



Jersey Care
Commission

INSPECTION REPORT

Karen's Care Agency Ltd

Home Care Service

**Commercial Building
Office 1**

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

28 November and 6 December 2024

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 Ltd. The service office is situated in the parish of St Peter.

Regulated Activity	Home Care Service
Mandatory Conditions of Registration	Type of care: personal care and personal support Category of care: adults 60+, dementia, physical disability and mental health Maximum number in receipt of personal care and personal support combined: 2250 hours per week Age range of care receivers: 18 years and above
Discretionary Condition of Registration	None
Dates of Inspection	28 November and 6 December 2024
Times of Inspection	28 November 2024, 09:30 to 12:55 6 December 2024, 11:00 to 14:00

Type of Inspection	Announced
Number of areas for improvement	One
Number of combined personal care and personal support delivered during the week of inspection	786

Karen's Care Agency Ltd operates the Home Care Service and there is a registered manager in place.

Since the last inspection on 9 November 2023, the Registered Manager has obtained a Level 5 Diploma in Health and Social Care Leadership, resulting in the discretionary condition on the service's registration being removed.

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.

There was evidence of safe recruitment and induction processes and practices. Newly recruited staff said they felt supported in their new roles. The appropriate amount of care staff had obtained or were working toward a nationally recognised health and social care qualification.

Mandatory training met requirements in all but one area. The Registered Provider is required to address this and to ensure the appraisal and supervision system is available to all staff.

The Regulation Officer observed a staff member's practice relating to a safeguarding issue; they demonstrated a professional and compassionate approach.

Feedback from all professionals external to the service reported the team worked collaboratively, focusing on finding solutions to ensure care receivers wishes, preferences and needs were met.

There was evidence that the team proactively gained feedback from care receivers and their representatives. The feedback reviewed by the Regulation Officer represented a high level of satisfaction.

Feedback given directly to the Regulation Officer was consistently positive, describing staff as dedicated, thoughtful, and caring. Views demonstrated that the team delivered the fundamental aspects of care and support and kept care receivers at the centre of their work.

Care records were holistic, comprehensively assessing communication abilities and dietary needs. Care plans were detailed, and a step-by-step plan for personal care and personal support requirements was recorded.

The organisational structure provides clear lines of accountability and pathways through which concerns can be raised and addressed to enable effective and safe delivery. It was appropriate to the size of the organisation.

All staff spoke of positive team relationships.

There is one area for improvement resulting from this inspection.

INSPECTION PROCESS

This inspection was announced and was completed on 28 November and 6 December 2024. Notice of the inspection visit was given on 18 November to enable the Registered Manager to be available during the visit. The Registered Manager was available on the second day of the inspection.

The Home Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

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

The Regulation Officer gathered feedback from two care receivers and two of their representatives. The Regulation Officer attempted to correspond with two further care receivers and one other representative but was unable to make contact. They also had discussions with the service's management and other staff. Additionally, feedback was provided by three professionals external to the service.

As part of the inspection process, documents, including policies and procedures, care records, training records and monthly provider reports, were examined. At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager.

This report outlines the inspection findings. Where areas for improvement have been identified, these are described in the report, and an improvement plan is attached at the end of the report.

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

INSPECTION FINDINGS

Is the Service Safe?

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

The files of the five staff recruited since the last inspection were examined to determine if recruitment practices met the required Standards. Files were well-organised and easy to navigate. All files contained completed application forms, curriculum vitae, and photographic identification. There were records of interviews. The interview questions were appropriate. Answers to the questions were scored.

Disclosure and barring checks were performed to ascertain if the applicant had a record of criminal convictions and cautions, and two references had been obtained prior to applicants commencing their role. The service uses the Commission reference template to request references. There was evidence that when minimal information was shared in the response, the Registered Manager had made follow-up telephone calls to clarify if there were any outstanding disciplinary or safeguarding concerns. There was also an example of a third reference being sought to further evidence the suitability of the candidate.

The files contained documentation that staff had confirmed they had read the service's policies and procedures, handbook, and employee contracts, which were signed and dated. The files demonstrated that the recruitment process and practices met the Home Care Standards.

There was evidence that induction programmes had been undertaken. Newly recruited staff the Regulation Officer spoke with gave positive feedback regarding the induction process. The induction included shadow shifts, reading and discussing policies, procedures, the staff handbook, and care records. Staff said they felt supported by the Registered Manager and colleagues during the induction process. One newly recruited Health Care Assistant (HCA) commented, *"They [staff] are really lovely people, they have been flexible with my rota and helpful."*

The staffs' files sampled had evidence of quarterly supervision. The framework used during the sessions encourages discussion regarding working practice and well-being. The framework had subheadings of work-life balance, clients' professional development and teamwork. The subheadings contained prompts to explore rotas, timekeeping, sickness and health and safety, training, and raise concerns related to care receivers care or medication management. There were sections for client and other staff feedback, other issues, actions, and follow-ups. All supervision records viewed were signed and dated. The supervision records illustrated formal, consistent support for HCAs.

However, the Regulation Officer was informed that an annual appraisal and quarterly supervision had not been delivered to a senior member of the care staff. The Regulation Officer has advised that the Registered Manager is required to ensure all staff are given regular opportunities to discuss their role and identify any issues through formal supervision and appraisal.

The level to which care staff had undertaken a Regulated Qualifications Framework or equivalent was explored. The training record evidenced that 10 staff had obtained up to diploma level three, five staff had obtained up to diploma level two, and four staff had commenced level two training. This met Home Care Standards.

The team's adherence to the mandatory training requirements set out in the Home Care Standards was explored through a review of the training records and discussions with staff. It was positive that the team had undertaken mandatory training in most subjects set out in Appendix 6 of the Standards.

On the contrary, training regarding Capacity and Self-Determination (Jersey) Law 2016 was undertaken by less than half of the staff team, with the most recent training being undertaken in 2021 and five staff having last undertaken the training in 2019. This is, therefore, an area for improvement.

Is the Service Effective and Responsive?

Assessing the organisation of the service so that care receivers needs are respected and met.

The Regulation Officer observed a staff member's practice related to a safeguarding issue. It showed an understanding and respect for a care receiver's needs and choices and demonstrated advocacy for them. The approach balanced collaborative working with the courage to explore if the care and treatment delivered by other professionals had been the most supportive for the care receiver. They were measured, professional, and compassionate.

Feedback from professionals external to the service was that during a meeting with a care receiver's representative and professionals, the senior staff from Karen's Care Agency highlighted their concerns, "*took part in problem-solving discussions*", and "*looked for suitable solutions to maintain safety in the home*".

It was explained that staff explored different ways to mitigate identified risks to support the care receiver. It was highlighted that the senior staff had a "*good concept of risk and risk management*", and how this needs to be balanced with the client's wishes, preferences, lifestyle, and needs. The feedback demonstrated a collaborative person-centred approach.

Further feedback praised the effective communication between care staff and senior staff in the service. Additionally, it was highlighted that the team kept professionals up to date with information regarding care receivers care and support, which promoted transparency between the services.

The service produces monthly provider reports. The Regulator Officer reviewed May, June and July 2024 reports and discussed these with the Registered Manager. The reports are produced by an appropriate person and follow a rolling format. They document care hours, staffing levels, and any incidents, safeguarding issues, or complaints, amongst other topics. The reports include a section for feedback to be recorded. The Registered Manager explained that the report findings are discussed with the senior staff team, and this determines if further exploration of issues is required.

The feedback sections in each report provided minimal information. Therefore, feedback was explored during the inspection and cross-referenced with the service's Statement of Purpose. It states: "Clients or their representatives will be given the opportunity to take part in a survey about the service provided".

There was evidence that surveys were used to proactively gain feedback from care receivers and their representatives. An online survey was initially used; however, the Registered Manager explained that the system for gathering feedback has been reviewed and revised to make it easier to collect and process going forward.

The survey recently used included questions such as:

- How do you rate the service provided by Karen's Care Agency?
- Do the times and arrangements of visits continue to meet your needs?
- How do you rate our carers?
- How well do you feel that we understand our client's needs?
- Is there a service you would like and are not yet receiving from us?

Responses could be provided using a Likert scale (Excellent, Very Good, Average, Below Average) with space for comments. All responses were rated very good or above, and comments were positive. One response highlighted that the timing of visits was not meeting needs, and the Registered Manager's planned response was appropriate.

The reports also document the number of incidents during the month under review and note whether notifications to the Commission have been sent. The type and number of incidents, as well as which events are notifiable to the Commission, were discussed in detail with the Registered Manager, with reference to Appendix A of the Updated Notifications Guidance. The Regulation Officer was satisfied that the Registered Manager was committed to submitting the appropriate notifications.

The Regulation Officer was satisfied that the reports met the requirements of the Home Care Standards overall. They advised the Registered Manager to expand on the feedback, incidents, and quality assurance sections to fully reflect the feedback gained and the reflections and reviews undertaken by the team.

Is the Service Caring?

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

Feedback from care receivers and their representatives was positive. When the Regulation Officer asked how the team could improve the service, one care receiver said, *"They [carers] can't, I couldn't ask for better"*. The care receivers went on to say, *"They [carers] are very good, caring and thoughtful. They don't rush in and rush out, they always check, is there anything else I need before they go."*

Care receivers and their representatives explained they were pleased with the service they received and spoke of the staff's kindness. The Regulation Officer was informed that the team were *"Brilliant, absolutely brilliant"* and saw a testimonial that stated *"Xxxx [the Registered Manager] and her dedicated team were looking after my parents for about 3 months and I can't praise them enough"*.

In all cases, feedback was that initial assessments were undertaken in the care receivers' home by either the Registered Manager or Deputy Manager. Both staff are appropriately trained to undertake initial assessments.

Feedback was that a schedule of which carer would be attending was sent each week, and any changes were communicated well and aimed to keep a small pool of carers whom the care receiver knows. A care receiver's representative fed back, *"If they can't make it and if there are any delays, they always call"*.

The care records sampled had appropriate demographic information, the contact information of the next of kin, a second contact, and other relevant professionals involved, as well as a background medical history. There was documentation related to the terms and conditions of service and consent for data sharing, which were signed and dated by the care receiver and Registered Manager prior to the service commencing.

Initial assessments were holistic and person-centred. There were comprehensive assessments of communication and dietary abilities and needs.

Communication, including hearing, vision, verbal communication, ability to express their needs, memory loss, anxiety, and learning difficulties. Topics in the dietary assessment included likes and dislikes, appetite, weight, teeth, dentures, chewing and swallowing ability. Additionally, it was assessed if hot meals could be prepared or reheated independently and if the care receiver could make sandwiches and hot drinks independently.

Care plans were detailed. They presented a step-by-step plan of the personal care and personal support required. There was evidence that the plan of care was reviewed with care receivers.

Relevant assessments undertaken by other professionals were easily accessible within the care records, for example, strength and needs assessments completed by a social worker.

Care records and feedback from a care receivers representative demonstrated flexibility in the service. Following a deterioration in a care receiver's condition, care was required every evening. The team explained they were not able to support seven evenings immediately.

However, in the short term, they could work with the care receiver's family to ensure support each evening until the service was able to deliver the whole package of care. This enabled the care receiver to be safe, supported and remain with the carers they knew.

It was explained to the Regulation Officer that this worked well, the team were flexible and communication regarding the support was "spot on."

Medication management was discussed with the Registered Manager. The Manager stated that less than a quarter of care receivers are supported with medication administration. Additionally, three-quarters of the care staff team have obtained level three medicines management, and four are currently undertaking it.

There is a policy and procedures pertaining to medicine management. The document states it was reviewed in May 2024. It highlights which areas have been amended, two of which were medication errors and governance. Relevant practice

guidelines and legislation are referenced. The topics of administration, consent, supply, storage, record keeping, and medication expiration are included. The format is clear and readable, and staff can access it through the organisation's online portal.

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.
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The Statement of Purpose was reviewed, and changes to the categories of care for which the service is registered were agreed upon with the Registered Manager to enable the registration to reflect the service's practice better. The proposal is for the categories to be adults 60+, physical disabilities, and sensory impairments.

The Regulation Officer spoke with the Registered Manager regarding their role and how the service has operated since the last inspection. The Registered Manager described some intermittent challenges with staffing levels and their work with the team to ensure care is delivered as planned and the service is effectively managed.

The Registered Manager described how completing a Level Five Diploma in Leadership and Health and Social Care helped them in their role. They spoke about changes made to recruitment practices, induction programmes, and supervision templates, which was evident during the inspection. They plan to explore ways of working to further enhance service delivery, staff support, and service management.

The organisational structure has remained unchanged since the last inspection. The management structure provides clear lines of accountability and pathways through which concerns can be raised and addressed to enable the effective and safe delivery of services. The structure reflects the size of the home care service. The Registered Manager and Deputy Manager share the on-call responsibilities. There is an Office Manager/HR Compliance Officer and Finance Officer to support the service operations.

Managers spoke of their commitment to ensuring staff well-being and gave examples that demonstrated this. Care staff spoke of being able to highlight concerns to managers and all staff of positive team relationships.

The office environment provides a safe and welcoming working environment for staff and has private space for confidential meetings

IMPROVEMENT PLAN

There was one area of 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 3.11</p> <p>To be completed by: 6 June 2025.</p>	<p>The Registered Person must ensure that all care/support workers complete and remain up to date with training regarding Capacity and Self Determination (Jersey) Law 2016.</p>
	<p>Response of Registered Provider:</p> <p>We have enrolled all outstanding carers in Social Care TV online training portal, until they can attend face to face training with the below dates.</p> <p>13th March 5 carers booked - 15th May 5 carer booked and then 25th September 4 carers booked.</p> <p>Additionally we have ensured that training slots in September are available for any new carers who join our team. These are the only dates available at the moment.</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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