



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Karen's Care Agency Limited**

**Home Care Service**

**Office 1**

**Beaumont Business Park**

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**St Peter**

**JE3 7BU**

**17 March 2020**

## THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

## ABOUT THE SERVICE

This is a report of the inspection of Karen's Care Agency Limited. The service has offices located at Beaumont Business Park in St Peter and became registered with the Commission on 31 July 2019

Registered Provider	Karen's Care Agency Limited
Registered Manager	Karen Smith
Regulated Activity	Home Care Service
Conditions of Registration	Maximum number of personal care/personal support care hours to be provided 2250 (Medium Plus) Age range 18 + Category of Care provided Adult 60+ Dementia Care Physical Disability and/or Sensory Impairment Mental Health
Dates of Inspection	17 March 2020
Times of Inspection	9.00am – 1pm
Type of Inspection	Announced
Number of areas for improvement	None

The Home Care Service is operated by Karen Smith, who also holds the Registered Manager position for this service

Between 2014 and 2019 the service had 'approved provider' status under the States of Jersey Approved Provider Framework: Home Care Services. The Framework's standards and service specification were used as an interim measure prior to the introduction of the Regulation of Care (Jersey) 2014 Law and the establishment of the Jersey Care Commission.

The service became registered with the Commission on 31 July 2019. At the time of this inspection, there were 36 people receiving care from the service.

## SUMMARY OF INSPECTION FINDINGS

This inspection was undertaken over the course of four hours and was completed on 17 March 2020. The Home Care Standards were referenced throughout the inspection.<sup>1</sup>

The Regulation Officer focussed on the following areas during the inspection:

- the service's Statement of Purpose (SOP) and Conditions on registration
- safeguarding (adults and children)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

Overall, the findings from this inspection were positive, with evidence of care receivers being provided with a service that is safe and which takes their wishes and preferences into account.

The Statement of Purpose includes the aims and objectives of the service. The evidence gathered throughout the inspection indicated that these are consistently demonstrated. This was confirmed through discussions with care receivers' relatives which took place after the inspection visit.

The service's arrangements for recruiting staff were satisfactory, with clearly defined systems and IT in place for the recording of such information in a timely and easily referenced format. Records which were reviewed evidenced the appropriate supply and deployment of staff throughout the service.

Safeguarding principles are well established within the training format and with oversight of this by manager and deputy. It was noted that the provider has been fully operational for some years pre-dating registration with the Commission. During this period, they have engaged positively to any safeguarding concerns that have arisen and have operated in accordance with the relevant policy and procedures.

It was clearly apparent during the inspection process the dynamic nature of support and care needs being identified, prioritised and planned for in both a proactive and reactive process as overseen by the management team.

The provider has systems in place to ensure quality assurance measures are in place with review and audit undertaken as routine.

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

There were no areas for improvement identified from this inspection and it was noted that the provider was being proactive in addressing some of the anticipated demands and challenges of the Covid-19 pandemic and practice issues that may arise from this.

## **INSPECTION PROCESS**

Prior to the inspection visit, information submitted to the Commission by the service since registration was reviewed. This includes any notifications and any changes to the service's Statement of Purpose.

The Regulation Officer sought the views of the people who use the service, however, due to the emerging Covid-19 crisis, footfall into care receivers' homes as initially planned and arranged was unfortunately not viable on the day of inspection.

Conversation with one service user's relative was undertaken alongside an email exchange. Consultation with care receivers was not possible during this inspection due to the restrictions on contact. As some care receivers experience cognitive impairment, it was not felt to be appropriate for the Regulation Officer to initiate contact via telephone as this could have been confusing or potentially anxiety-provoking for them.

During the inspection, records including policies, care records, incidents and complaints were examined and/or discussed. Observations as to how the service operates during the visit include how staff interact and communicate with management team and how responsive the team are to evolving situations.

Opportunity was taken to speak with some members of the team including the deputy manager and one of the most recently recruited carers who provided an overview of their induction, training and some client needs which they support. From these discussions, it was possible to establish the operational systems and governance arrangements in place.

Sight of three Human Resources (HR) files established the due diligence, induction process and training that is provided for new staff. Electronic care recording systems were also viewed which demonstrated safe and contemporaneous notes made by carers. This is overseen by the management team in real time, as is necessary for quality assurance and monitoring of workload and care delivery.

At the conclusion of the inspection, the Regulation Officer provided feedback to the registered manager about the findings and practice issues which had been raised during discussions. This highlighted areas of good practice and development opportunities which could be considered moving forward.

This report sets out findings and includes these areas of good practice identified during the inspection. There were no areas for improvement identified at this inspection.

## INSPECTION FINDINGS

### The service's Statement of Purpose and Conditions on registration

The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The Statement of Purpose was reviewed prior to the inspection visit.

The Statement of Purpose continues to reflect the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the provider/manager fully understands their responsibilities in this regard.

The home care service is, as part of the registration process, subject to the following mandatory and discretionary conditions:

Conditions of registration	<u>Mandatory</u>
	The registered manager is Karen Smith Maximum number of personal care/personal support care hours to be provided 2250 (Medium Plus) Age range 18 + Category of Care provided Adult 60+ Dementia Care Physical Disability and/or Sensory Impairment Mental Health
	<u>Discretionary</u>
	Karen Smith registered as manager of Karen's Care Agency Ltd must complete a Level 5 Diploma in Leadership and Management in Health and Social Care by 26 July 2022.

Discussion with the manager and examination of records provided confirmation that these conditions on registration were being fully complied with and will remain unchanged. The manager advised the Regulation Officer that enrolment on a suitable training course has taken place with anticipated completion by March 2021.

The Regulation Officer was satisfied that all conditions are currently being met.

## **Safeguarding (adults and children)**

The Home Care Standards set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

It was noted that the provider has prioritised safeguarding training and training in capacity for staff as part of their induction and ongoing training. This is on account of the needs of the care receivers, the majority of whom are living with dementia.

The training provided was noted to include in-depth sessions provided by an accredited external agency. These sessions included families being given the opportunity to attend and this is a positive approach to engagement with significant others. This is to promote best practice and safeguard vulnerable adults through improving understanding and knowledge for all relevant parties supporting clients in their own homes.

Discussion with staff provided confirmation of their knowledge and understanding about aspects of safeguarding and the reporting systems in place that should be followed in the event of any concerns being evident during their work. Furthermore, the training schedules reviewed confirmed that all 24 care staff except for one were up to date with this training.

Operational policy and procedures were also explored around protecting and safeguarding a very vulnerable client group and with good evidence of the attention which is given to ensure information sharing and risk management are core to how care is delivered. Examples for this in practice include mobile apps being used to alert staff and management to missed visits; induction shifts for new staff to ensure they have a clear understanding of care receivers needs and how best to engage with clients in a person-centred manner.

## **Complaints**

The Home Care Standards set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

The service's electronic records system includes relevant sections for relatives to write important information and includes policies and a fair processing notice. Information about the termination of service provision is also included alongside the relevant notice period.

The manager highlighted the nature of some concerns which can be processed informally with records retained for reference if subsequently required.

The Regulation Officer reviewed a letter from a relative received in the past month and which led to appropriate managerial response and action, as found on file.

There is an audit cycle for reviewing and analysing all complaints. While there was very limited engagement with clients or relatives due to the developing Covid-19 crisis, one relative did provide some very positive feedback both verbally and by email summary.

In this communication they stated, “moved to Karen Carers in xxx this year and they have been amazing, we have set times for xxx visits which is so important and there are set carers...my (relative) knows who is coming in, they are so professional and can’t do enough for xxx. We are so happy with the team and so is my (relative).”

### **Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)**

The safe recruitment of staff is an important element in contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider’s responsibility to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.

The manager and a relatively new member of the team confirmed that the training provided includes all mandatory topics which are covered before engagement with clients. There are identified trainers for specific care needs including district nurses delivering stoma care and instructions for delegated tasks.

Training in dementia care was highlighted in discussion and noted to be of a good standard. Dementia training is face-to-face and provided by skilled practitioners as opposed to on-line learning. This demonstrated the emphasis the provider places on the quality of training provided in order to promote best practice.

The training syllabus, which includes mandatory topics, was noted in the review of electronic records to be well established, monitored and managed and prioritised to promote best practice for the care team. The focus which is given to the induction of new staff and their supernumerary status further evidences the positive approach to safe recruitment.

A sample of induction / shadowing period feedback forms was examined, and these include both subjective and objective summaries which the carer completes relating to an episode of care. The format included in this process was noted to be comprehensive and detailed and further evidenced the attention the provider gives to such matters.

From the review of a random sample size of recruitment records, there was evidence of best practice, including requesting additional references, as appropriate.

All new staff are expected to sign off policies as part of their induction. Safe recruitment was also evident from the review of training records and interview questionnaires.

It was noted that where some shortfall for minimum data to be provided on file occurs, for example, difficulty obtaining references due to prolonged absence from a work environment, the provider will carry out and record an individual risk assessment. The Regulation Officer noted one of these on file for one member of staff. Also highlighted as best practice is that in the event of a new member of the team not having worked in social care previously, they will be expected to complete Care Certificate as part of initial employment.

Medication management and training has been provided by the pharmacist supplier and this important area of care will be reviewed as routine by the manager and deputy and with ongoing engagement with supplier for any operational issues that may arise around medication supply, ordering and storage.

At operational level, all carers have access to members of the management team during their working hours if necessary, for consultation or enquiry about any issues concerning care delivery, for example, medication management.

Supervision for staff is provided regularly and this incorporates reading lists which are auditable for completion by staff as part of this process. This ensures any revised or new policies and procedures are reviewed by staff so that all are up to date with the information. Similarly, staff will have to sign off care planning updates when these occur.

## **Care planning**

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person-centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

The provider has an integrated record system which was demonstrated during the inspection process and which enables the planning and review of care delivery to take place in a very efficient and accurate way. Documentation seen for clients in the service evidenced contemporaneous record keeping, review and evaluation principles being in place and upheld.

The minimum data to be incorporated into care planning and record keeping was clarified and it was noted that there is an expectation that all plans are generated within five days. Within this timeframe, the client's preferred routine will be established, and the daily records generated and documented from this system.

The manager confirmed that when care needs are being reviewed, if needs change, referrals will be processed as necessary. One such referral to the Single Point of Referral (SPOR), was viewed from a care receiver's file and had been dated 1 March 2020. This demonstrated the ongoing assessment and monitoring of care needs that takes place and where limitations on the service may warrant external agencies to become involved, for example, Family Nursing & Home Care.



As part of planning, the provider will also include family members in documentation that is sent as part of the initial assessment process. This is with consideration to limitations that may apply to some clients being able to respond due to their cognitive impairments. This facilitates important information sharing including background life histories which are integral to dementia care.

### **Monthly quality reports**

The quality of services provided by this service should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

Quality review forms were reviewed, and these set out key questions for service users and/or significant others to complete periodically. There are several quality assurance measures incorporated into the operational systems and electronic care records.

Monitoring systems alert the management team in a timely manner to any shortfall in Standards, for example, missed visits. This minimises associated risk and/or failure to provide an episode of care.

It was clearly apparent from all information provided and reviewed that there are good systems of internal audit and review that will support ongoing quality assurance. Samples of the formats in use were provided alongside a developing framework that was highlighted by the management team that will be further integrated into operational policy and procedures.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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