



**Jersey Care
Commission**

INSPECTION REPORT

Family Nursing and Homecare

Home Care 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 Home Care Service, which is one of four registered services provided by Family Nursing & Home Care (FNHC). The service is operated from Le Bas Centre, in the parish of St Helier. The home care service is island wide with care delivered in care receivers' homes. The service became registered with the Jersey Care Commission on 25 November 2019.

Regulated Activity	Homecare Service
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care / personal support</p> <p>Category of care: Old Age & Other (FNHC do not deliver 'specialist support services' but care receivers will have a range of conditions).</p> <p>Maximum number of personal care / personal support hours to be provided per week: 600</p> <p>Age range of care receivers: 18 and above</p>

	<u>Discretionary</u> None
Dates of Inspection	29 and 30 November 2021
Times of Inspection	13:30 – 15:40 and 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	22

The Home Care Service is operated by FNHC and the Registered Manager is Teri O'Connor.

Since the last inspection on 7 September, 23 October and 12 November 2020, the Commission received an application to register Teri O'Connor as the new Registered Manager on 18 January 2021. The registration process was completed on the 24 February 2021 and the register updated to reflect the changes.

The service's Statement of Purpose was discussed at inspection and the Registered Manager confirmed that they had recently updated the Statement of Purpose to more accurately reflect the service and it was agreed that this would be submitted to the Commission immediately following the inspection.

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 they are involved in the interview process for new staff and would assure themselves that

appropriate employment checks had been completed for all new staff prior to commencing employment.

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 confirmed that senior carers undertake supervision of the more junior staff each quarter and that staff members' mid-way appraisal reviews were pending at the time of inspection.

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 care being delivered in a respectful 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 7-22 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 from the other FNHC service being inspected 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, 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.

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 two members of staff from the home care service. In addition, the

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

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 Registered Manager randomly selected a sample of care receivers / relatives who were contacted by the Registered Manager to offer the opportunity to participate in the inspection. Subsequent to this, the Regulation Officer established contact with four 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 second inspection visit, the Regulation Officer provided feedback to the Registered Manager and 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 there is planned recruitment of new staff in 2022 in order to grow the service / increase the number of care packages. It was discussed by the Registered Manager that the recruitment would need to be staggered, to ensure that there were no more than three inductees at the same time.

The Registered Manager also plans to implement personal development plans for staff and to introduce an increments system in 2022 based on training and competence. It is positive to note that this five-step plan offers a career pathway and the opportunity for self-led performance review and to progress to other services carried on by FNHC. Therefore, the appraisal system is currently under review and the Registered Manager is looking at self-assessment based on the code of practice.

The Induction Policy (draft) and Training Policy (2019) were also reviewed. The Training Policy clearly sets out the mandatory training requirements, method of delivery and frequency for updates.

The Registered Manager confirmed the induction process, this starts with a five day classroom based induction which covers, for example, roles and responsibilities, core clinical skills, record keeping and privacy and dignity. Staff will then complete a competency booklet that is completed over six months, reviews of progress are held at one, three and six months.

The Regulation Officer also viewed the staffing rotas; there are individual rotas for each staff member in place. This details whom they will visit, at what times and for how long.

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 Registered Manager and Operational Lead.

An examination of a sample of six staff files confirmed a safe approach to recruitment. One reference was missing in one staff member's file; this was followed up with HR immediately and the Registered Manager at the end of the 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.

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.

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."

A review of a random sample of three care plans provided evidence of care plans that were informative and respectful of care receivers wishes and preferences. The care plans are stored in hard copy format in care receivers' homes, there is also an online system called Care Planner used for the sharing of information / exception reporting. The care plans are reviewed regularly and a spreadsheet is kept, in order to record when such reviews are carried out. The senior carers will bring back the notes to the FNHC premise to do a review, but any reviews / updates are also discussed with care receivers. The staff will also carry out peer-to-peer reviews of the care plans.

The sample of care plans included a plan for each visit, for example, morning, lunch and tea. There are also task specific plans for example if there are manual handling needs and specialist equipment in place. All staff receive training on fluids and nutrition, where a care receiver has a specific need for example an avoidance of sugary foods; this is detailed in the plan, as well as food preferences and allergies.

The Registered Manager is also linked to Care Planner. The system is able to monitor when visits have been undertaken and any alerts / incidents that have been submitted by care staff. In the event of a missed or delayed visit or a concern / incident has occurred an alert is forwarded to the Registered Manager for review. There is a care co-ordinator who works part-time and is responsible for the planning of all visits and of keeping care receivers up to date of who will be visiting and when.

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:

'I am really pleased with the service'; 'I am kept well up to date'

'I trust and depend on them'

'Very satisfied'

'They look after me well'; 'I am treated with dignity and respect'

'My son feels involved / knows everything'

One care receiver commented positively about how the carer has established 'the perfect system' for helping them with their weekly shopping to ensure nothing is missed.

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 personal care required.

The induction and 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. Staff are also issued with 'guidelines for caring in the community' booklet that sets out standards and rationale for care. The booklet includes a section for reflective practice.

There are procedures to ensure safe medication administration. The medicine policy has recently been updated by the Registered Manager to be more user friendly and service specific. A senior carer will visit to administer medication to support carers not trained in medication administration. The Registered Manager has introduced medication counts to ensure that re-ordering of medication is highlighted reliably and on time; this is seen as an area of good practice. Staff will carry out a two-person

check of medication before taking to a care receiver's home and the aim is to only have four weeks supply of medications in the home at any given time.

The Registered Manager confirmed that regular First Aid and Infection Control training is in place. There is also additional training for any delegated tasks as and when required, for example, help with feeding through a feeding tube (PEG). The Registered Manager explained that there must be regular competency checks in place for any delegated tasks. The service has in-house trainers for the Regulated Qualifications Framework (RQF) Level 3 competencies in PEG feeding and medication. Capacity and Self Determination Law training is provided as part of the mandatory training programme and the Registered Manager has previous experience of making Significant Restriction of Liberty (SROL) applications in a care home setting but there are none currently within the service.

Staff can access online training through the virtual college, and 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. One staff member commented positively regarding the support and access to specialist advice that they had received within FNHC whilst completing the RQF Level 3.

Further discussion with staff members from the home care service, provided evidence of teams of staff who felt well supported to do their job by the Registered Manager and wider management team. The staff are further supported by an on-call service operated by the senior carers and the Registered Manager; this operates between 7-8 in the morning, 5-10 in the evening and 7-11 at weekends. The Registered Manager discussed that there can be a number of calls for advice or support.

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.

There were changes made to the management of the service by the Registered Manager after coming into post in February 2021. For example, a review was undertaken of all care packages that had been in place for a number of years and it was ensured that all care receivers had contracts in place. In addition, it was introduced that any staff working over a weekend are assured that they will not need to work the following weekend.

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 staff were clear about the lines of accountability within both the home care service and the wider organisation. There is an electronic reporting system (ASSURE) that can be accessed remotely for reporting of incidents / concerns. The Registered Manager reviews all incidents.

There was evidence of good multi-agency working with other agencies, including social workers and the hospital and with other services carried on by the same provider (FNHC).

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, during the 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 comprised of sections, which included, areas reviewed this month, actions / review of actions and conclusion. The reports also included reporting of incidents and complaints / compliments, thus assuring learning from these events and reducing future risk.

The Registered Manager expressed an opinion to the Regulation Officers that after trialling the monthly reports for the past year that the reports could be scaled down in 2022.

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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