



Jersey Care
Commission

INSPECTION REPORT

Family Nursing & Homecare

District Nursing Service

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

**7 September, 23 October & 12 November
2020**

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 ('the Commission') on 25 November 2019.

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| Registered Provider | Family Nursing & Homecare |
| Registered Manager | Tia Hall |
| Regulated Activity | Home Care Service |
| Conditions of Registration [Mandatory and discretionary] | Maximum number of hours of care that can be provided: 2250 Age range of care receivers: 18 and above Category of care: Other: nursing care to adults 18 and above, with a range of conditions (exception children) |
| Dates of Inspection | 7 September, 23 October & 12 November 2020 |
| Times of Inspection | 09:30-14:30, 09:30-17:00 & 09:15-14:30 |
| Type of Inspection | Announced |
| Number of areas for improvement | One |

The registered manager of the District Nursing Service is Tia Hall and the service delivers community-nursing care to adults (18 and above). There is a discretionary condition applied in that the registered manager is required to complete the Level 5 Diploma in Leadership in Health and Social Care by the 25 November 2022, or to have demonstrated an equivalent qualification by that time.

Nursing care hours per week vary according to demand and capacity within the service and the level of nursing care needed by care receivers.

The Statement of Purpose reflects that the philosophy of the District Nursing service is to deliver safe, high quality clinical care, which is sustainable and responsive to demand.

SUMMARY OF INSPECTION FINDINGS

The inspection was announced and was carried out on 7 September, 23 October and 12 November 2020. In addition to the inspection visits, various telephone consultations to care receivers / representatives took place throughout the period of 9-25 November 2020. The inspection visits took place at the offices of the service provider. The inspection process carried out by the Regulation Officer and Chief Inspector consisted of three separate visits, as the four home care services provided by Family Nursing & Homecare were each having an inspection simultaneously. The first visit enabled Commission staff to discuss a range of matters that each of the FNHC registered services have in common. The Home Care Standards were referenced throughout the inspection.¹

The Regulation Officer focussed on the following areas during the inspection:

- the service's Statement of Purpose and conditions on registration
- safeguarding (adults and children)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality report

Overall, the findings from this inspection were positive, and there was evidence of care receivers being provided with a service that is safe, and which takes their wishes and preferences into account.

The service continues to work within its Statement of Purpose and conditions of registration. It provides island-wide care with nursing staff working in teams to cover specific geographical areas. The team also works as part of a wider multidisciplinary team, which incorporates health and community services, other home care providers and care homes.

It was positive to note that safeguarding is an area which is given much emphasis across the services at Family Nursing & Homecare. At the introductory visit, the Regulation Officer and Chief Inspector were informed of the recent appointment of a

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

new Safeguarding Lead Nurse. Each of the service managers described a close working relationship with the Safeguarding Lead Nurse and that having this contact / resource on site was invaluable. Staff members from all four of the FNHC services further confirmed the usefulness of this close working relationship to Commission staff.

Complaints are recorded centrally in a complaints log and are classed as either formal or informal. The District Nursing service had received a small number of informal complaints in 2020, which had been recorded and dealt with within the appropriate period and according to policy. One formal complaint had not been resolved within the expected period but there had been written communication to explain the delay in the complaints process. This provided the Regulation Officer with evidence that policy had been followed, although the time had been exceeded. The central log records both complaints and compliments. It was positive to note that numerous compliments had been received in 2020 and that there are arrangements in place to notify individual staff members when a compliment about their practice had been received.

Each care receiver at the point of access to the service is given a complaints leaflet, entitled: 'Comments, Compliments and Complaints'. This leaflet clearly outlines the complaints process and what to expect including the response time. It also describes what to do next if a satisfactory outcome is not reached.

The complaints policy was examined during the inspection and it was noted that the previous version (issued in 2013) had recently been reviewed and updated. The revised policy was awaiting ratification and there were plans in place to make it available to care receivers and their representatives. The policy and any associated documents such as leaflets should include the contact details of the Commission.

The service's arrangements for recruiting staff were satisfactory. The HR department carries out the recruitment of staff initially. The managers of the individual services are involved in the process of ensuring the suitability of staff who are selected for interview. In addition, they participate directly in the interview process and sign off on staff pre-employment checks. There is some delegation of the recruitment process to the District Nursing team leaders by the registered manager, especially in the recruitment of junior staff. However, the registered manager would still be responsible for the signing off DBS checks and references. There were satisfactory arrangements in place for staff induction and staff supervision.

The care plans for the District Nursing service are stored electronically and in hard copy in the care receiver's home. At the time of the inspection, a pilot of 'shared care' care plans was nearing completion. The Regulation Officer reviewed a sample of four care plans. All of the care plans viewed met the Standards in terms of content and updates. However, it was positive to note that the pilot care plans contained more detail and evidence of personal preference than the existing care plans.

There are several systems in place to assess and monitor the quality and safety of the District Nursing service. These include monthly clinical governance and quality

assurance meetings, FNHC committee meetings and the completion of a monthly performance dashboard. The service also maintains a risk register, which is completed by the registered manager and monitored by senior management. However, although there was strong evidence to support quality monitoring and governance, there was at the time of the inspection, no monthly report, as is a requirement of the Standards. This has been identified as an area for improvement.

INSPECTION PROCESS

Prior to the inspection visit, information submitted by the service to the Commission since the service became registered, was reviewed. This included any notifications and any changes to the service's Statement of Purpose. The findings from the pre-registration inspection, carried out on 25 November 2019, were also reviewed in advance of the visit.

The Regulation Officer sought the views of the people who use the service (or their representatives where this was appropriate). Three care receivers, two members of staff and the registered manager were each spoken with during the inspection process. The Regulation Officer and Chief Inspector also met and consulted with the senior management and governance team on the first two inspection visits.

During the inspection, records including policies, care records, incidents, recruitment documentation and complaints / compliments were examined. The Regulation Officer was unable to visit care receivers in their own homes, due to Covid-19 restrictions and current government guidance. Therefore, telephone contact was utilised as an alternative.

At the conclusion of the inspection and telephone consultations, the Regulation Officer provided feedback to the Chief Executive Officer of FNHC.

This report sets out the findings of the inspection and includes areas of good practice, which were identified. 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

The service's Statement of Purpose and conditions on registration

The Home Care Service's Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The Home Care Service's Statement of Purpose was provided upon initial registration and was reviewed prior to inspection. The content continues to reflect the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the provider and manager fully understood their responsibilities to manage the service in accordance with the Statement of Purpose.

The Home Care Service is, as part of the registration process, subject to the following mandatory and discretionary conditions:

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| Conditions of Registration | <p><u>Mandatory</u></p> <p>Maximum number of hours of care that can be provided: 2250 Age range of care receivers: 18 and above Category of care: Other, Nursing care to adults 18 and above, with a range of conditions (exception children)</p> <p><u>Discretionary</u></p> <p>The registered manager (Tia Hall) must complete a Level 5 Diploma in Leadership in Health & Social Care by 25 November 2022, or by that time to have demonstrated an equivalent qualification.</p> |
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A discussion with the manager and an examination of records provided confirmation that these conditions on registration were being fully complied with and are likely to remain unchanged.

The Home Care service's Statement of Purpose is available on the FNHC website and in the form of a leaflet, which is provided to care receivers and their families at the commencement of the service. The Statement of Purpose clearly describes the range of care needs that can be supported and how to access the service. Referrals to the service can be made for either planned or urgent care. Referrals are accepted by telephone, email or via the FNHC referral form during office hours. In the evening referrals are made via the hospital switchboard. Written referrals are also received at weekends in addition to calls via switchboard and from GP's. The District Nursing service is unable to accept referrals requiring an emergency response.

The District Nursing service includes specialist nursing roles, for example, tissue viability and continence / stoma nurse specialists (CNS). The CNS work as part of the team but also provide clinical support and education. The District Nursing service also works in partnership with Hospice to deliver palliative care that supports the care receiver's choice in end of life care.

The manager advised the Regulation Officer that during the pandemic, the frequency of home visits made by the District Nursing teams were initially reduced. This had led the District Nursing teams to review visiting patterns once the restrictions had lifted. This had, in turn, resulted in a positive change to their way of working with respect to the scheduling of visits. There had also been an increase in shared care with other providers in home care and care homes during the pandemic. There had been some success, for example, in relation to wound care. However, it had also

identified some areas for improvement, for example communication with other providers. The 'shared care' care plan pilot was as a direct response to some of these issues. The aim being to improve communication and accessibility to shared information between the District Nursing team and other services.

Safeguarding (adults and children)

The Standards for Home Care Service set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

Systems are in place to support the safety and protection of both staff and visitors at the offices of FNHC in St Helier. Electronic ID cards are required to access the building of FNHC and there is a signing-in book for visitors. The Regulation Officer observed infection control measures (in keeping with FNHC infection control policy and current government guidance, relating to Covid-19), on arrival to the building and throughout the visit. The staff also described to the Regulation Officer the measures that were in place to protect care receivers and staff in the home environment; including pre-visiting screening checks and appropriate personal protective equipment (PPE).

The manager of the District Nursing service discussed with the Regulation Officer and Chief Inspector that safeguarding responsibilities are managed by the Lead Nurse for Safeguarding. Other senior staff are available to cover in the absence of the Lead Nurse. There is use of safeguarding supervision to support staff across all four services of FNHC. Any safeguarding concerns are recorded and escalated appropriately within FNHC and to other agencies if appropriate, including the Commission.

The Chief Inspector was provided with evidence of the Safeguarding Policy – Adults and Children (August 2019) and Safeguarding Restorative Supervision Policy (August 2020). The Commission had been notified of a range of safeguarding matters in 2020. The safeguarding policy could be developed to include this reporting requirement.

FNHC has an annual education and training prospectus detailing mandatory training for both registered and non-registered staff including safeguarding adults and children. The safeguarding training (updates) are currently on-line but one staff member commented to the Regulation Officer that it was important to remember that although training is an important resource, staff can also seek support, advice and guidance from the Safeguarding Lead Nurse.

Another staff member commented to the Regulation Officer that they fully understood their responsibilities in relation to both safeguarding and the escalation policy, including escalation to the Commission if required.

The service managers also described a close working relationship between FNHC and the Jersey Safeguarding Partnership Team.

There had been one safeguarding notification sent to the Commission in 2020 from the District Nursing service, this had been dealt with in accordance with local guidance and no further action had been required.

There had been numerous notifications to the Commission in 2020 regarding pressure damage (this is an injury that breaks down the skin) and the manager confirmed a rise in these type of notifications in 2020. It was concluded that this had been associated with the restrictions imposed on account of Covid-19 and of the inactivity which had resulted. The District Nursing service undertakes its' own Root Cause Analysis (RCA) on any Category 2 pressure ulcer or above developed in the care of FNHC, to inform care planning, individual and organisational learning.

Complaints

The Standards for Home Care Service set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

Complaints regarding FNHC services can be made by email, letter, through the FNHC online enquiry or verbally. Verbal complaints may also be made directly to staff working within the care receivers' home environment.

Contact details can be found on the FNHC website and in the complaints leaflet. The complaints leaflet is given to all care receivers 'on admission' to the service. Care receivers can also contact any manager, the Chief Executive Officer of FNHC or any member of the FNHC committee. The Regulation Officer was advised that the website was in the process of being redesigned to include a 'three click system', which will improve the accessibility of the complaints process.

The complaints policy and procedure is also included in the staff handbook and induction programme. This is also true of the whistleblowing policy, which can be accessed in the organisation's on-line library. The complaints policy sets out timescales for response and investigation. If a complainant remains dissatisfied, there is a further level of redress in that complaints may be progressed to an advisory panel, with oversight by the Chief Executive Officer.

The registered manager discussed with the Commission staff that the 'shared care' care plans were a positive outcome of a complaint around communication issues with other providers. Also that each team leader is now aligned with a care provider, to encourage effective communication.

One care receiver commented to the Regulation Officer that although they were not aware of a contact number to ring if they had any concerns, they would not hesitate in talking to one of the nurses if required.

Another care receiver commented that they were aware of a number to call if they had any concerns. They explained that they had used it once when a visit was late and they received an immediate reassurance that someone was on the way.

Compliments are also recorded, alongside complaints in the log and these have been numerous in 2020. There are several systems in place to ensure that these compliments are forwarded and shared with the appropriate staff teams. The Commission staff were shown some compliments regarding the District Nursing service on the day of inspection, which included comments such as 'warm, kind approach' and 'praise the whole team'.

Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)

The safe recruitment of staff is an important element in contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.

A summary of the staff profile and staffing levels are included in the Statement of Purpose. Staff rotas are planned over a four-week period, to ensure that care receivers receive care from the most appropriate staff member in terms of their experience and skills.

Although there is an HR department on site at the office of FNHC, the managers for each service are responsible for the sign-offs and pre-employment checks for all newly recruited staff. This includes, ensuring that all necessary DBS criminal record checks and references are received and are satisfactory. At the time of the inspection, the registered manager reported one vacancy within the District Nursing service.

The CEO advised the Commission staff that there was good retention of staff but that there had been some difficulty in the initial recruitment despite the organisation offering a competitive salary and a comprehensive training package. It was discussed that there is a thorough interview process, which helps in recruiting the most appropriate candidates and in promoting good levels of staff retention.

The induction of new staff members includes both corporate induction and service specific induction. For the District Nursing service the induction also includes 'service specific training' because of the specialist clinical nursing skills required for the role. Examples of this include wound and continence management.

Each member of staff has an annual personal development plan and a mid-year review. The education and training department records individual staff members' training records, which include any mandatory and professional training undertaken each year. There is also regular clinical and safeguarding supervision. Management undertakes the provision of staff supervision and appraisal.

It was positive to note that the two staff members spoken with during inspection were able to evidence specialist training that they had actively sought out and undertaken (despite the obstacles posed by the pandemic).

New members of staff are initially introduced to care receivers and then shadow senior staff before undertaking lone working. There is a minimum of a four-week induction. Once this period is complete, the District Nurse will be allocated their own caseload of patients. A competency framework is also part of the induction process and staff members are given one year to complete this. Each District Nursing team has a virtual handover at the start of each day and a 'huddle' at the end of every weekday with the operational lead and team coordinators, which allows for discussion of any incidents / concerns and to allow for planning of the next day.

The Regulation Officer reviewed three staff personnel files during the inspection. These were well organised and evidenced that the appropriate pre-employment documentation and checks were in place before staff had started working within the service.

During discussions with care receivers and relatives, they remarked positively on their engagement with staff and of staff members' quality of care' and 'skills and knowledge'.

Comments included that: 'every single one is lovely' and 'I am provided with good explanation'.

Another remarked that their care was 'constantly being reviewed' and 'improved upon'.

Care planning

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

Care receivers are assessed prior to the commencement of a package of care. The initial assessment will either be undertaken by a senior nurse or when carried out by a more junior staff member, is discussed with a senior nurse. The nurse will obtain consent for care, develop care plans in conjunction with the care receiver, and where appropriate the family / care representative.

A sample of four care plans were reviewed. Care plans are developed with care receivers to encourage care receivers to make informed decisions about their care. The Regulation Officer found evidence of this in the care plans, for example a plan on chronic pain, which was extremely detailed and evidenced personal preference. Another extremely useful section of the 'shared care' care plan was a 'what to do if' section. An example of this was, 'what to do if a dressing was dislodged prior to a scheduled visit'. Evidence-based assessment tools are used to assess care needs

such as those relating to skin damage and wounds. There was also evidence in the plans of regular review dates for these tools / assessments.

The plans are stored both electronically and in hard copy in the care receiver's own home. One member of staff commented that it was important to update both versions simultaneously and that keeping the hard copy in the care receiver's home helped it become 'part of the dialogue' between the nurse and the care receiver.

Another staff member commented how the 'shared care' care plans involved the care receiver actively in the process of planning care. The 'shared care' care plan pilot was due to be completed within a few weeks of the inspection.

Monthly quality reports

The quality of care provision should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

There are several systems in place to monitor the quality and effectiveness of the service. An annual audit programme is in place and a copy of this was provided as evidence to the Regulation Officer. Monitoring of the audit programme takes place at the monthly Quality Assurance, Governance & Performance Board meeting. Minutes from two of the meetings were reviewed as evidence by the Chief Inspector. There was evidence of all four services being discussed and of actions being identified in line with the Standards. Minutes were also reviewed from the Governance and Clinical Sub-Committee meeting.

In addition to this, each service has a dashboard, which is used to monitor a number of areas, including staff training, complaints and safeguarding. The dashboard highlights any areas for improvement in red and allows for a 'deep dive' on any given issue if required (whereby an analysis of the effectiveness of the service can be undertaken). The FNHC committee is provided with a quarterly summary of the dashboards. These meetings may result in further action in response to a particular issue or concern which arises at either a team or individual level.

There are also service user surveys, which provide feedback in the form of complaints or compliments. The care receivers on the District Nursing caseload are offered the opportunity to complete an online patient satisfaction survey every six months or on discharge from the service.

It was clearly apparent from all of the information provided and reviewed that there are good internal systems of audit and review in place to support ongoing quality assurance. However, at present there is no monthly report conducted or collated by an independent representative to report on the quality of the service in line with the Standards. This area for improvement was discussed with the CEO who advised of her commitment to working with the Commission to achieve this.

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.

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| <p>Area for Improvement 1</p> <p>Ref: Standard 9.2</p> <p>To be completed by: with immediate effect and ongoing</p> | <p>The registered provider must produce a monthly report on the quality of care provided in compliance with registration requirements, Standards and Regulations, FNHC to work with the Commission to achieve this.</p> |
| | <p>Response by registered provider:</p> <p>FNHC acknowledges that whilst there is a number of monthly reporting systems in place across the organisation, FNHC does not have a specific report that only relates to the JCC standards. The CEO has committed to providing this and a meeting has been scheduled to discuss the format and clarity from JCC regarding the requirement for an independent representative to report on the service.</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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