



**Jersey Care
Commission**

INSPECTION REPORT

Family Nursing & Homecare

District Nursing Service

**Le Bas Centre,
St Saviours Road,
St Helier
JE2 4RP**

29 and 30 November 2021

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services 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 the District Nursing Service, which is one of four registered services provided by Family Nursing & Homecare (FNHC). The service is operated from Le Bas Centre, in the parish of St Helier. The District Nursing service is provided island-wide, with care delivered in care receivers' homes and designated clinic premises at New Era and St Peters. The service became registered with the Jersey Care Commission on 25 November 2019.

Regulated Activity	Home Care Service
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: nursing care</p> <p>Category of care: adults 18+ with conditions (not children)</p> <p>Maximum number of care hours: 2250</p> <p>Age range of care receivers: 18 and above</p> <p><u>Discretionary</u></p> <p>Tia Hall as Registered Manager of FNHC District Nursing Services must complete a Level 5 Diploma in Leadership in Health and Social Care. To be completed by 25 November 2022, or by that time to have demonstrated an equivalent qualification.</p>

Dates of Inspection	29 & 30 November 2021
Times of Inspection	13:30 – 15:40 & 09:30 – 15:00
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	Approximate caseload of 555 care receivers at time of inspection (numbers taken from September 2021 monthly report).

Family Nursing and Homecare operate the District Nursing (DN) Service and the Registered Manager is Tia Hall.

The discretionary condition on the service’s registration was discussed immediately after inspection with the Registered Manager. The Registered Manager is working with an approved Education and Training Lead to provide confirmation to the Commission that their qualifications meet or exceed the elements of the Level 5 Diploma in Health and Leadership and expects that this will be completed prior to November 2022.

Since the last inspection on 7 September, 23 October and 12 November 2020, the Commission received a letter in March 2021 regarding a temporary change to the District Nursing Service, because of the trial for a period of four months of a new overnight service carried on by the same provider. To assist with staffing of the new overnight service, staff from the District Nursing Team were being temporarily redeployed to the overnight service. This was to enable the trial to take place whilst allowing time for staff recruitment for posts within the new service.

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 checks being completed for staff prior to commencing employment. The Registered Manager confirmed that there were no staff vacancies at the time of the inspection due to the recent recruitment of staff to all existing vacancies. There had been a staggered induction of these staff members

with one staff member still to take up post in January 2022. The Registered Manager also described the structured induction programme that includes a probation period of four weeks and a probation interview at 3 and 6 months.

Staff training is recorded on an electronic system. When training is coming up for renewal, an alert will appear automatically on the system. There are many training opportunities both internally within the service and from external organisations.

Staff are offered regular clinical and managerial supervision from management. The Registered Manager reported that staff have one-to-one bi-monthly supervision with the Team Leads and safeguarding supervision quarterly. Additionally, there are opportunities for group supervision and practitioner learning events.

There was evidence from a review of a sample of care plans and feedback from care receivers, of their involvement in care planning and delivery. Care receivers also reported good communication and support from the staff team and of specialist care being delivered in a professional and caring manner.

Staff, who were spoken with, were clear about their roles and responsibilities and spoke of their 'passion' for their job and how they felt well supported within the service.

Overall, there is a good level of governance and oversight of care provision to ensure that consistent levels of care are provided. There is also evidence of a strong commitment to continuous service improvement and developments.

INSPECTION PROCESS

This inspection was announced and was carried out on 29 and 30 November 2021, with telephone consultations to care receivers / relatives within the period of 7-14 December 2021. The inspection visits took place at the offices of the Service Provider. The inspection process was carried out by two Regulation Officers and consisted of two separate visits, as two of the four home care services registered

with FNHC were each having an inspection simultaneously. The first visit allowed the Regulation Officer to meet with both the Registered Manager and the Chief Executive Officer (CEO) of FNHC, to discuss a range of matters. A second visit was made by two Regulation Officers to complete the inspections. There had been an earlier inspection by the Commission in August 2021 of the other two services carried on by FNHC where there had been discussion of a range of matters that each of the FNHC services have in common.

This inspection was announced and notice of the inspection visit was given to the Registered Manager a week prior to the visit. This was to ensure that the Registered Manager would be available during the visit and to confirm the service's infection prevention and control arrangements.

The Home Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Staff recruitment, training and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**
- **Management of services**
- **The service will be reviewed regularly**

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

Prior to our inspection visit, reference was made to the previous inspection report and areas for improvement. All of the information including correspondence and communications between the Registered Provider, Registered Manager and the Commission was reviewed as part of the pre-inspection planning.

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

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff. The Regulation Officer spoke with three members of staff from the home care service. In addition, the Regulation Officers spent time with the Human Resources Team and the Head of Quality, Governance and Care.

As there were no care receivers / relatives present during the inspection, the team leaders randomly selected a sample of care receivers / relatives who were contacted by the team leaders to offer the opportunity to participate in the inspection. Subsequent to this, the Regulation Officer established contact with three care receivers or their relatives. This contact was made by phone.

During the inspection, records including policies, care records, staff personnel files, staff training matrix, incidents and complaints were examined.

At the conclusion of the first inspection visit, the Regulation Officer provided feedback to the Registered Manager and at the second visit to the Head of Quality, Governance and Care.

This report sets out our findings and includes areas of good practice identified during the inspection.

INSPECTION FINDINGS

At the last inspection, one area for improvement was identified and the registered provider submitted an improvement plan to the Commission setting out how this area would be addressed.

The Regulation Officer reviewed samples of monthly reports and noted that improvement had been made. This is discussed further under the heading of 'the service will be reviewed regularly'.

Staff recruitment, training and development

Reference was made to Standard 3 of the Home Care Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

There is a Safe Recruitment Policy (October 2020) in place at FNHC. This currently has a review date of 2023. The policy was reviewed as evidence by the Regulation Officer as was the candidate information pack for potential employees. The pack was found to include reference request forms and relevant safeguarding checks.

The Registered Manager explained that a number of the Team Leads had completed the safer recruitment training with support from HR. The service had also introduced the use of core values to aid the recruitment process and to better ensure that the highest quality of candidates are recruited.

The Registered Manager confirmed that the recent recruitment of new staff members would result in there being a full complement of staff from January 2022 and to there being a good skill mix within the service, as both experienced staff and newly qualified staff had been recruited to these posts. The Registered Manager also discussed the staffing challenges that the service had experienced in recent months due to staff sickness and vacancies within the service. The deployment of some senior nurses to help cover the new overnight service had also had an impact. This deployment of staff was discussed with the Registered Manager as the sharing of resources had further depleted the District Nursing service. Despite this, it was positive to note that the service had still managed all referrals and was able to utilise a small number of bank staff to assist staffing levels.

The Induction Policy (draft) and Training Policy (2019) were also reviewed. The Training Policy clearly sets out the mandatory training requirements and the timescale for completion of these. A staff member discussed at the time of the inspection, that it is a service requirement that all mandatory training is up to date prior to applying for any service specific training. Two members of staff spoken with during inspection, described the further educational training that they had been able

to access from external sources to enhance professional development supported by FNHC.

It was positive to note that all training is recorded on an electronic system that records all training required and dates completed. There is a colour code system in place that provides alerts when training is coming up for renewal. This information is available at a departmental level for the Team Leaders and Registered Managers.

The Regulation Officer reviewed a random sample of four staff personnel files, and was satisfied that all safer recruitment checks had been completed prior to employees commencing employment. There was also evidence of criminal records checks (DBS) renewals being sourced every three years and of the appropriate renewal and revalidation checks with respect to professional registration, for example the Nursing and Midwifery Council (NMC).

The Team Leads are responsible for regular bi-monthly one-to-one clinical supervision for staff. Group supervision is also provided quarterly, and short discussions may take place at the daily huddle (handover). The staff also have an annual and mid-year appraisal with which the compliance was 100% at the time of inspection.

The Supervision Policy is currently in draft form, the Regulation Officer had sight of an electronic copy of this prior to inspection. The Regulation Officers were also provided with a copy of the draft personal development plan (PDP) and management supervision record. It was positive to note that this paperwork had been drafted following an area for improvement from an earlier inspection of another service carried on by FNHC in August 2021. This draft supervision record aims to set out personal objectives at the beginning or end of the year and records the meetings that take place with staff members in each quarter of the year.

The Team Leads undertake safeguarding supervision in quarterly sessions and there are procedures in place to protect care receivers and staff according to the Safeguarding Restorative Policy (2020). Staff spoken with during the inspection

were clear about their safeguarding responsibilities and the process for reporting concerns.

The Regulation Officer discussed two recent safeguarding concerns that had been notified to the Commission; both concerns had been escalated and investigated within an appropriate period and with a satisfactory outcome. Learning and changes to practice had also resulted from the internal investigations.

Approaches to care and welfare of care receivers

Reference was made to Standard 5 of the Home Care Standards which states: “You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences.”

There was evidence from discussions with care receivers and a review of a random sample of four care plans, that they were being involved in the planning and delivery of their care. The care plans are stored both electronically and in hard copy format.

The care plans were person centred with an agreed nursing care plan and goals. One care plan demonstrated involvement of the care receiver and their family in looking out for the signs and symptoms of infection. There were regular review dates and updates to the care plans, the frequency of review varied from each visit to weekly in the sample plans. There was also clear guidance on what to do if for example, a dressing fell off in between the District Nurse visits and of how to inform the District Nurse. A recognised model of nursing was used to carry out a holistic needs assessment and aid care planning. Care receivers consulted with during the inspection, confirmed that the nurses ‘would visit when they said they would’. One care receiver discussed that this ‘helped them to plan the day’.

The Registered Manager also described a quarterly nursing audit of care plans that reviews, for example, whether there is a care plan for each care need identified and whether the initial assessment has been completed. This is seen as an area of good practice by ensuring consistent quality patient care and facilitating learning. Future

plans include providing laptops to all the district nurses which would allow them to both read and develop the care plans in the community.

Leaflets are available for all services. These are shared at the point of initial contact with care receivers. These leaflets contain information such as contracts, services provided and medication advice. Additional leaflets also provide advice on different interventions and / or conditions for example urinary tract infection and pressure care.

Feedback received from care receivers as part of the inspection process confirmed their appreciation of the professional and caring staff team. Comments and feedback included some of the below shared with Regulation Officer:

'Can't speak highly enough of the staff'

'Very professional and caring'

'The nurses explained everything and were happy to answer any questions'

'Their care made a massive difference to my recovery'

'I used to look forward to them coming around'

'I couldn't live at home without them, they give you time if anxious'

One care receiver also commented positively concerning the smooth referral process to the service upon discharge from hospital. Another care receiver discussed how accessing care from the service had prevented a longer stay in hospital.

The Registered Manager discussed that they are currently trialling an electronic referral form with very clear questions to aid discharge into the community from hospital and a discharge support team to further improve this process. This is seen as an area of good practice as the team are being proactive in driving improvement in care receivers' care.

Staff competence relating to categories of care provided

Reference was made to Standard 6 of the Home Care Standards which states: “Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs.”

The above evidence indicates that care receivers felt that staff had the appropriate training and skills to deliver the specialist care required in the District Nursing service.

The training available to staff and the policies and procedures which are in place within the organisation, provide further evidence of the competence of staff in care delivery.

There are procedures to ensure safe medication administration. The medicine policies were provided as evidence to the Regulation Officers. The Registered Manager confirmed to the Regulation Officer that all senior health care assistants are trained in the Regulated Qualifications Framework (RQF) Level 3 medication training. In addition, a medication risk assessment is completed for each care receiver and there are specific community competencies that are checked.

The Regulation Officer also reviewed the District Nurse Skills Passport / Clinical Competencies paperwork. This document was found to be extremely detailed and comprehensive.

The Registered Manager also discussed that any delegation of tasks would be care receiver specific and how a new training module had recently been introduced under the RQF framework regarding the delegated task of female catheterisation. In addition, it was discussed as to how the team had supported with the delegation of wound care during the pandemic within residential homes, and that where it was not possible to provide direct physical assistance or meet in person, that appropriate and timely support had been provided virtually.

The policy regarding Delegation of Nursing Tasks (June 2020) was reviewed during the inspection. The Registered Manager advised that this policy was being reviewed

in respect of how to determine individual competence. The intention is that competence is determined when both the individual and assessor are confident that the individual can carry out the task independently, rather than being solely dependent upon the individual having completed a series of three supervised sessions.

Staff can access online training through the virtual college, and also receive face-to-face training within the organisation. All staff spoken with at the time of the inspection, commented positively about the training opportunities within both FNHC and from external organisations. An example of an external training opportunity is access to higher education at diploma, degree or masters level.

First Aid training for qualified staff was discussed with the Registered Manager, as there was no record of this on the training log. The Registered Manager advised that all senior Health Care Assistants (HCAs) undertake first aid training, but that the emergency response training that qualified staff undertake as per the Standards, is included as part of the Basic Life Support training.

Further discussion with staff members from the District Nursing service provided evidence of teams of staff who felt well supported to do their job by the Team Leads and Registered Manager and were passionate about their jobs within FNHC.

Management of services

Reference was made to Standard 8 of the Home Care Standards which states: "The home care service will be well managed."
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The service is managed and provided from premises in St Helier that are suitable for operating a home care service. There are offices, meeting rooms and secure storage for staff records at the premise.

The Regulation Officers observed the use of infection control methods in keeping with FNHC infection control procedures and current government guidance relating to Covid-19, both on arrival at the building and throughout the visit. The staff also described to the Regulation Officers, the measures that were in place to protect care

receivers and staff in the home environment; including pre-visiting screening checks and use of appropriate personal protective equipment (PPE).

There is a clear management and governance structure in place within FNHC and for the home care service. The management structure reflects the size of the home care service and the complexity of care provided. The staff were clear about the lines of accountability within both the home care service and the wider organisation.

There was evidence of good multi-agency working with other agencies, including both the hospice and the hospital.

Further evidence available for review by the Regulation Officer included the Annual Report and Financial Statement for 2020 and a copy of the Insurance Certificate that expires in March 2022.

FNHC has a complaints policy that details management of complaints and timeframes. Compliments and complaints are reported on by each service in the monthly reports and quarterly dashboard.

The service will be reviewed regularly

Reference was made to Standard 9 of the Home Care Standards which states: "The care service will be checked and reviewed regularly to sort out any issues and make things better for you and others."

The service is monitored by the Clinical Governance and Performance Board that meets monthly. The purpose of these meetings is to provide the Board with assurance on clinical governance, quality, and patient safety.

In addition to this, each service has a dashboard, which is used to monitor a number of areas, including staff training, complaints, and incidents. The FNHC committee (committee members are drawn from public and professional backgrounds), also has oversight of service quality and performance data, such as the dashboards.

An area for improvement at the last inspection was to produce a monthly report to report on the quality of the service in line with the Standards. It is positive to note from a review of a sample of Monthly Reports at inspection that this area for improvement has been fully met. The Registered Manager has responsibility for the final report with oversight from the Director of Governance, Regulation and Care.

The reports reviewed as evidence included sections which included, areas reviewed this month, actions / review of actions and conclusion. As an example, areas reviewed for the month of May 2021 were the service's Statement of Purpose and documentation. It was positive to note that the performance of the service was being monitored against the Statement of Purpose as per the Standards. The reports also included reporting of incidents and complaints / compliments, thus assuring learning from these events and reducing future risk.

The District Nursing service undertakes its own Risk Control Assessment (RCA) when required, in relation to pressure ulcers. A Root Cause Analysis panel then meets to review and report on each RCA at regular intervals throughout the year.

FNHC is also preparing to launch an island-wide Pressure Ulcer Framework at the end of 2021, which will ensure a consistent and clear approach to the prevention and management of pressure ulcers across all settings.

There is an annual audit programme and monitoring of this takes place at the monthly Quality Assurance, Governance & Performance Board meeting. Any audits in progress and outcomes from previous audits are included in the monthly report.

Care receivers are offered the opportunity to provide feedback in patient satisfaction questionnaires and / or by submitting a complaint / compliment by email, letter or through the FNHC online enquiry system. They can also be made verbally in person or by phone.

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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