you cannot get ... have you ever asked for any more registered licences?

Ms. J. Hopkins, Director, Total Living Care:

No.

Deputy J.A. Hilton:

You have not? Because you manage with ...?

Ms. J. Hopkins, Director, Total Living Care:

Yes. I would rather someone ... quite a few of my staff will apply for jobs ... I try and keep a job on the States site, and if they say: "I have no experience but I have been a hairdresser" or: "I have looked after my granny" I will say: "Come along, let us have an informal chat." You can tell if someone has an aptitude to care. Then, from that point, it is about growing your own. I am not a Jersey bean but I have been in Jersey 20 years plus and I think it is very important that people that are in Jersey and invested in Jersey are given that start and that chance. You have people coming back when their kids have gone to school. I have a lady that has been with me about 6 years now. She was a child minder and she was like: "I want my home back and I would quite like to go out to work." A lot of the skills that she developed as a child minder were transferable to her being a carer, and she is an excellent carer. She is doing her Q.C.F.2.

Deputy J.A. Hilton:

Can I just ask you a question about criminal record checks? You say you are employing staff from France. Does that present a problem for you?

Ms. J. Hopkins, Director, Total Living Care:

No.

Deputy J.A. Hilton:

How does that work?

Ms. J. Hopkins, Director, Total Living Care:

We can do a D.B.S. (Disclosure and Barring Service) on them. We just put the care ... we do the same thing except for the first address will be care of my home address, so their D.B.S.s get sent to my home and then they are opened by them and then we take a copy and Claire White signs it off and things.

Mr. C. Hopkins, Director, Total Living Care:

They are expats, so most of their life has been U.K. based.

Deputy J.A. Hilton:

So they are British ...?

Ms. J. Hopkins, Director, Total Living Care:

Yes.

Mr. C. Hopkins, Director, Total Living Care:

On top of that, and I do not know if it is standard but I know that some of your staff have supplied the French equivalent as well.

Ms. J. Hopkins, Director, Total Living Care:

French equivalent, yes.

Mr. C. Hopkins, Director, Total Living Care:

So we get the U.K. and everything around it, Scotland, et cetera, and we also do get the French.

Ms. J. Hopkins, Director, Total Living Care:

A lot of the expats have also ... if they have done a D.B.S. they can sign up to the update service, and if they have the update service I can check quite quickly.

Mr. C. Hopkins, Director, Total Living Care:

And cheaper and quicker, yes.

Ms. J. Hopkins, Director, Total Living Care:

Yes.

Mr. C. Hopkins, Director, Total Living Care:

There was one thing again on recruitment, going back to that. Social Security were running - I assume they still do - a scheme on return to work and Jayne has taken staff from there before.

Deputy J.A. Hilton:

Back to work?

Ms. J. Hopkins, Director, Total Living Care:

Yes, back to work scheme, yes.

Mr. C. Hopkins, Director, Total Living Care:

Back to work, okay.

Ms. J. Hopkins, Director, Total Living Care:

Yes, I had a number of really good candidates coming through the door like: “Oh, gosh, I do not know what I can do” and they need their hand holding a little bit more. But one of them is doing her Q.C.F.2 now. She has been with me 2 years and she is excellent.

Mr. C. Hopkins, Director, Total Living Care:

One of them, as you know my past, I knew her very, very well and is doing a fantastic job.

Ms. J. Hopkins, Director, Total Living Care:

But she did not have a criminal record.

Mr. C. Hopkins, Director, Total Living Care:

Never had a criminal record.

Ms. J. Hopkins, Director, Total Living Care:

She just used to run away a lot from her home life.

Deputy J.A. Hilton:

That is really good news.

Ms. J. Hopkins, Director, Total Living Care:

Yes, she did not have a criminal record.

Mr. C. Hopkins, Director, Total Living Care:

But again, Jayne has given her a chance and she has taken it.

Deputy J.A. Hilton:

Great.

Deputy G.P. Southern:

Are you done here? Okay.

Deputy T.A. McDonald:

Mr. Chairman, your final question.

Deputy G.P. Southern:

No, no, the final question is: is there anything you came to say that we have not touched on?

Mr. C. Hopkins, Director, Total Living Care:

I think we have covered everything, have we not?

Ms. J. Hopkins, Director, Total Living Care:

No, I think I ... I have made some notes.

Deputy G.P. Southern:

Or is there anything you want to emphasise?

Ms. J. Hopkins, Director, Total Living Care:

No, I think I have ... yes, there is one thing, actually. I have been invited and a few other agencies along with Les Amis have been invited to tender for 5 residents that are being looked after by H.S.S. (Health and Social Services) at the moment that live in 3 flats. They apparently are in receipt of L.T.C. and what concerns me about this package in L.T.C. is these are people in their 50s and 60s that have gone through Social Services provision most of their life, type of thing. What concerns me is these people need continuity. They do not need a cheaper option and it worries me that the States think that tendering out to us might be the cheaper option. I am not saying that we could not do a wonderful job because I have done work with these clients before and my history in Social Services is that nature, but there are 13 members of staff that work for Health and Social Services with these clients and, from the meeting that we had with the department when they were explaining to us about these clients, have done for a number of years. So they have had consistency, and those members of staff get a salary of up to 28 grand a year. If I was to look to tender for that, it would be a phenomenal amount of money because I would have to employ 13 full-time members of staff on a contract. That whole looking at these 5 individuals that need a home and need consistency, is it the best option to send it out to people like ... I am going to say like me. I do not mean, you know ...

Mr. C. Hopkins, Director, Total Living Care:

As a care agency.

Deputy G.P. Southern:

You are saying it looks like the race to the bottom as in can we get this cheaper rather than can we get the right package.

Mr. C. Hopkins, Director, Total Living Care:

Yes, let us get rid of some staff and cut some money and still look after them.

Ms. J. Hopkins, Director, Total Living Care:

Yes.

Mr. C. Hopkins, Director, Total Living Care:

It does not look right.

Ms. J. Hopkins, Director, Total Living Care:

So, that was just a little side note at the bottom that I think is worth sharing.

Deputy G.P. Southern:

I assume that these are people with learning difficulties or ...?

Ms. J. Hopkins, Director, Total Living Care:

Yes, and epilepsy and ...

Mr. C. Hopkins, Director, Total Living Care:

One other point that I just wanted to finish on from us, if we are finished, was this idea of this authorised person, this authority or department that we can go to with properly managed staff that can give the authority for emergency 24/7 and emergency 3 hours. There needs to be ...

Ms. J. Hopkins, Director, Total Living Care:

There needs to be an out of hours adult social worker as well as a children's one, 100 per cent.

Mr. C. Hopkins, Director, Total Living Care:

Ideally, even if you do it through the hospital like every other callout.

Ms. J. Hopkins, Director, Total Living Care:

The gentleman that has the non-invasive ventilator, when we first took him on I was there one evening and I could not quite ... he had been let out of hospital without the correct mask, firstly, which was from ...

Mr. C. Hopkins, Director, Total Living Care:

It did not fit.

Ms. J. Hopkins, Director, Total Living Care:

... came from investigations. I could not get it to settle on his face properly without too much air coming out. I phoned the paramedics and said I needed them to come out and assist this gentleman. "Well, we are dealing with life and death situations." I said: "Well, you might be dealing with another one in a minute because if this gentleman does not get ..." "We do not know anything about that. Ring the district nurse. Ring the so and so." I rang a number of people. The district nurses did not have a clue about the non-invasive ventilator. When the paramedics finally came out when I said it

is an emergency, they googled it. Now, somebody somewhere should have been able to say to me, which eventually did happen a few days later in the daytime, because this man had been on high dependency, that because the man has full capacity, if that mask is not fitted he has a choice whether he goes to A. and E. (accident and emergency) or whether he keeps his oxygen on overnight and they are his choices. But that was not made clear for a very long time and I was ... from 10.00 to gone midnight I was there with this gentleman and then, as I say, the paramedics googled it.

Deputy T.A. McDonald:

God bless them, they get their phone out: "Oh, what is this?"

Deputy G.P. Southern:

Thank you.

Ms. J. Hopkins, Director, Total Living Care:

So, I will leave that with you anyway, just ...

Deputy J.A. Hilton:

Thank you very much. It has been very interesting.

Deputy G.P. Southern:

Yes.

Ms. J. Hopkins, Director, Total Living Care:

Thank you.

[12:42]