



Jersey Care
Commission

INSPECTION REPORT

Family Nursing & Homecare

Rapid Response and Reablement

Home Care Service

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

1 & 21 September 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 Family Nursing & Home Care's Rapid Response and Reablement home care service. The service is known as Rapid Response and Reablement Team (RRRT), and 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 location of the RRRT service is island wide with care delivered in care receivers' homes. The RRRT provides individualised care in the community for care receivers who are at risk of an unplanned hospital or care home admission due to injury or an escalating health condition. The service became registered with the Jersey Care Commission on 25 November 2019.

Regulated Activity	Home Care
Conditions of Registration	<u>Mandatory</u> Maximum number of hours of nursing care that can be provided: 600. Age range of care receivers: 18 and above Category of care: Adult 60+, Dementia Care, Physical Disability and / or sensory impairment, Autism, Mental Health, Substance Misuse, Homelessness and Domestic Violence.
Dates of Inspection	1 & 21 September 2021
Times of Inspection	09:30-16:15 & 09:45-16:00
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	Overnight service-31 RRRT service - 70

Family Nursing and Homecare operate the Rapid Response and Reablement home care service, and the Registered Manager is Clare Stewart.

Prior to this inspection, in August 2021, the Commission had received a document from an approved Education and Training Lead which provided confirmation of the Registered Manager having completed relevant training, which exceeds the elements of the Level 5 Diploma in Leadership and Management.

Following this, a letter was sent by the Commission to the Registered Manager and the Provider on the 23 August 2021 to advise removal of the discretionary condition which was applied to registration regarding the Registered Manager completing the Level 5 Diploma or demonstrating equivalent qualifications by 25 November 2022. The register has been updated to reflect these changes.

The Commission also received a letter in March 2021 advising of a temporary change to the home care service. The letter detailed a trial of a new overnight service to work alongside the overnight General Practitioner (GP) service called Jersey Doctors on Call (JDOC). This would be a crisis management service that would operate overnight, seven days a week for a trial of four months. Part of the focus of this inspection would be to review the progress and development of this service alongside the existing 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 described the recent recruitment of two staff nurses in to the RRRT service, recruitment into these posts was assisted by funding from the Jersey Care Model. The Registered Manager was also pleased to inform the Regulation Officer of the recent recruitment of three trained nurses into trainee Advanced Practitioner posts within the overnight service.

Staff training is recorded on an electronic system, when training is coming up for renewal, an alert will appear automatically. 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 discussed that during recent months, the frequency of managerial supervision had decreased but she described that plans are in place to reinstate regular supervision as per the Standards. The Team Lead for RRRT carries out supervision for qualified staff and the Registered Manager is responsible for the Healthcare Assistants (HCAs).

There was evidence from a review of a sample of care plans and feedback from care receivers / relatives 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 supportive 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. At the last inspection in September to November 2020, there was an area of improvement concerning the need for a monthly report. Although there had been some improvements made in practice with the development of a monthly report, only one report since the beginning of 2021 had been provided to the Regulation Officer at inspection. Therefore, this will remain as an area for improvement.

INSPECTION PROCESS

This inspection was announced and was carried out on 1 and 21 September 2021, with telephone consultations within the period of 6 – 13 October 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 Officers to discuss a range of matters that both of the FNHC registered services have in common. A second visit was made by one of the Regulation Officers to complete the inspections.

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.

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 four members of staff from the home care service. In addition, the Regulation Officers spent time with the Safeguarding Lead Nurse, the Human Resources Team and the Director of Governance, Regulation and Care.

On the second visit there was an opportunity to meet with the new Chief Executive Officer (CEO) who was due to take over from the previous CEO on 24 September 2021, following an application to the Commission to register as an additional partner for the service.

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 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 and second inspection visits, the Regulation Officer provided feedback to the Director of Governance, Regulation and Care and on the second visit to the Registered Manager of RRRT.

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an action plan is attached at the end of the report.

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 improvement plan was discussed during this inspection and it was positive to note that some improvements had been made. There had been a meeting with Commission staff, the Chief Executive Officer (CEO) and the Director of Governance, Regulation and Care from FNHC at the beginning of 2021 to agree the format of the monthly reports and that sample reports would be submitted to the Commission in the first instance. This part of the improvement plan had been met but unfortunately at inspection the Regulation Officer was only able to view one completed report in respect of the RRRT. Therefore, this will remain as an area for improvement and is discussed further under the heading '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 advised the Regulation Officer that with the recent recruitment of staff nurses into the overnight service and existing RRRT service, this now meant that there is a full complement of staff. There are also around eight staff co-located within the service from the General Hospital, this is a team of occupational therapists, physiotherapists and social workers. The Registered Manager is involved in the recruitment process of these staff members and has access to pre-employment checks / information prior to the commencement of their employment.

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 number of staff members discussed at the time of the inspection, that it is a service requirement that all mandatory training is up to date annually prior to applying for any service specific training. Two members of staff spoken with during inspection described the 'great opportunities for training' at 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 three staff personnel files, the Regulation Officer was satisfied that all safer recruitment checks had been completed prior to employees commencing employment. There was also evidence of DBS renewals every three years and the appropriate renewal and revalidation checks with respect to professional registration, for example the Nursing and Midwifery Council (NMC).

There are regular opportunities for clinical supervision within the service every six to eight weeks. This supervision can be on a one-to-one basis, in a group or presented as a case study. The Registered Manager and the Team Lead also undertake regular management supervision; this session allows staff to discuss any personal needs / concerns. One staff member confirmed that there were 'regular sit downs' on a one-to-one basis every two-three months with management.

The Supervision Policy is currently in draft form, the Director of Governance, Regulation and Care agreed to send an electronic copy to the Regulation Officers for review.

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.

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 electronically, assessment templates are completed with the care receiver, which then act as the plan of care. The proposed number and length of visits are discussed and agreed in consultation with the care receiver, who is then asked to consent to the overall programme. Care receivers consulted with during the inspection, confirmed that they ‘felt involved in their care’ and of care being ‘well planned’. Care receivers also commented that staff would ring ahead if they were delayed or needed to call a little earlier that day.

Three out of the four care plans evidenced a clear management plan and care plan. In the fourth record, the management plan had been recorded and agreed with the care receiver, but a care plan had not been completed. The Registered Manager acknowledged this and discussed with the Regulation Officer that care plans are audited periodically for this reason and that she would follow this up with staff. There was evidence of the care plans being negotiated with the care receiver with agreed goals that would be reassessed following any change or deterioration. Recognised risk assessment tools were used to aid care assessment and planning and there was documentation of multi-agency working.

The Registered Manager discussed that the care plans for the new overnight service were of the same format as for the RRRT service and in addition there were specific templates for end-of-life care and catheter care. The Registered Manager acknowledged that these plans would need to be reviewed as the service developed. The Registered Manager explained that they hoped that the overnight service and the existing service would eventually become one seamless service over the twenty-four-hour period. This would include a hand over from the overnight service to the RRRT each morning. The Regulation Officer discussed with the Registered Manager that an updated Statement of Purpose should be submitted to the Commission by the end of 2021 to reflect the incorporation of the overnight service into the existing home care service.

The Registered Manager also discussed some of the challenges of lone working overnight and recognised the importance of supporting staff and allowing time for

reflection especially with respect to caring for care receivers and their families in end-of-life care. The Registered Manager had also recognised the importance of the provision of last rites in the home environment, this is identified as an area of good practice.

There are also plans to extend the RRRT service. An example of this is preventative work in conjunction with GPs working with vulnerable and isolated care receivers residing 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. It was discussed with the Director of Governance, Regulation and Care, that all of these leaflets were in written format and currently there was no evidence of pictorial or easy read leaflets which may be something to consider in the future development of leaflets for the service. Two care receivers commented positively regarding the usefulness of the leaflets that they had received.

Feedback received from care receivers and relatives as part of the inspection process confirmed their appreciation of the skilled care and support that they had received from the staff of the RRRT home care service. Comments and feedback included some of the below shared with Regulation Officer:

'Can't fault any of them' 'couldn't have been more helpful'

'Make you feel like you're the only one that they have to look after'

'Lovely attitude of staff'

'Their skills are invaluable'

'They communicated at a level that xxx understood'

'You feel at ease right away'

'Cracking job'

One relative discussed some breakdown in communication on their family member's initial discharge from hospital. However, once the RRRT visited and established a care plan, their help was invaluable in managing a crisis. The relative described how the service had supported both the care receiver and their family.

There was also appreciation amongst care receivers, that a referral to the RRRT had resulted in either a shorter stay in hospital or of being able to avoid admission completely.

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 and relatives felt that staff had the appropriate training and skills to deliver the specialist care required in the RRRT 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.

Staff can access online training through the virtual college, but 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 external organisations. An example of an external training opportunity is that four members of staff will be attending the Advanced Practice Conference.

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 they were a trainer for First Aid for the Health Care Assistants (HCAs), but that the emergency response training that qualified staff undertake as per the Standards, is included as part of the Intermediate Life Support training.

The Registered Manager described a generic skill set across the RRRT to promote cross-boundary working. The plan is for the newly recruited nurses from the overnight service to train to Advanced Practitioner Level, achieving Masters accreditation within three years. The Island Wide Policy and Framework for advanced practice is currently being developed.

From a discussion with the Registered Manager and a review of the care plans, there was also evidence of collaborative multi-agency working. Examples of this working are with the Accident and Emergency Department, JDOC and the Adult Mental Health Team.

Further discussion with staff members from RRRT provided evidence of teams 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.”

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, hospice and the hospital.

Further evidence available for review by the Regulation Officer was 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

that some improvements had been made. This meant in practice, that the format of the report had been agreed and that samples for one FNHC service had been produced and submitted to the Commission for review early in 2021.

At the time of the inspection, only one report in respect of RRRT had been produced. The Registered Manager has responsibility for the final report with oversight from the Director of Governance, Regulation and Care. This will remain an area for improvement, as it was felt that the Registered Manager should have been supported to produce a monthly report during the secondment to the overnight service or that an alternative person could have been identified to undertake this in her absence.

The report incorporated sections which included: areas reviewed this month, actions / review of actions and conclusion. For example, areas reviewed for the month of July 2021 were the service's Statement of Purpose and recruitment. It was positive to note that the performance of the service was being monitored against the Statement of Purpose in line with the Standards. The report also included reporting of incidents and complaints / compliments, thus providing an assurance that learning was being achieved from these events with a view towards reducing future risk.

There is an annual audit programme and monitoring of the audit programme 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. The service also benchmarks against the UK in the National Audit of Intermediate Care, which identified that response times and discharge rates are typically faster than in the UK.

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, either in person or by phone.

IMPROVEMENT PLAN

There was one area for 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 12.2</p> <p>To be completed by: with immediate and ongoing effect.</p>	<p>The registered provider must produce a regular monthly report on the quality of care provided in compliance with registration requirements.</p>
	<p>Response by registered provider:</p> <p>A process for monthly reporting is now in place and is being carried out appropriately</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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