



Jersey Care
Commission

INSPECTION REPORT

Serene Care Jersey Home Care Service

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

5 April 2022

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity 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 Serene Care Jersey Limited Home Care Agency, a home care provider established 8 June 2021 and subject to one previous inspection 14 October 2021.

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| 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 | 5 April 2022 |
| Time of Inspection | 9 am – 12.45 pm |
| Type of Inspection | Announced |
| Number of areas for improvement | Two |

Since the last inspection, the Commission has had limited contact with the service with reference to routine notifications and/or enquiries about any specific operational issues. There have been no concerns arising from any of this communication and engagement by the Provider with the Commission has been positive.

The service is still relatively new and has taken an understandably conservative approach in developing its client list. This has been to ensure that its limited staffing resource and developing management structures are not put under undue strain. Currently there are 10 care packages being supported by the service.

The Statement of Purpose remains current and appropriate to the categories of care provided but there is some consideration for increasing the categories in the future. However, this will not be progressed until the service has further developed its governance arrangements.

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

It was noted at the time of the inspection that there was a heavy reliance on the Registered Manager to oversee all operational matters, with limited delegation of duties to any deputies. This is identified as one area for improvement alongside the need for a further review of training and development plans for staff. These measures should serve to promote clearer lines of accountability and defined roles that may operate at any time in the absence of the Registered Manager.

It was recorded on the day of the inspection that a total of 10 care receivers were receiving support, according to the care records, with a variety of care provided including personal support and personal care.

It was noted that there was an intensive level of care and monitoring being delivered for one care receiver who requires very specific and skilled interventions. There was

good evidence of best practice approaches being applied, with care receivers being directly involved in the planning of their own care.

Reference was made to the four areas of improvement recorded in the last inspection report and the response as provided at that time. These were all further reviewed at the commencement of this inspection, and it was noted that all of the improvements had been addressed. This included well documented supervision records, auditable process being in place for missed visits and notifications of the same now clearly in place, independent quality assurance monthly reports being retained on file and comprehensive contracts in place for all care receivers now retained on file.

Supporting evidence included sight of care records, a wide range of policy and procedures, the training log of staff including plans for enhanced training and accreditation alongside face-to-face training to supplement online modules.

Positive feedback from care receivers or their relatives who were contacted for their views about the service was recorded and was also reinforced by some feedback provided by independent healthcare professionals.

INSPECTION PROCESS

This inspection was announced with two weeks' notice, in order to accommodate the service's needs and to ensure the Registered Manager's availability. The visit to the main office was completed on 5 April 2022 and follow up enquiries with care receivers, relatives, care staff and healthcare professionals were concluded within two weeks of the visit.

The Home Care Standards were referenced throughout the inspection.¹

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

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report. The Regulation Officer sought the views of the people who use the service, and/or their relatives, together with members of the small staff team. Additionally, two independent healthcare professionals were contacted for feedback as part of the inspection process.

During the inspection, policies, care records, incidents and clarification of any complaints logged were reviewed or examined. Recruitment and selection of new staff was also reviewed from an inspection of references and Disclosure and Barring Service (DBS) certificates. Analysis of the Provider's development and progress of a relatively new service was also undertaken, with reference to sources of referrals and any capacity for expansion of current caseload.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager. This report sets out our findings and includes areas of good practice identified during the inspection.

INSPECTION FINDINGS

At the last inspection, four areas for improvement were identified that required routine follow up on this visit. Reference to staff performance and records that should be made as file notes in a timely manner was noted to now be appropriately in place and followed. Adequate systems for alerting relevant personnel to any missed visits was demonstrated and was clarified with reference to a call monitoring system aligned with a recognised "care planner" home care software. The Provider now engages with the manager of another regulated service who reports monthly on the quality of care provided, and a sample of these reports was reviewed. All care

receivers are now issued with a copy of their individual contract when the service commences and a sample of these was reviewed.

Further discussion about resources available to the Provider at an operational level on a day-to-day basis over a 24-hour period was explored, with reference to some of the aforementioned roles and responsibilities of a registered manager. The Regulation Officer was able to note the commitment and time which the Registered Manager has given to the service since registration, but which relies excessively on their direct involvement and oversight for all operational issues arising. While there were no issues of concern with the findings of the inspection and some good examples of best practice were noted, it was nonetheless indicated that there were two areas for improvement. This is reflective of the service still being new and the need for further development of roles and responsibilities within a small staff team.

Reference to notification of incidents, death notifications and contacts made by the Provider with the Commission about operational issues as filed was made prior to this inspection. This provided good evidence of the Provider's reporting systems and of the attention that is given to promoting safe working practices for the benefit of both care receivers and care staff. There was a particularly positive example of appropriate challenge by the Registered Manager of external professionals in respect of appropriate policy and procedure being in place and properly followed.

The overall findings from this inspection highlighted the Provider's very positive approach to supporting care receivers and with a strong focus on user empowerment and advocacy being noted. The Regulation Officer was impressed with how the Provider approaches the care planning process with the fullest engagement and on occasion direct participation of care receivers in generating their own care plans. Similarly, the attention that is given in providing a good level of induction supported by observations of practice and competency throughout each new employee's probationary period, further demonstrated a strong ethos for training and development of care staff. Furthermore, in respect of care planning principles, one example of requesting and receiving care receiver feedback was exceptional. This was in terms of the attention which is given to clarifying care receiver satisfaction and confidence of any carers supporting them.

Feedback from care receivers and/or relatives provided a positive endorsement of how the service operates and that included comments as below:

“I am more than satisfied and my family are very pleased”

“I can’t fault them since they have taken over and Xxx will communicate with us well”

“They go over and above what they need to”

“They [(family)] know he [Registered Manager] would ring them at any time”

“Things have definitely turned around for mum since they took over Xxx care”

“Totally trust him [Registered Manager]”

“Excellent, more than excellent”

“I usually see the manager at least once a week”

“I would recommend them, they are excellent, can’t fault them at all, very professional and never had a problem”

“They are always punctual and if any delay they will text me, good communication, staff seem well trained”.

Feedback from healthcare professionals also provided positive testimonies of how the Provider and staff conduct themselves in support of care receivers.

The overall findings from this inspection evidenced a well organised service with safe systems of working in place but with ongoing review and consideration for developing the service within the limitations of a small staff team. These systems incorporate the key components of care and support being appropriately and consistently delivered by a well-trained team of carers with close monitoring and oversight of all care packages by the Registered Manager. The reliance on one

person to carry out all managerial roles was an area discussed in some detail and two areas for improvement were identified to address this as the service develops further.

Safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.

A discussion with the Registered Manager established that a quality assurance framework is now embedded into ways of working and is facilitated by a manager from another service. There were no themes of concern from a review of monthly reports, but it was noted that the approach which is followed may allow for specific attention to any aspects of safety as part of this monitoring if or when indicated. From a discussion with the Registered Manager, the scope and flexibility for their quality assurance framework to ensure that routine monitoring for Standards relating to safety can be carried out consistently was confirmed, was established.

File notes recorded by the Commission concerning issues of concern raised by the Registered Manager demonstrated that a proactive approach is taken in addressing any issues of potential risk to a care receivers health and general safety.

In this matter, the actions and engagement with other agencies initiated by the Registered Manager, demonstrated that best practice was being demonstrated, to ensure that care receivers' needs were being appropriately met. In the event that this was not the case, appropriate actions by relevant agencies were subsequently identified.

Similarly, file notes which were reviewed for safety concerns about staff were also noted. Supervision records were clearly maintained on file where issues had been investigated by the Registered Manager and it was apparent that appropriate arrangements were made to resolve any matters of concern.

Since the last inspection, further policy and procedures have been drafted or updated and the Provider now has a comprehensive portfolio for reference which

includes a range of documentation relating to aspects of safety aligned with the Standards. These include clinical policies which relate to, managing clinical waste, equipment and devices (safe use of hoists), health and safety, incident/accident/near misses, infection prevention and control. In addition, other policies which were in place related to working practices including lone working, management of records and information, safe recruitment and safeguarding. It was discussed as to the benefits of First Aid kits and equipment being sourced in care receivers' homes if necessary/appropriate. In addition, for such kits to be provided to staff as part of any routine equipment with which they are issued, was advised as being a matter for further consideration.

Documents provided for inspection included "Competency: Checking the hoist, battery & sling before use with a patient". Each trainee staff member is required to demonstrate their competence in the use of equipment. This is assessed and signed off by both the assessor, usually the Registered Manager and the trainee. This approach demonstrated that a detailed approach is taken in addressing issues relating to safety. One employee confirmed with the Regulation Officer that they had recently completed a safe handling update and that the evaluation of this had been undertaken by the Registered Manager.

The Registered Manager confirmed that new staff undertake shadow and induction shifts to ensure their competency prior to undertaking specific tasks independently or working as a lone worker. It was also clarified that employees' insurance certificates for the use of their own vehicles for work purposes is checked as part of employment contracts and declarations.

Phone apps have been introduced since the last inspection which alert relevant personnel to any missed visits through a call monitoring system aligned with recognised "care planner" home care software. This addresses any potential risk to care receivers, in the event that a staff member cannot attend a home visit for an unforeseen reason. It was noted that if this arises, an identified person, usually the Registered Manager, is automatically informed within a defined period of time to address this gap in service. This system demonstrated that a robust and effective

system had been integrated into routine working practices. This was also confirmed from discussions with some of the care staff.

Safe recruitment of staff was also discussed and reviewed with good evidence of best practice for safe recruitment principles being applied.

Medication management is an area of practice that the Registered Manager has oversight of on a daily basis. As not all of the staff have the accredited medication training, arrangements are in place to ensure that care receivers who need to have medication administered are visited by an accredited staff member. However, this causes some logistical and operational challenges where duplicated visits are needed. It was noted that three carers are currently awaiting the opportunity to gain medication competency through a recognised local training centre. Nonetheless, the approach to this aspect of safety in care packages provided is reassuring to note.

It was clearly evident from a discussion and review of relevant policy and procedures and supporting documents in place, that the Registered Manager/Provider places an appropriate focus and investment on time and resources to promote safety for all care receivers and employees. One area for development was highlighted with reference to the reliance on one person, the Registered Manager, to oversee all operational matters and be the point of reference for any concerns on a daily basis. In this matter there was some element of risk to care receivers and employees if for any reason the Registered Manager was unavailable given that there was, at the time of the inspection, no identified deputy who could provide cover.

This is an area for improvement. There is a need to incorporate training and development of key members of the staff team and to build on the governance arrangements which are in place. This potentially could include specific courses for staff to attend or, on a more practical level, identifying some of the operational roles and responsibilities currently only within the remit of the Registered Manager that might be delegated to other staff as needed.

Care and support

The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.

Positive feedback was received from a number of care receivers and relatives which included specific comments about the direct engagement and accessibility all parties have with the Registered Manager. Key aspects of this related to all being fully involved and updated regularly about all aspects of care being provided or needed.

Decision making and advocacy for care receivers was very well demonstrated from all sources of evidence provided and no less so from the information which the Registered Manager conveyed. The Regulation Officer was impressed by how the ethos and philosophy of care which the Registered Manager aspires to provide was clearly demonstrated and referenced by care receivers and relatives.

The approach to placing care receivers and their close relatives at the centre of decision making was best demonstrated in practice by descriptions and examples of care receivers generating their own care plans. In addition, some care receivers are involved in the assessment and feedback about staff competency for specific care interventions. This evidences a very holistic approach to meeting Standards relating to compassionate care, and in promoting and maintaining care receivers' dignity and respect.

Some examples in practice of meeting specific and challenging care needs were provided which demonstrated that a creative and flexible approach is taken in ensure care receivers' autonomy and independence is optimised. This promotion of autonomy is appropriately balanced against the need to ensure well-being and comfort within safe parameters.

A discussion took place about the challenges associated in supporting care receivers who, due to cognitive impairment secondary to living with dementia, may have limited capacity to fully articulate their wishes or preferences. In such matters as this, it was positive to note how the Provider had worked collaboratively with other

agencies when it was identified that individual care receivers needed a higher level of care than that which can be provided in the community, by initiating timely and appropriate referrals.

One relative spoke positively of the service and highlighted some of the communication they received including photographs of their loved ones enjoying activities supported by carers. They remarked about how these “happy pics” provided much reassurance and comfort to them particularly where they have very limited opportunity to visit themselves.

A sample of care plans were reviewed which demonstrated that a comprehensive approach is taken in devising step by step instructions to be followed by care staff undertaking specific care tasks. It was noted that staff induction/introduction is incorporated as part of that care planning process. It was evident that the Provider’s approach to care and support is one which includes several aspects such as full assessment, written care planning, and assessing the compatibility of care staff with care receivers. Also, where indicated, assessment of staff competence to deliver specific care interventions is undertaken as required.

As a result of the small size of the service, the Registered Manager remains fully involved in all aspects of assessment, planning and interventions. It was apparent that this is likely to become more challenging to sustain over time, as the service increases in both size and scope. There is a need to broaden the roles and responsibilities of other staff members to ensure that sustainability is assured. This was fully acknowledged by the Provider/Registered Manager and is recorded as two areas for improvement at the end of the report.

Training

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| The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities. |
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The training log was provided for review. Care staff undertake competency assessments in-house relating to being able to undertake specific care interventions.

This includes oversight and sign off by registered healthcare professionals including physiotherapists and speech and language therapists. In addition, staff access core training through the Social Care TV modules which is underpinned by ongoing observation in practice and supervision.

It was confirmed that at least 50% of staff members have achieved the Regulated Qualifications Framework (RQF) Level 3 accreditation, with others awaiting confirmation of course availability. The Regulation Officer noted some of the challenges in accessing local training due to reported waiting lists but was reassured by the importance and priority which the Registered Manager places in sourcing this.

It is anticipated that the Provider will develop some in-house training and/or assessor accreditation to enable some mandatory training of staff to be directly signed off by them. This will undoubtedly further promote a well-developed and easily accessed training resource that will strengthen the culture of learning which the Registered Manager already aims to provide.

At the time of the inspection, the Provider/Registered Manager was actively involved in all aspects of service delivery. While this ensures that Standards are monitored and maintained to a high level, it was highlighted that this is likely to become problematic if a support network is not developed, with other staff taking on some of these roles and responsibilities over the longer term.

With consideration for the above issue, the Registered Manager provided a plan for how this may be addressed moving forward, with a training needs analysis identified as a key part of this. This identified where there is capacity in the existing workforce to develop the skills and confidence necessary to undertake managerial roles or responsibilities. The building of staff competencies to enable them to step up or take on some of the current workload of the Registered Manager was therefore identified as an area for improvement.

It was noted, from speaking with care staff as to the positive views of the Registered Manager:

“Good feedback from Derek”

“Any concerns I can contact him anytime”

“He is really good to be honest and he was there 100% for me”

“Always listens to us, always gives feedback to me, I like to work for him”

“I enjoy my job and care plans very, very helpful to follow”

Supervision records were reviewed, and it was noted that timely interventions and follow up 1:1 had been provided where practice issues for an employee had arisen, which required a higher level of supervision and support than would otherwise have been routinely provided.

A discussion took place about the Provider’s ambition to develop the service and incorporate some other categories of care onto their registration. It was noted some of the limited staffing resources and governance in place at this time which will require further development before this is progressed. Additionally, there would need to be the provision of additional and specialist training modules in addition to the mandatory subjects which are currently provided if this was to be requested. This was fully acknowledged by the Registered Manager.

IMPROVEMENT PLAN

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

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| <p>Area for Improvement 1</p> <p>Ref: Standard 8.2</p> <p>To be completed by: within two months</p> | <p>A training needs analysis for the staff group is to be undertaken to ensure that adequate competency and qualifications are in place (or will be obtained), to enable delegation of duties in the absence of the Registered Manager if or when required</p> |
| | <p>Response by registered provider:</p> <p>Training analysis undertaken. All staff currently in place are equipped with adequate competency and qualifications. New staff are assessed during their onboarding process.</p> <p>Delegation of duties in the absence of Registered Manager have been considered in view of the above training analysis. The long term goals/plan for Serene Care Jersey have been taken into consideration in relation to the present skillset of staff. This information is now able to be integrated as Serene Care work towards a more sustainable mode of delegation.</p> |

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| <p>Area for Improvement 2</p> <p>Ref: Standard 9.3</p> <p>To be completed by: within two months</p> | <p>There will be clear lines of accountability with roles and functions clearly set out and followed by identified person (s) as part of workforce strategy. This will ensure that structure, function, roles and responsibilities are clearly defined for anyone deputising in the absence of Registered Manager.</p> |
| | <p>Response by registered provider:</p> <p>Roles and responsibilities of staff members and Registered Manager are currently clear in terms of lines of accountability in the form of job descriptions.</p> <p>In view of the previous area for improvement, Serene Care will work to introduce positions for staff that hold more delegated responsibility, such as Team Leaders/Senior Carers. These positions will ensure that the structure and</p> |

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| | <p>function of Serene Care is not affected by the absence of the Registered Manager.</p> <p>Contingency plan to be drawn up to sit alongside the 'Absence of the Registered Manager' policy and procedure.</p> |
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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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