



**Jersey Care
Commission**

INSPECTION REPORT

Serene Care Jersey Home Care Service

**St Andrews Church
St Andrews Park
First Tower
JE2 3QP**

14 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

Serene Care Jersey is a home care provider and this is the first inspection since it commenced operating four months ago when registered with the Commission on 8 June 2021.

Registered Provider	Serene Care Jersey Limited
Registered Manager	Derek Ruth
Regulated Activity	Home Care Service
Conditions of Registration	<u>Mandatory</u> Maximum number of personal care/ support care hours that can be provided is: 600 hours per week Age range of care receivers is: 19 and above Category of care is: Dementia Care, Physical Disability and/or sensory impairment <u>Discretionary</u> Derek Ruth registered as manager of Serene Care Jersey Limited must complete a Level 5 Diploma in Leadership in Health and Social Care by 7 June 2024.
Date of Inspection	14 October 2021
Time of Inspection	9 am – 1.15 pm
Type of Inspection	Announced
Number of areas for improvement	Four

At the time of inspection, there were a small number of care packages being provided which were supporting a variety of needs including those relating to

personal care and personal support. The support packages which are provided range from 24-hour care to shorter daily visits which focus on welfare checks. The service is still very new and as such the manager is building the team slowly. Systems are being developed which will ensure that care receivers are supported by staff who have the expected levels of training and experience. The manager is also developing links with other providers and services, to enable collaborative working and training opportunities to further promote best practice.

SUMMARY OF INSPECTION FINDINGS

This inspection was undertaken over the course of four hours by one Regulation Officer. It took place in the provider's office and was announced three days in advance. The Standards¹ were referenced throughout the inspection and the Regulation Officer focussed on the following areas:

- **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**
- **Safeguarding (adults and children)**

Due to the Covid-19 situation, this inspection was undertaken without face-to-face meetings with care receivers in accordance with risk reduction and infection control measures. However, this did not prevent direct contact being made by telephone with some relatives and other agencies. This provided useful feedback about the service.

Due to information which arose from a recent safeguarding alert, some focus was given to the provider's approach to this area of practice. Clarification was provided by the manager about their understanding of adult safeguarding, and of the attention that is given to this within staff training and development. The importance of having good systems for notifications in place was discussed, and scenarios used to demonstrate how concerns should be dealt with. Furthermore, the importance of notifications being submitted to the Commission when notifiable events occur, was also clarified.

An audit of Human Resources (HR) files provided good evidence of the attention which is given to safe recruitment practices. Whilst it was acknowledged that the care team is being developed slowly, some targeted employment of experienced health care workers has been possible. This is aligned with the manager's approach in seeking to build capacity in the team, to better enable it to safely meet the requirements associated with new referrals for care packages, which may be variable in the level of staff resources required.

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

Staff training and development, including probation and induction policies were explored and found to be adequate. It was however noted that there were some gaps in the governance framework which does not promote consistent or adequate record keeping relating to staff performance, where there is a need for monitoring or review. This was identified as an area for improvement.

There was no quality assurance framework in place to monitor and audit the systems in place for standards of care being provided. This was an area for improvement. It was also recognised by the manager that there is a need for some refinement to the existing operational systems. Although these may have met the needs of a very small service, it is evident that there will need to be further development of these systems as the service expands. For example, in a situation where there is a missed visit, the current system relies entirely upon the manager being on call and which is unrealistic for this to be case in the longer term. This is an area for improvement.

The Regulation Officer was impressed by the principles which are promoted by the manager for care receivers to be placed at the heart of care planning. An example was provided of a care plan having been generated directly by the care receiver themselves. The care plan provided clear instructions for staff to follow and represented a commendable approach to meeting this Standard. This was further evidenced by the excellent pictorial guidelines which were available to staff. This, for example, enabled them to check for accuracy of their interventions when assisting the positioning of care receivers who may be most vulnerable to skin damage due to restricted mobility.

Positive feedback was received from both relatives and healthcare professionals who had been involved in commissioning of care packages. A person-centred approach with strong elements of advocacy, was promoted by the manager in their approach to supporting one care receiver, and this was further evidenced in communications which the manager had with both the Regulation Officer and healthcare professionals.

Overall, the findings from this inspection were positive, with good evidence provided about how this new service is operating in ensuring that a range of support packages are consistently delivered. These findings were reflective of the provider's Statement of Purpose (SOP) and aims and objectives, alongside their underlying ethos of care.

The Regulation Officer was satisfied that the care provided is consistent with the Statement of Purpose and mandatory conditions of registration and that the standards of care were being appropriately met. However, it was highlighted to the manager that there were some areas for improvement, which would require further analysis and consideration to enable the service to successfully expand and develop.

INSPECTION PROCESS

Prior to the inspection visit, information submitted to the Commission by the service since registration was reviewed. This included changes to the service's Statement of Purpose, which reflected changes to operational capacity and a move to new office premises. Alongside this a review of progress towards meeting discretionary conditions which were imposed when the service first became registered, was also undertaken.

Due to the Covid-19 situation, this inspection was announced and undertaken in accordance with infection prevention and control measures. This meant that no requests to meet with any care receivers were made on this occasion. However, some follow up contact was made with relatives to ascertain their views on the service and the care provided. Information and observations provided by healthcare professionals involved in some care reviews was also referenced for the purpose of this inspection.

Some attention was initially given to a safeguarding concern which had arisen prior to the inspection. The manager had engaged in some discussion with relevant agencies about this matter prior to the inspection visit, in line with the policy and procedures of Adult Safeguarding Team (SAT). This matter subsequently provided some useful reference for the systems of governance which were in place. It also demonstrated some best practice in the support provided to a care receiver once the manager had reviewed this matter.

The visit commenced with an initial appraisal of the office environment and its utility for operational matters, administration, and training. The initial review and discussion referenced the experience associated with the first four months of being fully operational. The types of care packages being provided and the staff resources available to meet these needs, were clarified in this discussion.

There had been limited communication about any operational matters such as notifications of incidents, since registration. However, this was not of concern given the small number of care packages being provided during this time. A review of systems which are in place to facilitate this, were nonetheless discussed and clarified with the manager.

How the provider will meet individual care packages was explored, specifically with regards to how they review referrals received. This is an important aspect of practice which was highlighted to the manager as part of the inspection framework. A discussion about how they should be able to best evidence this was undertaken, with specific reference to the expected increase in referrals in the future as the service grows.

Documentation including care records and the review and evaluation process, which is followed for these documents, was discussed with the manager. Some options were highlighted as to how they may further refine some of the newly introduced protocols. From these discussions, the minimum data principles which are being

developed for care records were established, as was the audit process which is in place.

A review of the staff personnel file for five members of staff recruited in the last four months was also undertaken. The Regulation Officer was provided with evidence of a range of background checks including references and enhanced Disclosure and Barring Service (DBS) criminal records checks which had been undertaken in respect of the members of staff recruited. Consideration was also given to file notes and record keeping protocols which were in place particularly where staff performance may need to be monitored.

Training and development of the staff group was reviewed from both induction folders and the training log. This is overseen by the manager and a clear training agenda was identified from the Statement of Purpose. A focus on specific areas of care which the provider is intending to cater for as the service develops, was also established from these reviews.

Specific care packages which included both 24-hour packages and smaller (welfare focussed) care packages were discussed. A discussion also took place in respect of how new care packages are established following initial referral, including how engagement takes place with the referrer, the care receiver, and others.

With consideration of the small variety of care packages in place and the small staff team currently employed, the working practices to ensure continuity of care and the deployment of adequate staff resources were clarified.

It was not possible to undertake a review of audit processes or of monthly quality assurance reports. The need for these mechanisms to be in place was clarified with the manager and some examples were provided as to how these might be developed.

At the conclusion of the inspection visit, feedback was provided about the initial findings and the areas for improvement were highlighted. Contact information was requested and provided to enable the Regulation Officer to make contact with relatives and others to better inform the inspection process, in the absence of one-to-one contact with care receivers. This follow-up work was successfully completed within one week of the inspection visit. Two relatives were contacted by telephone to request any feedback they may have about any aspect of the care provision. Additionally, representatives from Health and Community Services also provided an overview and observations about the service and the care provided.

A summary of the feedback received was subsequently provided to the registered manager at the conclusion of this inspection process.

INSPECTION FINDINGS

This was the first inspection since registration and some attention was given to the systems in place to accommodate care packages associated with a range of care

needs. From a review of the current care provided, it was noted that one care receiver required a high level of staff monitoring and supervision over a 24hour period. Conversely another care package was much less intensive and was for a short period of one hour a day, which incorporated a welfare check and a prompt for medication management.

The operational requirements of the service will need to develop as the service grows. The service has a small management structure and limited administrative support currently. This may be appropriate in the short-term but is less likely to be sustainable as the service grows. The manager was aware of this and provided examples of how internal structures will need to develop.

It was positive to note that the manager prioritises advocating for the rights of care receivers and the upholding of person-centred principles in the planning and delivery of care. The service's Statement of Purpose records the following aims and objectives: (we aim to) "deliver the highest standard of care and support to each of our clients and are committed to individualising our service so that each care package is the best possible, for each individual". Although only a small sample of care plans were available for discussion and review at this inspection, the example of one care receiver's involvement in their care planning provided very good evidence of such objectives being fulfilled in practice. This was seen to be of a very high standard where care receivers' involvement was placed at the heart of all decision making and in a way which was collaborative.

There were four areas for improvement made from this inspection which related to systems for managing the service and record keeping protocols. These specifically relate to the monitoring of staff performance, to work activity, to ensuring that all necessary reviews of the service are undertaken and to ensuring that robust processes for audit are in place. These are referenced more fully in the relevant sections as below.

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 with a review of five HR folders. This was undertaken to establish the protocols which are in place and followed for safe recruitment, induction, and supervision.

It was noted from each of the folders which were reviewed that there was appropriate recording of DBS checks undertaken, and that suitable employment references were on file prior to new staff commencing their duties in supporting care receivers. There was also good evidence of the manager exceeding the minimum requirements in that they sought additional references to ensure that all relevant and current information was available for review. All systems that were in place for pre-employment checks were clear, legible and easy to follow from this review.

The format for recruitment and selection was noted from interview questions and it was also stated by the manager that care receivers are involved in recruitment processes when this is achievable.

Competency frameworks for working with care receivers were identified from a review of the training log, and it was noted that some specific training is provided by an external practitioner. This had been signed off by both the trainer and the trainee and related to one care package which involved a high level of support and intervention.

The staff team is comprised of experienced carers with relevant QCF accreditation at level 2 and 3. Induction for new staff focusses on promoting learning to an equivalence of QCF care certificate if they do not have an accredited qualification. Thereafter, ongoing development and accredited training becomes a feature of their training plan.

Use of online training was noted to be utilised for some of the mandatory training but the manager also recognised and highlighted the priority which they give to face to face training. One such objective arose from a team development day where it was requested that a range of training topics be delivered within a real classroom setting. This was anticipated to be provided within the month.

The manager incorporates learning for his team at the earliest opportunity, ensuring that this is incorporated into induction.

Feedback from health and social care professionals were complimentary of the manager and of the approaches to providing care to those referred to the service. This was also confirmed by two relatives who were contacted for feedback about the care provided to their loved ones. One relative stated that their loved one “was happy with the carers supporting them”.

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.”

In reviewing a recent safeguarding alert and the actions taken to address the issue of concern, the manager provided evidence of best practice approaches having been applied. From the information provided and the supporting actions of other healthcare professionals, the person-centred decision making and prioritisation of advocacy were clearly evident.

While only a small number of care receivers were being supported by the service at the time of the inspection, a summary of how one care package has been developed with the direct involvement and contribution of the care receiver demonstrated best practice. The emphasis given to promoting advocacy and to upholding the principles for identifying and clarifying wishes and preferences of the care receiver, in respect to how they may be supported in their home, were commendable. This was

evidenced by the care plans which were initiated and implemented by the care receiver, with support from the provider.

A review of one sample care plan demonstrated how a care receiver was supported to make decisions. It was noted that information was recorded in a way which best facilitated the consistent provision of care in accordance with the care receiver's wishes and preferences. The format utilised photographs and was practical for staff to follow.

Care planning frameworks were noted to focus on the "This is me" narrative whereby personal information is recorded in a way which fully informs carers about the person's history, preferences, and specific care needs. This information includes practical guidelines for example about dietary preferences or in relation to communication needs.

From a review of one specific practice issue that required managerial review of staff performance, it was evident that a care receiver had been fully involved and consulted. They were able to provide feedback about their satisfaction and comfort. This demonstrated the degree of focus and priority which is given to promoting choice and in sourcing the consent of care receivers.

A discussion took place with the manager about how they process new referrals. This highlighted their primary role and responsibility in determining the appropriateness and viability of taking on any care package. It was confirmed with the manager the importance for gathering all relevant information before committing to any care package. This ensures that the manager is fully informed about the individual's choices, needs and preferences.

One relative confirmed that the process of assessment undertaken by the manager before care had commenced, included some engagement with them to establish the approaches which might be adopted in delivering care. This was particularly important because the care receiver was unable to articulate some of their needs due to a cognitive impairment.

One health professional had some discussion with the Regulation Officer some weeks prior to the inspection visit. In this conversation, they had conveyed positive views about how the service had engaged with a care receiver that they were involved with. Notably, they had observed the person-centred focus which had been demonstrated in the care planning process with the care receiver.

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."

The service is newly registered to provide personal care and support with a focus on older adults, dementia care and physical disability. At the time of inspection, there were only a small number of care receivers being supported by a small team.

The relevant qualifications of QCF level 2 and 3 were confirmed for the team currently employed and who are supported by direct supervision of the manager. The core mandatory training which will be included in any induction process was clarified. It was demonstrated that such training includes each of the expected areas of practice to support the categories of care set out in the provider's registration.

The range of care packages was noted to be quite broad in scope which includes welfare checks and support for medication management for one care receiver, to a more intensive care package that incorporates 24-hour care. How these variety of care needs are supported by staff was clarified with reference to how the service operates in allocating staff resources. Furthermore, how staff will be monitored and supervised in practice was also discussed.

With reference to a recent concern raised about staff conduct and competence, as highlighted by the manager during the inspection, it was established from a review of the training log and care records that relevant training had been provided. It was highlighted by the manager as to the approach that is taken in ensuring that all staff are fully appraised about the care needs of each care receiver. If not deemed fully competent or adequately skilled to carry out a task, then alternative staff will be deployed until such times as the member of staff has received the necessary training. For example, if a staff member is required to administer medication, they will be required to achieve relevant medication management competency.

With reference to staff performance, it was recognised that the manager had recently taken prompt action to review and address an operational issue that had made changes to the deployment of staff to support one package of care. It was however noted that the manager had failed to accurately or consistently record the review and the actions taken about one member of the teams work performance. This did not demonstrate best practice for record keeping for supervision and the monitoring of staff performance. This represents an area for improvement and this was fully recognised by the manager during the inspection.

It was clarified that the service provides only personal support and personal care under the terms of its registration. However, the high level of dependency for one care receiver was noted and this sometimes requires that interventions are implemented to alleviate some physical distress where risk is identified. From a review of the training log and HR files 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 Care² as is expected practice. It was also noted from this review, that the training had been signed off by both professionals providing the training and by the employee, with their competency and understanding also recorded.

One relative spoke very positively of the good communication and engagement they have with staff on a daily basis. This good communication was further supplemented by the care records and other literature available to them.

² [JCC-Guidance-personal-care-and-clinical-tasks-adult-social-care-ratified-20190314.pdf](https://www.carecommission.ie/JCC-Guidance-personal-care-and-clinical-tasks-adult-social-care-ratified-20190314.pdf)
([carecommission.ie](https://www.carecommission.ie))

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 very new and is still developing operationally. Therefore, the service has adopted a conservative approach in accepting new referrals to enable the team to properly develop and for additional recruitment to take place.

The roles and responsibilities of the manager were explored in some detail during the inspection. The manager is responsible for supporting and monitoring staff performance, alongside overseeing the delivery of a broad range of care packages. The manager was able to identify the strategies, aims and objectives of the service which they incorporate into the day-to-day running of the service. It was apparent that the service's infrastructure, governance and administrative support are areas which need development. While this is not unexpected as the service is still building a caseload and staff team, there were some areas for improvement highlighted from these discussions and review.

Currently the service relies heavily on the manager to cover all out of hours on call responsibilities. Although to date this has not proved onerous or generated any significant volume of calls outside of conventional times, this situation is unlikely to be sustainable in the long term given that out of hours support may be needed at any time. It was therefore advised that some consideration and planning should take place for delegated “on-call” rosters to be developed as the team and care packages increase. This was acknowledged by the manager who also cited the administration support which is currently in place. It was apparent that this support is likely to need review in order that the registered manager is appropriately supported in undertaking their role.

With further consideration for how the service is managed there was an area of concern identified for how missed visits would be addressed. It was highlighted to the manager the potential risk whereby there is no system currently in place that will alert anyone if a missed visit occurs unless either the staff member or the care receiver make the manager aware. While this may represent a small risk currently, the risk is likely to increase as the service expands. There is therefore a need for a more robust system for such alerts to be generated. This would better enable the provider to take prompt action to address such an issue and would better protect the safety and wellbeing of care receivers. This is an area for improvement. The provider may consider the use of an IT solution or use of an app to address this area and to facilitate timely action.

While the care planning principles and strong person-centred ethos was well evidenced from a discussion and review of sample care plans, it was advised that some formalising of care record minimum data should be reviewed. This should incorporate routine reviews and evaluation records to be made i.e. at a minimum of three monthly intervals. However, it was acknowledged during the inspection that care plans had only recently been initiated and that the three-month reviews were pending.

From a discussion with the manager about their vision for how they wish to develop the service, it was highlighted that much currently relies solely on their input and direction and there is only limited governance in place. There were no monthly quality assurance reports on file. There was an absence of any formal process to review the service. This is an area for improvement. While the Regulation Officer was assured of best practice approaches in the delivery of care by a range of anecdotal accounts of care receiver engagement and from a review of care plans, the development of managerial oversight and associated resources to monitor all aspects of the service in a more structured and measurable way was clearly indicated.

Referrals received are primarily from H&CS and it was discussed with the manager how they manage this. It was noted that referrals are sometimes of an urgent nature and are associated with hospital discharge planning. This leads to there being pressure to accept referrals. From a discussion with the manager, it was highlighted that, despite this pressure and urgency, there remains a need to gather all of the required information before committing to any package of care. This enables the manager to establish that they have the capacity, resources and competent staff group in place to safely meet the needs associated with any new care package. This was acknowledged by the manager and some refinements as to how they may undertake a robust assessment of all referrals were identified from this discussion.

At the start of the inspection process some focus of enquiry was given to a recent safeguarding alert. It was well evidenced from a review of how this matter had been handled by the manager that it had been handled in a prompt and proportionate manner. It was evident that the manager had consulted with the care receiver and that this Standard had been met. In addition, the manager had adopted a restorative approach and had ensured that the care receiver was comfortable and satisfied with the approach taken. In conclusion, the manager had identified some further actions to be taken to improve the care provision for this care receiver and this was demonstrative of good practice being promoted.

Following a referral, the provider ensures that payment schedules are arranged. This may involve ensuring that Long Term Care funding is in place and that a social worker is engaged in setting up a placement. Whilst this provides the necessary contractual arrangements for funding of care; it was noted from a discussion with the manager that formal contracts between provider and care receiver are not in place. Standards 1.2 and 1.3 reference the requirement for a written agreement including terms and conditions. This is an area for improvement.

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 not available during the inspection. This important area of practice was discussed in some detail with the manager. This is an area for improvement.

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.

During the inspection, areas including approaches to safeguarding, notifications of incidents and duty of candour were explored with the manager. The manager was able to provide good evidence that these matters are addressed within induction, training, and development of staff.

In discussion, best practice was clarified in respect of engagement with relevant external agencies including the Safeguarding Adults Team and the Commission, when there is a need to seek advice or to share information. The manager demonstrated their understanding and the priority which is given to this area of practice.

IMPROVEMENT PLAN

There were four areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 3</p> <p>To be completed by: With immediate effect</p>	<p>Where any issues arise about staff performance, records should be made as file notes in a timely manner. This will enable documents to be easily referenced and is in line with the list of records identified in Appendix 3 of Home Care Standards</p> <hr/> <p>Response by registered provider:</p> <p>As Serene Care Jersey grow as a company, our system and internal structure is becoming stronger. Since our inspection, Serene Care has recognised this area for improvement, specifically in relation to staff performance. Going forward the intention is to ensure that all issues are addressed as soon as recognised/reported. We are committed to acting promptly and undertaking any action necessary with urgency.</p> <p>Through reevaluating and rearranging the Managers schedule to incorporate more office hours, we have made sure that in every instance, record keeping is prioritised and carried out in a timely manner. This additional resource of time has allowed us to begin carrying out service satisfaction audits/feedback forms with all of our Clients.</p> <p>As the company continues to grow, Serene Care will continue to reevaluate resource allocation to ensure that our standard of record keeping can be held to the highest standard possible.</p>
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<p>Area for Improvement 2</p> <p>Ref: Standard 8</p>	<p>The registered provider must ensure that there are adequate systems in place/available that will immediately alert relevant personnel to missed visits</p>
<p>To be completed by: 3 months from the date of inspection (14 January 2022).</p>	<p>Response by registered provider:</p> <p>Serene Care Jersey are currently rolling out a call monitoring system. This system is provided our online rota-ing programme, so coincides accurately with Carers rota-ed care hours and updates immediately with any changes made to a Carers hours.</p> <p>This call monitoring system enables Carers to download an app, and check-in and out of care appointments. If a Carer is late to check into a care appointment the Registered Manager receives an email notifying him of this and can follow it up with immediacy.</p> <p>We have created a supportive, in depth pdf document to support staff downloading and using the app. This is currently being rolled out across the company and is well on the way to being fully implemented across Serene Care Jersey by 14 January 2022.</p> <p>With the creation of this document and call monitoring being rolled out, new carers will be able to begin working with us using the call monitoring system from the very start of their employment.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 9</p> <p>To be completed by: 2 months from the date of inspection (14 December 2021)</p>	<p>The quality of services provided should be kept under regular review. The provider has a 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.</p>
	<p>Response by registered provider:</p> <p>Serene Care Jersey have teamed up with another Registered Manager on the Island who is part of an established and reputable care team who will report monthly on the quality of care provided and compliance with registration requirements.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 1</p> <p>To be completed by: 1 month from the date of inspection (14 November).</p>	<p>The registered provider must ensure that a list of records on file for review should include written agreements and contracts between provider and care receiver as relevant to care packages provided and any agreed plan of care. This is in line with the list of records identified in Appendix 3 of Home Care Standards</p>
	<p>Response by registered provider:</p> <p>Written contractual agreements have been drawn up for each individual Client, these are personalised and relate directly to their care package and care plans.</p> <p>These have been circulated by the Registered Manager to each Client's home, where Clients are able to take their time in reading and considering the agreement.</p> <p>We are currently following up our final few Clients in getting these contracts signed and returned to us.</p> <p>All new Clients now receive a copy of their individual Client contract when their care service commences.</p> <p>To support the implementation of Client contracts, Serene Care are in the process of creating Client Guidance Packs.</p>

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



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