



**Jersey Care
Commission**

INSPECTION REPORT

Karen's Care Agency Limited

Home Care Service

Office 1

Beaumont Business Park

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St Peter

JE3 7BU

14 October 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 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/ support care hours that can be provided is: 2250 (Medium Plus) Age range of care receivers is: 18 + Category of Care provided 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
Date of Inspection	14 October 2022
Time of Inspection	9 am – 12.45 pm

Type of Inspection	Announced
Number of areas for improvement	One

The discretionary condition on the service’s registration was discussed during the inspection, and the Registered Manager confirmed that they are actively working towards completion of the Level 5 Diploma. Prior to the inspection an application had been submitted by the Registered Manager for an extension to the completion date. This had been discussed with the Commission due to circumstances arising from challenges experienced during the pandemic. An extension to this discretionary condition was granted with completion date now identified as 26 January 2023.

Since the last inspection, the Commission has had limited contact with the service with reference to routine notifications. However, enquiries and matters arising about possible safeguarding concerns have been appropriately raised by the Registered Manager as best practice. There have been no issues arising from any of this communication and engagement by the Provider with the Commission.

At the time of inspection, the service was supporting 24 care receivers, with 19 employees working mainly in care roles but with a small administration and management team also in place of this number.

The service is well established and has a Statement of Purpose that records relevant and unchanged information about its operational remit and approach to the provision of care to care receivers who have a range of needs as reflected in the categories of care.

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 the key role which the very experienced Registered Manager retains in overseeing all operational matters, but with delegation of duties to a deputy manager also in place. The opportunity for some further refinements to the on-call roster was highlighted as something to be considered with reference to the challenging workload that may otherwise fall primarily onto the Registered Manager. However, this is not a concern as there are clear lines of communication in place, and accountability within defined roles that will operate at any time in the absence of the Registered Manager.

It was recorded on the day of the inspection that a total of 13 care receivers of the 24 receiving support were living with dementia. Importantly, the attention to training and support of staff in promoting the best care interventions for those living with dementia was clearly framed in the training log, with evidence of the supervision of staff in practice.

It was noted from care plans reviewed as to the instructive and helpful information provided that would enable appropriate interventions to be followed in supporting care receivers. There was good evidence of best practice approaches being applied, with care receivers or relatives being directly involved in the planning of their care.

Information provided and evidence as viewed demonstrated a professional approach in promoting safe working practices, with robust administrative policies and procedures in place, including safe recruitment practices. However, it was highlighted that there had been a low volume of notifications received by the Commission. Further analysis was therefore advised to determine whether some incidents i.e., falls or minor injuries that may occur in practice, may have required routine notification to the Commission. It was apparent that some revision to internal reporting systems was needed. This is an area for improvement.

Positive feedback was received from care receivers and relatives who were contacted for their views about the service. This was reinforced by feedback provided by independent healthcare professionals and employees. This feedback

evidenced that the Standards of care were being very well met and promoted by the service.

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 14 October 2022 and follow up enquiries with care receivers, relatives, care staff and healthcare professionals were concluded within one week of the visit.

The Home Care Standards were referenced throughout the inspection.¹

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 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.

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

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 there were no areas for improvement identified that required routine follow up on this visit.

The resources available to the Provider at an operational level on a day-to-day basis over a 24-hour period were explored, with reference to the roles and responsibilities of the Registered Manager. The Regulation Officer was able to note the commitment and time which the Registered Manager gives to the service, which includes some flexibility on their part to cover any unexpected absence of care staff by involving themselves in direct caring roles if so required. Importantly, if or when this arises there is a good governance framework in place that will cover for the Registered Manager being away from the office, this includes defining the roles of the Deputy Manager and administrators who can provide the necessary support to cover any such absences.

A review of notification of incidents, death notifications and contacts made by the Provider with the Commission about operational issues, was made prior to this inspection. This provided evidence of the attention which the Provider gives in promoting safe working practices for the benefit of both care receivers and care staff. However, from discussion, some further analysis was indicated to establish whether any incidents i.e. falls or minor injuries that may have occurred in practice had met the threshold for routine notification to the Commission. It was identified that some revision to internal reporting systems was necessary. This is an area for improvement.

The overall findings from this inspection highlighted the Provider's very positive approach in supporting care receivers, with the Registered Manager providing strong leadership and support of their team. This was well evidenced in some

communication submitted by email to the Regulation Officer by staff before and following the visit to the offices.

Similarly, the attention that is given in providing a good level of induction which will be supported by observations of practice and competency throughout each new employee's probationary period was set out during the inspection and was confirmed in discussions with some employees.

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

"I am very satisfied with the service, I cannot speak highly enough of them"

"They are really very good, one lady is excellent and very caring. When my XX returns from an outing with any of them [care staff] XX is always happy"

"They are wonderful"

"Really pleased, carers are fabulous"

"My XX was initially reluctant to have carers coming into the home, now XX says they are like family"

"They will provide advice and confirm things for us and are so supportive in so many ways"

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

"More generally they are always very responsive when we need information on how care packages are working and willing to work together to ensure the best care is being delivered".

“Their interpersonal skills are good, very good communication and are always easy to contact”.

“I have observed the staff from Karen’s care agency and they have always been well presented, polite and show how they care for what they are doing. I have not heard any negative feedback from the clients. They appear to be good at time keeping and if for any reason they are going to be late they have phoned the client to enquire if they are ok and that they are running late. They have always sent feedback the clients and contacted us if they have any concerns to escalate”.

The overall findings from this inspection were of an established and experienced Provider/Registered Manager operating a well organised service. Safe systems of working were in place with suitable monitoring and review of the service as provided and recorded in an independent monthly quality assurance report. This is compiled from a clearly defined methodology and audit cycle referencing the Standards.

Safety

<p>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.</p>
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A discussion with the Registered Manager confirmed the quality assurance framework that is embedded into ways of working. This is provided by means of a mutual peer support and with helpful professional challenges from a manager of another regulated service, who compiles monthly reports.

File notes recorded by the Commission concerning issues of concern raised by the Registered Manager demonstrated their attention to any issues arising that may pose any sort of risk to care receivers or staff. In one incident reviewed, this related to sensitive information and possible data breaches which were subsequently raised with relevant agencies in accordance with appropriate governance.

The service maintains a good internal filing system which the Regulation Officer was able to review. There was evidence of file notes relating to safety concerns and of

how these had been addressed appropriately. Supervision records were maintained on file. There was evidence of detailed and robust policies and procedures.

It was confirmed that no specialist equipment was needed at the time of the inspection and as such there was no need to review maintenance records. A basic first aid kit is provided for care staff to retain as they go about their roles, but there was limited evidence that this had been needed in practice. One care receiver reported the very prompt action by the Provider in ensuring that they had the necessary equipment to promote and address practical and safety issues.

Administrative staff provided a number of documents that evidenced a consistent approach in checking employees' valid insurance for use of vehicles if using to escort any care receiver in the community. Copies are provided by employees, with statements and agreements for the use of own vehicles retained on file.

All policies and procedures relating to safe working practices are readily available to all staff via an online portal (Icare) and which has encrypted access by employee passwords.

Good practice was confirmed for medication management with competency assessments undertaken for the majority of care staff. Where staff have yet to complete this training, back up staff are rostered to ensure medication management is in place for care receivers requiring such assistance. Where any issues arise for medication concordance, storage or administration, the care receiver's GP is contacted in the first instance for advice. It was noted, in respect of care receivers living with dementia that there were no covert medication interventions being sanctioned at the time of the inspection. In the event that this is required, this would only commence once there is relevant sign off by key healthcare professionals including GPs.

Where any care staff are involved in supporting financial transactions e.g., the use of petty cash, a clear audit trail is retained with receipts maintained on file. In one example, an identified relative oversees financial transactions through a formalised

joint audit of all such records in line with the care receiver's care plan and internal policy.

The safe recruitment of new employees was reviewed through a review of the files associated with their recruitment. All best practice was noted which included the obtaining of references and Disclosure and Barring Service (DBS) criminal records checks in a timely manner prior to the staff member commencing work with vulnerable care receivers.

Safe practice protocols and ways of working for lone worker shift patterns were explored and a measured approach is consistently applied in responding to any concerns that may arise for employees working in isolated areas. Alongside this, any issues arising for care receivers and missed visits is addressed with a robust phone app which raises any alerts, which are then progressed through the on-call telephone system and/or Registered Manager engagement.

Feedback from one healthcare professional recorded positive testimony relating to managing risk as follows:

"They were proactive in requesting review when there had been a change in presentation but able to respond quickly in putting in place additional measures to ensure safety"

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. One employee who made contact with the Commission to provide feedback reported a positive and helpful working environment, stating *"I love my job"* and confirmed that they receive regular supervision and that their training needs are reviewed routinely.

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 care receivers and relatives which included confirmation of good systems of communication in place to support care planning principles, review and evaluation of care needs. It was apparent that the service has adopted an open and transparent approach to such matters with hard copy records being retained and readily available in the care receivers' homes for reference.

Consultation and involvement in care planning was evident, with all relevant parties encouraged to contribute as appropriate including relatives. Positive feedback was also provided by healthcare professionals which confirmed the approach and attention which is given in ensuring that care and support is appropriate and subject to review and evaluation as below:

"I have had really positive interactions with Karens carers. With recent reviews, the manager and carers really had a detailed understanding of the clients' needs and how best to support them."

Advocating for care receivers was very well demonstrated from reference to feedback received from care receivers, relatives and care staff. One care worker detailed their experience in supporting one care receiver with a change to their routine which led to some greater autonomy and independence, which resulted in, *"one very happy client and son"*.

It was highlighted from a number of sources, the efforts which are made to limit the number of care staff involved with individual care packages to better promote good continuity of care. In this way, a small number of staff support individual care receivers which is considered to be helpful in building good levels of rapport and trust as best practice.

The principles for assessment and care planning were discussed and it was confirmed that the Registered Manager and/or deputy retain the primary responsibility in this matter. Care planning processes include the arranging of introductory visits and the close monitoring and review of the initial support provided. This then provides relevant evidence to fully inform care plans which will be drawn up and completed within the first few days of service being provided.

The care plans which were reviewed were person-centred. It was apparent that they are reviewed monthly and that any identified changes relating to a care receiver's presentation are recorded for further review and evaluation, with actions being taken and referrals made as necessary.

The overall feedback received from care receivers and relatives alongside discussions and written feedback provided by some care workers demonstrated that this Standard was being very well met.

Training

<p>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.</p>

Evidence provided by one of the administrative staff demonstrated a very efficient and focussed approach in ensuring that the Standards for training and development of staff are met. Training log from the Social Care TV online training forum which is used for key training including mandatory subjects, recorded a high percentage of training modules having been completed and with high scores noted.

It was positive to note that particular attention is given to dementia care modules that are a key part of the care packages being provided. In discussions, it was highlighted that different modes of learning are incorporated into the online forums including videos with face to face reviews and discussions integrated within informal training and supervision.

Medication competencies are recorded and reviewed routinely. Online modules are used to support the safe administration of medication and, at the time of the inspection, 12 carers currently had Quality Credit Framework (QCF) accreditation level 2 or equivalent.

One relative spoke of the skills of care staff as being evident in how they engage and interact with their partner who is living with dementia. The relative observed and acknowledged that these skills can be understated when staff are so accomplished in supporting such needs by use of core communication skills associated with dementia care which as reality orientation and/or validation. The Regulation Officer considered that these observations were reflective of a very positive learning and training environment which is encouraged and facilitated by the management team.

Training was confirmed by one care worker as being provided in a supportive way which was conveyed as below:

“.....due to this Karen provided me with lots of online training to complete before I started seeing clients to make sure I knew what I was doing as well as providing me with more online training and in person courses throughout my current employment. Furthermore, with every new client / new visit with the same client I did, Karen would always supply a shadow shift. This meant that I had another carer showing me the routine to make sure I was happy as well as to make sure the client was receiving the best care they could. If I still wasn't comfortable going by myself to a new client I would simply just ask for more shadow shifts so I can be fully trained for the job. At no point have I felt untrained while working for Karen”.

Further positive endorsement was provided by some staff about the support provided by the Registered Manager, Deputy Manager and administrative team which indicated a very strong team ethos and appreciation of each team member's roles and responsibilities.

The overall feedback received from care receivers, relatives and written feedback demonstrated that this Standard was being very well met.

The Registered Manager remains actively involved in all aspects of service delivery as or when required, which in practice involves covering for unexpected staff sickness. However, outside of this requirement, they remain involved in direct care in order to monitor and support care staff working in practice as part of a holistic approach to all training and development needs.

IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the registered Provider's response to the inspection findings.

Area for Improvement 1 Ref: Standard 4.3 & Appendix 7 To be completed by: with immediate effect.	A review of internal systems for incident reporting must be undertaken to ensure that all notifiable incidents are submitted to the Commission.
	Response by registered provider: Internal systems have been reviewed to further highlight that all incidents subject to evaluation by the management team will be submitted to the Commission if required, and with reference to the relevant Standard and notification channel

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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