



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Family Nursing & Homecare**

**Homecare 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 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 ('the Commission') on 25 November 2019.

Registered Provider	Family Nursing & Home Care
Registered Manager	Margery McGarry
Regulated Activity	Homecare Service
Conditions of Registration [Mandatory and discretionary]	Maximum number of personal care / personal support hours to be provided per week is 600. Age range of care receivers is 18 years and over. Categories of care to be provided: Old Age & Other (FNHC do not deliver 'specialist support services' but care receivers will have a range of conditions).
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 homecare service (FNHC) is currently Margery McGarry. A recently appointed new manager will commence early in 2021.

Examples of care offered by the service includes personal care, meal preparation, shopping and household duties as part of a wider care package. The average number of hours of care delivered per week is approximately 550. The service has also supported a number of care receivers to transition into residential care.

The Statement of Purpose reflects that the philosophy of the home care service is to, support people who, due to illness or disability are unable to sustain their desired

level of daily living without assistance. The assistance provided enables people to remain in their own homes and achieve their potential in relation to physical, intellectual, emotional and social capacity.

## 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 registered with Family Nursing & Home Care 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.<sup>1</sup>

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 reports.

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. An application to the Commission to register Margery McGarry as registered manager of the service was approved on 8 September 2020. However, the change of manager's details is still to be updated in the Statement of Purpose.

It was positive to note that safeguarding is an area, which is given much emphasis across the services at Family Nursing & Home Care. At the introductory visit, the Regulation Officer and Chief Inspector were informed of the recent appointment of a new Safeguarding Lead Nurse. Each of the service managers described a close working relationship with the Safeguarding Nurse and that having this contact / resource on site was invaluable.

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

Complaints are recorded centrally in a complaints log and are classed as either formal or informal. The home care service had received one formal and a small number of informal complaints in 2020, which had been recorded and dealt with within the appropriate period and according to policy. The central log also records compliments and these had been numerous in 2020. It was positive to note that there were 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 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 selected for interview, they participate directly in the interview process and sign off on staff pre-employment checks. There is a rolling programme of recruitment for the home care service, with jobs continually advertised and a waiting list created. There were satisfactory arrangements in place for staff induction and staff supervision.

The care plans for the home care service are typed and stored in hard copy in the care receiver's home and electronically. The Regulation Officer reviewed a sample of four care plans. These were clearly organised and there was good evidence of personalisation, for example in recording the care receiver's needs and preferences. The 'Care Planner' electronic system is installed on staff members' mobile devices to log visits and to raise alerts regarding potential missed visits at the care receivers' homes.

There are several systems in place to assess and monitor the quality and safety of the home care service. These include monthly clinical governance and quality assurance meetings, FNHC committee meetings and the completion of a quarterly 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 our 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). Two care receivers, one member of staff and one operational lead were each spoken with during or as part of the inspection. The registered manager for the home care service was not available during the inspection process and therefore feedback was provided by the operational lead for adult services. 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 the inspection. The content continues to reflect the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the provider fully understands 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:

Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of hours of care that can be provided: 600.          Age range of care receivers: 18 and above          Category of care: Old Age &amp; Other: FNHC do not deliver specialist support services, but care receivers will have a range of conditions.</p> <p><u>Discretionary</u></p> <p>None</p>
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A discussion with the operational lead and an examination of records provided confirmation that these conditions on registration were being fully complied with and will remain unchanged until the newly appointed manager of the service takes up post early in 2021. When this happens, an application will need to be made to the Commission to register the new manager. The operational lead also discussed a new part-time role of clinical co-ordinator. This person will develop rotas and deliver hands on care if required.

The homecare 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. The Statement of Purpose clearly describes the range of care needs that can be supported and how to access the service. The Statement of Purpose states that consideration ‘is given to support with overnight care’ for existing clients. However, on discussion with the senior manager during the inspection, this was not something that the service was able to facilitate at that time although it could become a possibility in the future.

The home care service accepts referrals from a number of different sources, for example, the potential care receiver, a family member or a social worker. If FNHC are unable to meet the needs of an individual due to availability, then have the option to either join a waiting list or can elect to explore other providers of home care. The operational lead informed the Commission staff that there is currently an active waiting list of potential care receivers. The funding for the service is split between private funding and the Long-Term Care Fund.

**Safeguarding (adults and children)**

The Standards for Home Care 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 operational lead of homecare 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 and the Regulation Officer asked staff to comment on the quality of the on-line training as part of the inspection process.

One staff member commented to the Regulation Officer that they fully understood their responsibilities in relation to both safeguarding and the escalation policy. Staff also advised that when situations arose that they were able to, ‘think back to their training and the policy’.

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

## **Complaints**

<p>The Standards for Home Care 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.</p>
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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.

One relative commented to the Regulation Officer that they had no concerns at present but would be happy to pick up the phone to the manager of the homecare service if needed.

One care receiver was able to provide the Regulation Officer with evidence of how they had felt able to 'speak up for themselves' concerning an informal complaint to the registered manager and had received reassurance that the complaint would be dealt with in an appropriate manner and time frame.

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.

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

<p>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.</p>
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A summary of the staff profile and staffing levels are included in the Statement of Purpose. There is a senior care assistant (SCA) or registered / senior manager on call outside of office hours, at weekends and bank holidays, until 23:00 to support care staff and care receivers.

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. The manager for homecare works closely with the senior manager (adult lead) during the recruitment process.

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 good salary and training package. Recruitment into home care was the most difficult although it was acknowledged that this is an island-wide difficulty. As a result, a rolling recruitment programme is in place. 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.

There is a structured education programme, within the home care service, which has been adopted from the care certificate training programme (foundation training for healthcare staff). One staff member described that there had been an increase in reliance upon online training and training delivered in smaller groups since the start of the pandemic. The provision of staff supervision and appraisal is undertaken by management.

New members of staff are initially introduced to care receivers and then shadow senior staff before undertaking lone working. The home care service consists of two teams led by two senior Level Three carers. These carers deliver care and update care plans. A number of referrals to the homecare service may be cross-referrals from one of the other three FNHC services. The homecare services are monitored at monthly board meetings.

Three staff personnel files were reviewed by the Regulation Officer 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 reliability'.

Comments included that: 'they are a nice crowd of ladies, very helpful and reliable'. One representative commented that when shopping became increasingly difficult for a care receiver to manage independently, the care staff quickly suggested incorporating this into their care package.

One of the carers spoke of how 'rewarding' it was working with care receivers and of how you 'built a relationship' over time.

## **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 be undertaken by the registered manager or their delegate. Every effort will be made to provide the care package as soon as possible.

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, which were reviewed with sections, entitled 'goals agreed with you and 'negotiated plan of care'. There was also evidence of personalisation with respect to, for example, food and drink, which included allergy / dietary advice. Evidence based assessment tools are used to assess care needs such as those relating to, skin damage and nutrition. They also included staff safety checklists and risk assessments.

The 'care planner' electronic system is checked daily to monitor staff log-ins and alerts. It is also used to monitor the length of visits and whether staff are regularly working over or under the allocated visit time. This enables the monitoring and adjusting of care plans as required. Hard copies of care plans are typed and stored in the patient's own home and are retained electronically.

### **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 and these meetings may result in further action in response to a particular issue at a team or individual level. Particular to the home care service is the monthly homecare steering group meeting with the Chief Executive Officer of FNHC.

There are also service user surveys, which provide feedback and feedback in the form of complaints or compliments.

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.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 9.2</p> <p><b>To be completed by:</b> 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><b>Response by registered provider:</b></p> <p><b>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.</b></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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