

# **Summary Report**

## **Serene Care Jersey Limited**

**Home Care Service** 

St Andrews Church St Andrews Park First Tower St Helier JE2 3JA

5 December 2024

### 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.

The Registered Provider is also the Registered Manager for the service, and since the last inspection, it is positive to note that the Registered Manager has completed their Level 5 Diploma in Leadership and Management for Adult Care.

There was evidence of strong team leadership and dedication to the delivery of high-quality care and support. Since the last inspection, the service has grown, and adjustments are required to increase some aspects of oversight.

#### A carer shared:

"Xxx (Registered Manager) is really approachable any time of the day. Sometimes he goes beyond work issues, and he really sorts you out."

A carer shared:

"You can talk to Xxx (Registered Manager) about anything."

The Regulation Officer raised concerns about the sustainability of the Registered Manager being available 24/7 due to an increase in care packages. They recommended recruiting a deputy manager to share the clinical on-call duties and other responsibilities but a suitable candidate for the role was not found.

Additional administrative staff and carers have been employed since the last inspection. However, the number of hours carers work some weeks exceeds 48 hours, in part due to attendance at staff training and staff requests. The deputy manager role may contribute to reducing additional hours carers work. The number of hours staff work was discussed with the Registered Manager, and steps will be taken to address this.

During the inspection, it was apparent that the Registered Manager is passionate about delivering safe care. The service has an extensive list of policies and procedures, and it is commendable that interagency quality assurance reports and internal reports are produced monthly. Medication management is an area identified for development, which will be discussed further in the body of the report. In recognition of this, the service has prioritised reviewing the medicine policy and will incorporate the advice of the Pharmacist Inspector.

Care receivers, their representatives, and staff members were very complimentary of the Registered Manager and provided positive feedback about the service. Care receivers feel respected, and their personal preferences are listened to. They are treated with kindness and compassion, and any concerns or suggestions are addressed promptly. Representatives from the staff team shared that the Registered Manager is very approachable and supportive.

Overall, the Regulation Officer was impressed by the Registered Manager's response to the last inspection and how they had addressed the three areas for development.

## **IMPROVEMENT PLAN**

There were five areas for development identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

| Area for Improvement 1 | The Registered Manager must ensure that  |
|------------------------|--|
| Ref: Standard 6.8,     | compliance with the Standards which state: There   |
| Regulation 8.16        | will be parameters for the use of 'as required'  |
| To be completed:       | medicines advised and authorised by health care  |
| by 31/03/2025          | professionals.   |
|                        | Response by registered provider:<br>Specific protocols for each 'as required' medicine are<br>currently under review. Developing these specific<br>protocols is an individualised process. Key elements<br>of each protocol will include: Indications and<br>assessment criteria, dosage and frequency,<br>monitoring and documentation, and escalation<br>guidelines. |

| Area for Improvement 2 | The Registered Manager must ensure that                |
|------------------------|--|
|                        | compliance with the Standards which state: skills and  |
| Ref: Standard 6.4      | tasks may be performed by care/support workers         |
|                        | under an individual (person specific) delegation. This |
| To be completed:       | involves additional training and assessment of         |
| by 31/03/2025          | competence carried out by the delegating               |
|                        | professional. This relates to cough assist.            |
|                        |  |

#### Response by registered provider:

At the time of inspection, all necessary staff were trained through person-specific delegation in relation to the cough assist devices currently used in the community. However, the specific devices in use in the community are no longer manufactured, meaning there is no available training on the island.

We understand that Health and Social Services are reviewing the entire process in relation to cough assist devices in the community, including responsibility for training, servicing, funding, and ownership of the devices. As confirmed in our postinspection telephone discussion, no decision had yet been made on this matter.

At present, Serene Care Jersey has no authority to resolve this issue independently. We will continue to monitor developments and comply with any future guidance.

It is our current understanding that new cough assist devices have been sourced, so we expect updates shortly from Health and Social Services.

Following our inspection, we reached out to the manufacturers of the devices independently. However, the training that the manufacturer's offer will not be sufficient as it will not be person-specific. It is generic training for usage of the devices.

| Area for Development 3 | The Registered Manager must ensure that there are      |
|------------------------|--|
|                        |  |
|                        | sufficient staff employed to cover absences due to     |
| Ref: Standard 3.9      | annual leave, sickness and study leave to guarantee    |
|                        | care/support workers will not work more than 48        |
| To be completed:       | hours per week unless under extraordinary              |
| by 01/06/2025          | circumstances on a short-term basis only.              |
|                        | Response by registered provider:                       |
|                        |  |
|                        | We acknowledge that, at times, some staff exceeded     |
|                        | the 48-hour working limit due to difficulties in       |
|                        | sourcing high-quality candidates who meet our care     |
|                        | standards. This was unavoidable at the time.           |
|                        | Ensuring service quality and client safety has always  |
|                        | remained our priority. Since the inspection, we have   |
|                        | successfully recruited additional staff members.       |
|                        | We continue to actively recruit to maintain a          |
|                        | sustainable workforce while upholding our high         |
|                        | standards of care. Our focus remains on attracting     |
|                        | and retaining skilled professionals who align with our |
|                        | values and commitment to excellence. We remain         |
|                        | dedicated to balancing staff well-being with service   |
|                        | continuity and will continue refining our recruitment  |
|                        | and retention strategies to support this.              |
|                        |  |
|                        |  |

| Area for Development 4 | The Registered Manager must ensure the             |
|------------------------|--|
|                        | management structure will reflect the size of the  |
| Ref: Standard 8.2      | home care service and the volume and complexity of |
|                        | care provided. People who receive care, others and |
| To be completed:       | care/support workers will understand the roles and |
| 01/06/25               | responsibilities of the management structure and   |
|                        | know who to contact under which circumstances.     |

| Response by registered provider:                       |
|--|
|  |
| We are intentionally structuring our management to     |
| ensure that roles and responsibilities are clearly     |
| defined and aligned with our service needs.            |
|  |
| To ensure that care receivers, their families, and all |
| staff understand the management structure and know     |
| who to contact under specific circumstances, we will   |
| be issuing updated information to details all roles,   |
| responsibilities, and contact protocols.               |
|  |
| Since the inspection, we have refined our senior       |
| leadership recruitment offering and are actively       |
| advertising key positions.                             |
|  |
|  |

| Area for Development 5 | The Registered Manager will ensure that each             |
|------------------------|--|
|                        | care/support member will be fully aware of,              |
| Ref: Standard 9.3      | supported and trained to fulfil their responsibilities   |
|                        | within the governance arrangements including             |
| To be completed:       | access to all of the policies. The policies will include |
| By 30/04/2025          | a creation and review date.                              |
|                        | Response by registered provider:                         |
|                        |  |
|                        | Since commencing our service provision, we have          |
|                        | been experimenting with various platforms to host        |
|                        | our policies in a manner that is easily accessible to    |
|                        | all Serene Care Jersey staff.                            |
|                        |  |
|                        | At the time of inspection, all staff received access to  |
|                        | key policies, such as the employment and lone            |
|                        | working policies, during their onboarding process.       |
|                        | During the inspection, we demonstrated our plan to       |
|                        | review all policies, month by month, for the coming      |

| year, ensuring that all policies remain current and      |
|--|
| effective. As demonstrated during inspection, our        |
| new policy structure will include clear creation and     |
| amendment dates, enhancing transparency and ease         |
| of reference for staff. This is already complete for the |
| policy reviews scheduled through January and             |
| underway for the reviews scheduled for February.         |
|  |
| Ensuring full staff access to all policies and           |
| procedures, will be completed by the specified           |
| deadline.  |
|  |

The full report can be accessed from here.