



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Karen's Care Agency Limited**

**Home Care Service**

**Office 1**

**Beaumont Business Park**

**Rue Du Craslin**

**St Peter**

**JE3 7BU**

**22 October 2021**

## 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 was 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	<u>Mandatory</u>  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 in Health and Social Care by 26 July 2022
Dates of Inspection	22 October 2021
Times of Inspection	10.00am – 1.30 pm
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.

The service became registered with the Commission on 31 July 2019. At the time of this inspection, there were 32 people receiving care from the service. The care packages are varied depending upon the needs of care receivers and include the provision of a range of interventions to support care receivers in their own homes. Such interventions range from assistance in meeting personal care needs to welfare checks undertaken at different times of the day.

## SUMMARY OF INSPECTION FINDINGS

The Home Care Standards were referenced throughout the inspection.<sup>1</sup>

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

- **Staff recruitment, training and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**
- **Management of services**
- **The service will be reviewed regularly**

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 and remained unchanged since the last inspection. The provider has been operating for approximately 10 years and therefore has the expected policies and procedures in place in accordance with best practice. The evidence gathered throughout the inspection indicated that the Standards were consistently being met and this was established through discussion, a review of recording systems, governance arrangements and supporting testimonies from care receivers, relatives and staff.

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

A review of the operational challenges that have arisen since the last inspection was undertaken with specific reference to the pandemic. This comprised a focus on actions and/or concerns which the provider had escalated with relevant agencies during periods of crisis i.e., staff shortages due to Covid-19 and contact tracing protocols. It was highlighted from a review of correspondence on file, and in discussions during the inspection visit, that the provider had demonstrated good advocacy for care receivers when concerns about physical well-being were noted by

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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/>

care staff. Where it was observed that a care receiver's presentation had deteriorated or changed significantly, the provider had escalated these concerns to other regulatory bodies as advised by government agencies.

The provider has systems in place to ensure quality assurance measures are in place with reviews and audits undertaken routinely. These had been filed consistently.

There were no areas for improvement identified from this inspection.

## **INSPECTION PROCESS**

Prior to the commencement of the inspection, a review of any relevant information on file was undertaken to ascertain if any specific areas of practice were in need of review. It was noted that there was some correspondence on file pertaining to communication initiated by the manager in the past year to inform and enquire about practice issues in relation to infection control during the pandemic. This was explored as part of the review of the Standard for approaches to supporting care receivers.

The primary inspection process was undertaken over the course of three and a half hours at the provider's office with discussions with the Registered Manager and one member of the admin/care team. A review of key documentation took place of care records, monthly reports, training records and development plans, alongside a review of operational systems such as IT. This provided evidence of how the service manages all aspects of care delivery and staff resources.

Following the office visit, telephone contact was initiated with two care receivers, four relatives, three members of care staff and one healthcare professional. This occurred over the following week to gather further information and feedback about the service, and to further inform the Regulation Officer's findings. This also provided opportunity to obtain confirmation of the information provided by the Manager in their summary of how support is provided to care receivers and the staff team.

Some cross referencing of information was undertaken by discussions with the Manager, a care receiver and their relative. A review of care plans also provided an overall picture of how a care package was provided and reviewed.

Recruitment and selection of new staff was discussed in respect of a review of the processes associated with the recruitment of the four newest employees. The Regulation Officer examined their Human Resources (HR) files and had sight of references obtained prior to employment and Disclosure and Barring Service (DBS) criminal record checks, which were retained on file.

A review of how the service operates on a day-to-day basis and the use of staff resources to monitor all care packages was undertaken in consultation with the

manager. Some analysis was also undertaken relating to the technology available to the staff and management team, which is utilised as part of risk management. For example, that there are mechanisms in place to alert the Manager of any missed visits to ensure that measures could be taken urgently to address this.

Observations of how the service is able to be both reactive as well as proactive, in responding to any changes in care receivers' needs was also established from a review of care planning and communication protocols. This for example when altered presentation of a care receiver may lead to care workers contacting relatives and/or GP to arrange for a same day consultation.

The Regulation Officer reviewed the records associated with the induction, training, and development of staff. It was evident that this is aligned with the needs of care receivers and with the categories of care which are supported by the service. The training log was referenced and it was apparent that staff are appropriately accredited in line with the Regulated Qualifications Framework (RQF), having achieved level 2 or 3 awards.

Progress in meeting the discretionary conditions which had been put in place at the time of registration, was reviewed and with reference to the manager completing the required Level 5 Diploma in Leadership in Health and Social Care. It was apparent that the conditions were intended to be met in line with the identified timeframe.

A review of the monthly quality assurance reports as retained on file, demonstrated that the expected governance arrangements were in place which support monitoring of how effective the service is when supporting care receivers and the staff team.

At the conclusion of the inspection process, the Regulation Officer provided feedback to the registered manager and highlighted areas of good practice which had been identified during the inspection. This report sets out the findings of the inspection and records no identified areas for improvement.

## **INSPECTION FINDINGS**

A discussion with the Manager and an examination of records relating to the five areas of enquiry for this inspection provided consistent evidence that the service is meeting the Standards. It was confirmed, with reference to the provider's conditions of registration, that the service continues to support care receivers appropriately and within these parameters. The Regulation Officer was satisfied that all conditions are currently being met.

Initial discussions focused on the challenges and experience of the manager and their team in supporting all care receivers during the restrictions that had arisen from the pandemic. There was good evidence from some correspondence received from the provider since the last inspection, of the attention which they had given to monitoring and supporting the most vulnerable care receivers. There had been occasions when the staff team had been depleted due to increased infection rates in the community. It was highlighted that there had been multi-agency engagement

undertaken to successfully manage these difficult situations and with some adjustments in visits and prioritisation given to the most vulnerable at such times.

Some challenges were also highlighted which related to the ongoing training and development of staff. This had been associated with the restrictions which had been imposed due to the pandemic. Consequently, the service needed to rely on online training forums to meet training needs. The provider, nonetheless, has an experienced and well qualified team in place, and some attention will be given to facilitating more face-to-face training as opportunities arise.

### **Staff recruitment, training and development**

Reference was made to Standard 3 of the Home Care Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

The current staffing structure that is in place was clarified. The service had a total of 24 staff and uses a variety of contracted hours to allow flexibility for both employer and employee and to meet the needs of the service.

A review of four HR folders was undertaken to establish the protocols that are in place and followed for safe recruitment, induction and supervision. It was noted that the necessary checks and enquiries are undertaken prior to any new care worker being deployed to support care receivers. This includes obtaining references and DBS checks. These documents were all found on file.

Standard Three states that, 'You will be cared for and helped by the right people with the right values, attitudes understanding and training.' In demonstrating that this Standard was being met, a summary and samples of recruitment templates which are utilised for new staff, were provided. It was noted that the interview checklist included a focus on the skills and qualifications of applicants as well as their employment history. Appropriate checks are undertaken and it is confirmed that applicants have a valid driving licence, which they need to carry out their work. The interview questions are intended to establish the potential new employee's understanding and commitment to the role and responsibilities of the job.

It was noted from a review of the interview questions associated with the role of senior care worker, that various lines of enquiry were included which focus on a number of possible care scenarios and of the best actions to take in managing any challenges arising in such cases. The essence of the questions was to best ensure that staff employed for such roles could demonstrate their understanding of the types of values and attitudes which are required. This is to ensure that the service can effectively support vulnerable care receivers with a broad range of needs.

The induction and introduction checklist incorporates similar lines of enquiry when new employees first take on their role in supporting vulnerable care receivers. This list is extensive in covering both direct care delivery by the staff member alongside overarching employment issues as how they will be expected to communicate and record the work they do.

Supervision records were also reviewed. The Manager oversees this process and is able to appropriately delegate the role of supervision to the deputy manager. Supervision is undertaken every three months at a minimum and is underpinned by the annual appraisals.

Discussions with four members of the care team including with one who was also involved with an administrative role and established some positive testimony of the support and supervision that they receive. The induction process, as set out above, was clarified further by one experienced support worker who talked through this process in practice. The attention and focus which the provider gives in ensuring that any new staff are appropriately appraised prior to undertaking any care work was highlighted and it was also confirmed that they have all of the necessary skills needed to carry out their role successfully. This is established prior to workers undertaking any unsupervised work in the community.

The induction and shadowing period templates were provided during the inspection visit. They provided good evidence of the attention which is given to these areas. Feedback is requested from the staff member who undertakes the role of mentor for the new staff member. The inductee signs off the documents to confirm their understanding and confidence in carrying out lone worker duties. This suite of documents provides a robust audit trail of the training and development of newly recruited staff members.

Care staff who spoke with the Regulation Officer provided very positive testimony of the support they receive from their Manager. They appeared to be very well informed about their duties and roles. One member of the care team reported that the Manager provides good solutions when problems arise and is supportive. It was highlighted that the manager make efforts to successfully match care workers with care receiver based on personality or interests and that staff are deployed depending upon their particular skills in being able to meet specific care needs i.e. dementia care. Questions asked by the Regulation Officer about operational matters were fielded with confidence and in a professional and courteous manner by all the staff who were contacted.

The Manager and some care workers stated that restrictions in sourcing face-to-face training opportunities had been an issue in the last year. It was acknowledged that this had been unavoidable and widespread due to the impact of the pandemic. The Manager advised that they are currently revising training forums and anticipates that some quality training can be sourced locally to facilitate classroom-based learning. It was highlighted from this that certain training needs, for example, those in relation to dementia care, cannot easily be met through online training forums.

As the service supports some care receivers who are living with dementia, this area of training is included in the induction process. This to ensure that new care staff have a clear understanding and appreciation of the appropriate approaches in supporting people with these needs.

From a review of the training log the attention that is given to ensuring that annual updates for mandatory topics are completed was well evidenced. In the event that an employee's refresher training is overdue, this is escalated by the Manager.

Feedback from relatives directly to the Regulation Officer about the serviced provided to their loved ones, was positive and included comments as below:

*“Some of the best care is by Karens Care”*

*“All of the girls report back to me, they speak very highly of the Manager”*

*“They [staff] are absolutely brilliant, they support me as well [relative of care receiver]”*

*“I have nothing but praise for them all, they see what is needed and they get it done, I can’t fault them”.*

*“They are brilliant, no problems and I can ring Karen anytime if I have any”*

One relative provided an account of how one care worker had extended their work duty over the Christmas period to spend time with their loved one due to travel restrictions preventing family visiting at that time. They identified in their summary of how the service and staff are adaptable and flexible to meet any changing needs or untoward incidents i.e., the need for an unscheduled escort to a hospital appointment.

Feedback from a health and social care professional provided some very positive endorsement of how the service operates. It was mentioned that the Manager and team are “extremely professional” and provide a “high standard of care to their clients”. As mentioned by some relatives, it was also stated in this feedback that the provider (the staff) will often “go over and above the required level of input required”.

### **Approaches to care and welfare of care receivers**

Reference was made to Standard 5 of the Home Care Standards which states: “You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences.”
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The Manager provided evidence for best practice approaches as to how they will engage with potential new care receivers at the earliest stage of any new referral received. The service will aim to establish likes and dislikes, wishes and preferences prior to taking on the care package, with due consideration of whether the service can meet these.

A copy of any contract will be provided to the care receiver and/or their relative who may be supporting them. Care planning is a part of this information gathering and sharing. It was noted that a care receiver will be invited to make a choice about whether they wish their family or friends to be involved in this process.

A review of sample care plans was undertaken. This demonstrated that the expected communication and involvement with care receivers, relative to their needs and abilities, takes place consistently. There is a systematic approach to reviewing the service with the care receiver, taking account of their satisfaction or comfort with



the support they are receiving. It was evident that any issues of concern which might arise, are communicated promptly to the management team.

The Manager highlighted the systems which are in place to alert carer workers of any changes to care needs. This communication takes place by email, and instructs care staff to read any revised or new plan of care. Care records are maintained in care receivers' own homes with electronic records made also. One relative highlighted the free access which they have to care records. This enables them to review them as needed and demonstrates a good level of transparency and engagement by the provider.

Supporting records such as diet and fluid intake, weight charts etc., are retained in the client's home folder and are subject to ongoing review and monitoring. The manager highlighted the approach which is given to promoting choice and display of options in visual form for those care receivers who may, due to their dementia, struggle to recognise verbal choices given. These approaches and refinements in terms of how information is conveyed to care receivers who may have some cognitive impairment, provided examples of best practice.

The provider has engaged with some 'Capacity and Self-Determination' training and that is considered integral to supporting a significant number of care receivers living with dementia. In addition, the supporting of relatives, some whom may be living with their spouse or parent who has dementia, is also considered an important area of practice. This promotes good staff understanding of the need to be mindful and knowledgeable about consent in promoting or facilitating choice when a person's judgement or abilities may be impaired.

One relative stated that care workers "are really great and go over and above" to support their loved one. Staff were reported to provide enriching social activities or encourage hobbies that a care receiver can enjoy and which otherwise they would not experience much stimulation due to social isolation in the absence of visits from care staff.

Where necessary the provider will engage with relevant agencies, for example Family Nursing & Home Care (FN&HC), Jersey Hospice, Health and Community Services (H&CS) to work collaboratively if supporting end of life care or where clinical oversight is indicated. This ensures that any approaches to care and promoting the welfare of care receivers, are appropriately provided, with the necessary consent and agreement of that person.

### **Staff competence relating to categories of care provided**

Reference was made to Standard 6 of the Home Care Standards which states: "Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs."
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Of the total staff group of 24 there are a number of staff with accredited level 2 RQF and level 3 RQF. The service has a Registered Manager and Deputy to cover on-call systems. This management and staffing structure includes some very experienced senior care assistants as well as administrative staff. This staff group

can underpin the managerial roles and responsibilities for managing the service on a day-to-day basis, in the unlikely absence of both the manager and deputy.

As mentioned earlier in the report, the staff group receive a good level of induction and supervision with mandatory training and accredited courses as part of their contract.

A discussion with the Manager during the inspection visit, focused on how care is delivered routinely and how roles are appropriately delegated. Delegation is dependent upon the skill mix available, staff competence and their abilities to engage with care receivers who have a range of needs. In this matter, the Manager will prioritise the allocation of new staff to work with the most experienced staff, to ensure that induction and sign off of their competency is adequately reviewed. This will also be reviewed by the Manager or deputy by observing practice themselves, during the induction period.

The different care needs and presentation of care receivers and how care staff are allocated to care receivers depending upon their particular skill sets, was highlighted in discussion. For example, staff who may be more familiar and comfortable in supporting someone living with dementia will be allocated to a care receiver with these needs.

Where a care receiver may require a higher level of support and personal care, for example from two members of staff, or where staff need to be able to use specialist equipment, this is overseen by the Manager or the deputy as part of ongoing reviews. In the event that new equipment needs to be introduced, it is ensured that appropriate training is provided and that staff are observed to be competent in using the equipment prior to working unsupervised.

One example of best practice was highlighted in respect of staff carrying out interventions that required some sign off and support from FN&HC. It was noted that the provider had engaged with relevant healthcare practitioners in line with the Personal Care and Clinical Tasks Guidance for Adult Social Care<sup>2</sup>. It was also noted in this discussion, that although the care receiver might require such assistance from care workers, in terms of how the care had been coordinated, priority was given to them being in control of their own care in this matter.

The Manager was able to provide a recent example of how their care team had recognised an unusual presentation in a care receiver whom they supported. The changes reported may have been quite unremarkable to those not familiar to that person's needs and usual presentation. However, the benefit of having experienced, competent, and confident care workers led to the matter being appropriately raised which culminated in a medical intervention.

One care worker confirmed that their training and development needs had been supported by the Manager and that training had been completed within the

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<sup>2</sup> [JCC-Guidance-personal-care-and-clinical-tasks-adult-social-care-ratified-20190314.pdf \(carecommission.ie\)](#)

appropriate timescale. It was acknowledged that the pressures relating to the pandemic had made this difficult to achieve over the past year.

There was good evidence that care staff communicate well with family members, informing them of any concerns or issues as they arise. This is particularly important where family members do not reside locally to the care receiver. There was evidence that care staff engage with care receivers' GP's when there is a need to inform them of concerns. The skills and competency of care staff in monitoring care receivers' well-being and taking action when needed, was well-evidenced.

### **Management of services**

Reference was made to Standard 8 of the Home Care Standards which states:  
"The home care service will be well managed."

The service is long established with well refined systems of governance in place that ensure that care packages are coordinated and that the necessary resources are in place. As recorded earlier, there is a comprehensive approach taken to induction, training, and supervision of all staff.

The organisation of the work is overseen by the Manager, but they have administration support and a deputy in place alongside some experienced staff delivering the care in the community. The Manager recognises the range of different skills of their team and will delegate work accordingly. Key staff members are in place who can step up in the Manager's absence. For example, the Manager may not always be fully involved in all aspects of recruitment and selection, as they can be confident of others such as their deputy, being able to take on different roles within that process

Attention was given to some key areas of service, including the IT support systems in place to manage risk inherent with potential missed visits. The Manager demonstrated in practice the phone app which staff incorporate into their routine daily activity when on duty. This provides a robust system of alerting the management team in the event of a missed visit.

In situations where there are unforeseen changes required to a care plan, the provider communicates these changes, to other staff or relatives when appropriate, via email to prioritise. Although this has not proven to be problematic, clarity was sought in respect of the approach to both data protection and the use of mobile phones.

The Manager was able to confirm that data protection requirements are fully adhered to and that only minimal data is conveyed in this way. It was acknowledged that this is the most effective means of communication when time is of the essence. However, as part of a review of the IT infrastructure which is planned in the New Year, it was noted that some attention will be given to considering an investment in more enhanced IT and phone systems. This may promote an improved and fully encrypted system to meet best practice.

Daily communication notes, regular engagement with care workers and care receivers as part of an ongoing review of care plans, are embedded into how the service operates on a daily basis over a 24/7 period. The Manager and deputy cover out of hours for emergency contacts although it was reported that the volume of such calls is not excessive.

One care worker clarified their current workload and the make-up of the care packages which they are allocated. Although the duration of the shortest visits was 45 minutes, it was apparent that other packages vary, depending upon individual need. They also highlighted the good communication systems which are in place and how any updates to care plans are brought to their attention.

One relative commented that they had a good understanding of the means of communication available to them. In the event that they were unable to contact any of the team, the Manager is available as required. This open channel of communication, which the provider promotes, is intended to alleviate any concerns which arise relating to the needs of care receivers. It was however recognised by the Manager that this system would need to be reviewed and addressed, if out of hours calls were to increase significantly.

### **The service will be reviewed regularly**

Reference was made to Standard 9 of the Home Care Standards which states: "The care service will be checked and reviewed regularly to sort out any issues and make things better for you and others."
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A sample of monthly quality reports was available, and it was clear that this Standard was being adequately met. The Manager is nonetheless exploring further options to establish a higher level of independence in the completion of the monthly reports, to better enhance this audit process.

## **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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