



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Karen's Care Agency Ltd**

**Home Care Service**

**Commercial Building  
Office 1**

**Beaumont Business Park  
Rue de Craslin  
St Peter  
JE3 7BU**

**Date of inspection  
9 November 2023**

## 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 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) 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. The service office is situated in the parish of St Peter.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u>  Type of care: personal care and personal support  Category of care: adults 60+, dementia, physical disability and or sensory impairment and mental health  Maximum number of personal care and personal support hours per week: 2250 hours  Age range of care receivers: 18 years and above  <u>Discretionary</u>  For the Registered Manager to obtain a Level 5 Diploma in Health and Social Care Leadership by 31 January 2024.
Dates of Inspection	9 November 2023
Times of Inspection	09:30 – 12:30 and 14:50 – 16:45
Type of Inspection	Announced
Number of areas for improvement	None

Number of care receivers using the service on the day of the inspection	43
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Karen's Care Agency operates the Home Care Service. There is a Registered Manager in place. Since the last inspection on October 14, 2022, the Commission has received two applications from the Registered Manager to extend the discretionary condition. The extensions have been granted. The first application extended the condition from January 26, 2023, to October 26, 2023. The second application extended the condition to January 31, 2024. It was made clear that the Commission is unlikely to grant any extension beyond this date.

**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.

Feedback from care receivers and their representatives was consistently positive, illustrating compassionate care delivery. Professionals described the team as responsive and flexible, with a patient-centred approach to care.

Care records were holistic. Promoting choice for care receivers was a thread through all aspects of care, from initial assessments to care planning and delivery.

The service is a well-managed organisation with a committed team. Staff spoke positively about the Registered Manager, and there was evidence of a compassionate and supportive working culture.

Recruitment and induction appraisal processes were safe. Staff had regular supervision and were appropriately trained. There are clear lines of accountability and a system of escalation in place.

There was a comprehensive range of policies and procedures, which promotes learning and understanding of what is required for this service. Lone working, training, the services office space, and medication management were safe.

The area for improvement from the 2022 inspection was acted on, and there are no areas for improvement from this inspection.

## INSPECTION PROCESS

This inspection was announced and was completed on November 9, 2023. Notice was given seven days before to ensure the Registered Manager was present during the inspection.

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

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection reports.

The Regulation Officer sought the views of the people who use the service, and or their representatives, and professionals external to the service. Contact was established with five care receivers and three care receiver representatives, who provided feedback via telephone and four professionals via email.

During the inspection visit, the Regulation Officer spoke with the Registered and Deputy Managers, the Administrator, and three care workers. Records were examined, including policies, procedures, care records, staff files. At the conclusion of the inspection day, the Regulation Officer provided verbal feedback to Registered

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

Manager. When the inspection process was completed, feedback was delivered via email.

This report sets out our findings and includes areas of good practice identified during the inspection. There are no areas for improvement.

## **INSPECTION FINDINGS**

At the last inspection, one area for improvement was identified and an improvement plan was submitted to the Commission by the Registered Provider setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the improvement had been made. The team had reviewed their internal system and notifications are being submitted to the Commission. The area of improvement has been removed.

### **Management of the service**

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size and complexity of the service.

The Regulation Officer spoke with the Registered Manager about their role. They manage and deliver care. The manager expressed that continuing to provide care enables them to be in tune with care receivers' needs and care staff issues and respond promptly if extra care is required. The deputy manager and staff in administration, finance, and information technology roles support managerial elements of the role. The discretionary condition was discussed. There were clear reasons for a second extension in 2023. The manager is confident they will obtain the diploma on or before January 31, 2024.

The agency's structure includes clear lines of accountability as required in Standard 8.2. The well-defined structure provides a system for escalating and responding to

issues. Care staff were aware of the system and gave examples of when it was followed. Standards 6.3 and 9.3 were met.

The Regulation Officer saw evidence of the hours of personal care and personal support delivered. On the inspection day, this was 138 hours. During the week of the inspection, this was 967 hours. The hours complied with the conditions by which the service is registered. Packages of care vary from one hour twice a week to 24 hours. The service delivery aligns with its Statement of Purpose.

A sample of policies and procedures were reviewed; these are held electronically. Each staff member is given a reading list and set a timeframe by which the documents need to be read. The system records the time an employee spends on the document, and staff acknowledge they have read the information. The system is user-friendly, with links to further reading and resources if it is an area of interest, which includes an 'Expert Insight' section. It is highly accessible. Staff can change the background colour, font size and watch video clips. Updates are sent if any of the information is updated or amended. The system promotes learning and understanding of the policies and procedures. Staff gave examples of when and how they last referred to the policies and procedures, demonstrating that the documents are used dynamically to inform practice. The team have ensured the information aligns with Jersey law.

The Regulation officer spoke with the Deputy Manager, the Administrator, and three Health Care Assistants. All stated the manager was supportive: "*I could call and ask anything*". Staff gave examples of how the managers helped them manage a healthy work-life balance when challenges outside work required focus and time. One care worker stated, "*I would not work anywhere else*". The managers have an 'open door policy' and spoke of the value they have for the staff. The team have a WhatsApp group where inspiring and positive messages (not care related) are shared. These illustrated a compassionate and supportive working culture.

Recruitment was discussed with the Registered Manager. They explained there have been some challenges with staffing levels. The service is at the appropriate

care staff levels at present; however, the service keeps an 'open advert' to manage any changes in the situation.

Staff files were reviewed, and there was evidence of safe recruitment practices. Disclosure and Barring checks and two references were gained before newly recruited staff commenced work. There was a clear induction process.

The Regulation Officer reviewed a sample of staff supervision records and spoke with staff regarding supervision. These evidenced regular supervision sessions. Topics included feedback on practice, any improvements required, and wellbeing. There was also evidence of annual staff appraisal. Home Care Standard 3.14 was met.

### **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.

Feedback from care receivers and their representatives was overwhelmingly positive. To enable the views to be fully represented in the report, direct quotes are detailed below:

- *"My carer is phenomenal, they are amazing, she is very in tune with me. They genuinely care, they want to arrange the care around me, not to fit in with hours and tasks. They would care around me and my needs."*
- *"I cannot fault them; they are so professional."*
- *"Very reliable."*
- *"They look after me and I am very happy with the service."*
- *"I cannot fault them, they are compassionate. My mum giggles with them. It gives such peace of mind". I could not ask for better people."*
- *"They are very good indeed. They are A1; I could not fault them in any way."*

All care receivers and their representatives explained they receive a list each Friday stating which care staff would visit and when. If changes are required due to unforeseen circumstances, they are always informed. This met Home Care Standard 6.1.

There was also an example of how the staff had referred to another service and how beneficial that had been on a physical, practical, and financial level. Standard 6.2 was met.

The process from initial assessment, care planning, and commencing care was explained. The process was evidenced by a review of care records, iCare Health – the service's electronic care records system, and feedback. Initial assessments are undertaken by the Registered Manager or Deputy Manager; both are appropriately trained to undertake them. The assessment covers demographics diagnosis and physical, practical, social, and emotional areas of care and support.

Care plans were clear, with details of the tasks required to fulfil the plan of care. There are paper copies in each care receiver's home. This enables care receivers and staff to have easy access to the plan of care. The systems of reviewing and updating care plans were appropriate. The language used was factual and non-judgemental.

All staff spoke of care receivers and their representatives respectfully. It was apparent that staff recognise the impact that reduced health and requiring care with day-to-day living can have. The Registered Manager described their commitment to ensuring care receivers are introduced to care workers before the care worker delivers support. This was evidenced in care receiver feedback, "I have never had someone come that I don't know", and meets Standard 6.1.

Feedback from four health/social care professionals external to the service was consistently positive. The team was commended for their responsiveness, flexibility, communication, patient-centred and proactive approach. Examples of good practice were provided when the team managed and supported the transition of care, complex care packages, and urgent situations. Professionals stated the following:



*"Karen always puts her clients at the heart of her service and is not afraid of healthy professional challenges."*

*"They have been extremely flexible in a crisis situation and have comprehensive care plans in place."*

*"They think outside the box."*

*"I have worked with Karen's carers over the years and found them to be kind, caring, and proactive."*

This represents professional, compassionate, and collaborative working and meets Home Care Standard 6.5.

## **Choice and safety**

<p>The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled and empowered to be as independent and autonomous as practicable. People's rights will be supported and protected.</p>
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Choice for care receivers was a thread through all aspects of care, from initial assessments, care planning and care delivery. The managers aim to offer care receivers choices regarding who supports them. They aim to keep the same care worker or pool of care workers supporting a care receiver small. Feedback from a care receiver and social care professionals on how the managers responded reiterated this

Safety systems and practices were inspected regarding lone working, training, the services office space, and medication management.

A safety procedure is in place to reduce the risks associated with lone working. Care workers log in to iCare Health on arrival at a care receiver's home and log out when they leave. Managers can see if this has not happened and would contact the staff member directly to check they are safe. The practice demonstrated compliance with Home Care Standard 4.6.

Training is delivered both online and in person. Records detailing the type of training, who undertook it, when it was undertaken, and when an update was required were viewed. The training topics included moving and handling, food hygiene, health and safety, safeguarding, fire awareness, and dementia care.

The records demonstrated care workers were up to date with statutory and mandatory training requirements. Standard 3.11 was met.

The Registered Manager described the dementia care training and the resources the team has adapted from Dementia Jersey. An example of how the skills and resources were used in practice to support a care receiver balance choice and safety. Feedback from a professional stated, "*In my role in education, Karen's carers are frequent attendees they always get involved and ask relevant questions*".

Karen's Carers Office is a tidy and functional space. During the inspection, the Regulation Officer observed care workers' 'popping in' to discuss care and gain support. The office includes private spaces for confidential meetings. The area provides a safe working environment for staff.

If the team supports medication administration, this is documented in the care receiver's care plan. The Regulation Officer saw evidence of how each step of the required support and management was detailed within a care plan. The team administered from Medication Administration Records and do not transcribe prescriptions. A body map is used when administration of transdermal patches is required. Only staff who have received level 3 medication training administer medication.

## **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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