



**Jersey Care
Commission**

INSPECTION REPORT

Family Nursing & Home Care

Rapid Response & Reablement

**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 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 service became registered with the Jersey Care Commission ('the Commission') on 25 November 2019.

Registered Provider	Family Nursing & Home Care (FNHC)
Registered Manager	Clare Stewart
Regulated Activity	Homecare Service
Conditions of Registration [Mandatory and discretionary]	Maximum number of hours of nursing care that can be provided: 600 Age range of care receivers: 18 and above Category of care: Old Age, Dementia Care, Physical Disability, Autism, Mental Health, Substance Misuse, Homelessness and Domestic Violence.
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 RRRT service is Clare Stewart. 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 vary according to demand and capacity within the service, with the average number of care hours per week approximately 193.

The Statement of Purpose reflects that the philosophy of the RRRT service is to promote and ensure care receivers will have increased independence, and the choice of being cared for within their own home for as long as possible.

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was carried out on 7 September, 23 October and 12 November 2020, with telephone consultations within the period of 9-25 November. 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 & Homecare were each having an inspection simultaneously. The first visit allowed the 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 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.

The registered manager described a close working partnership with the general hospital, which includes the emergency department and close collaboration with the respiratory and cardiac services.

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 new Safeguarding Lead Nurse. Each of the service managers described a close working relationship with the Safeguarding Lead Nurse and that having this contact /

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

resource on site was invaluable. Staff members throughout the home care services of FNHC further confirmed this close working relationship to the Commission staff.

Complaints are recorded centrally in a complaints log and are classed as either formal or informal. The RRRT service this year had received one informal complaint, which had been recorded and dealt with within the appropriate period and according to policy. The central log not only records complaints but also 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. The registered manager of RRRT discussed that there is some delegation of recruitment to the team leaders, especially in relation to the recruitment of less senior staff. There were satisfactory arrangements in place for staff induction and staff supervision.

The care plans for the RRRT service were stored electronically and used templates which were specifically designed to assist in the initial assessment of care receivers and to store rapidly changing medical observations and updates required of a service such as RRRT. A sample of three care plans was reviewed by the Regulation Officer, which recorded an agreed plan with the care receiver, a complete 'head to toe' admission assessment (including presenting complaints) and regular updates.

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 a wealth of 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.

Notifiable events to the Commission were also discussed with the registered manager as part of the inspection process.

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff. Two care receivers / representatives, two members of staff and the registered manager were spoken with during or as part of the inspection. 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 and Chief Inspector 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 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 and registered manager fully understood their responsibilities in this regard.

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 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 nursing care that can be provided: 600. Age range of care receivers: 18 and above Category of care: Old Age, Dementia Care, Physical Disability, Autism, Mental Health, Substance Misuse, Homelessness and Domestic Violence.</p> <p><u>Discretionary</u></p> <p>The registered manager (Clare Stewart) 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 intended to remain unchanged.

The Home Care service’s Statement of Purpose is available on the FNHC website and in leaflet format. The Statement of Purpose clearly describes the range of care needs that can be supported and how the service is provided.

The service is provided according to the level of care required. There are four levels of care, each with a corresponding response time. The response times vary according to need:

- Acute (Level 1) two-hour response
- Crisis (Level 2) two-hour response
- Reablement (Level 3) twenty-four-hour response
- Mental Health (Level 4) two - twenty-four-hour response depending upon urgency.

In addition to the Statement of Purpose, the RRRT also produce a selection of user-friendly leaflets, which outline the service available.

The service continues to work with other professionals, as well as care receivers and their families to provide an inclusive and multidisciplinary approach to care. During

the initial stages of the pandemic, there was redeployment of some of the mental health nurses to elsewhere within health and social services and they had only recently returned. A social worker, physiotherapist and senior occupational therapist also are part of the multidisciplinary team. There is also a small amount of 'crisis equipment', for example bed rails, which care receivers can have access to, if needed urgently.

The registered manager discussed with the Regulation Officer the discretionary condition regarding completing the Level 5 Diploma in Leadership in Health and Social Care by 25 November 2022. The manager advised that they had already completed some relevant training, which may have some equivalence to elements of the Level 5. The manager agreed to look in to this further before providing the Commission with additional information.

The Regulation Officer was satisfied that all conditions are currently being met.

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 base 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 the use of infection control measures in keeping with FNHC infection control policy and current government guidance, in relation to Covid-19, both on arrival at 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 use of appropriate personal protective equipment (PPE). The pre-visit screening checks are recorded by the RRRT in the care receiver's management plan on the electronic system 'EMIS' prior to each visit. The Regulation Officer viewed some of these checks as part of the sample of care plans reviewed at inspection.

The registered manager 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. Safeguarding supervision is used to support staff across all four services of FNHC. Any safeguarding concerns are recorded in the quarterly dashboard and escalated appropriately within FNHC and to other agencies as appropriate, including the Adult Safeguarding team and the Commission.

The Chief Inspector reviewed 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. This training includes both child protection and adult safeguarding. The safeguarding training (updates) are currently provided on-line. The service managers also described a close working relationship between FNHC and the Jersey Safeguarding Partnership Board.

One staff member commented to the Regulation Officer that safeguarding concerns aren't always clear cut and being able to discuss any concerns with the Safeguarding Lead Nurse was helpful in the decision-making process as to whether issues required further escalation.

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 either by email, letter or through the FNHC online enquiry system. They can also be made verbally in person or by phone. Verbal complaints may also be made directly to care staff within the care receiver's home environment.

Contact details can be found on FNHC website or 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 is currently being redesigned to have 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 also be accessed in the organisation's on-line library. The complaints policy sets out timescales for response and investigation. If the procedure does not achieve a satisfactory outcome, there is an advisory panel for those who remain dissatisfied.

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. Commission staff were shown some compliments regarding the RRRT during the inspection, which included comments such as 'wonderful nurses', 'brilliant treatment' and 'service second to none'.

One care receiver commented to the Regulation Officer that they had no concerns at present but that they had been left a number to call if required.

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. Although there is an HR department on site at the base of FNHC, the managers for each service are responsible for the sign offs / pre-employment checks for all newly recruited staff. These include the, signing off on DBS, references and verification of professional qualifications.

The CEO advised the Commission staff that there was good retention of staff but some difficulty in the initial recruitment despite the organisation offering a good salary and training package. This was reaffirmed by the registered manager who reported that there was 'little turn over of staff' within the team.

As part of the inspection, a sample of three staff personal files was reviewed by the Regulation Officer. These were well organised with clearly defined sections and contained all the necessary pre-employment checks. These records are stored securely in the HR office at Le Bas Centre.

The RRRT consists of twenty-three staff from various disciplines. The nursing team work a seven-day rota between the hours of 07:30 to 20:30 hours, with the social worker and qualified therapist staff working core hours Monday to Friday. The RRRT caseload is variable and so there is a minimum number of staff rostered on each day to cover.

The induction of new staff members includes both corporate induction and service specific induction. For RRRT the induction also includes 'service specific competencies' because of the specialist clinical nursing skills required for the role. Some of the training of these skills is done 'in-house', for example cannulation (insertion of a cannula / hollow tube in order to administer fluids and / or medication). There is also opportunity for members of the RRRT to work in the Emergency Department at the hospital under an honorary contract, which further facilitates a close working partnership with their colleagues from health and social services.

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 each year. There is also regular clinical and safeguarding supervision.

The registered manager discussed how supervision could be facilitated in a number of ways, not just one to one supervision. An example of this is 'work supervision' where the registered manager described regularly going out on visits with other staff members. A number of the team are registered nurse prescribers and so attend regular supervision pertaining to this, which has been maintained during the pandemic.

During discussions with care receivers and relatives, they remarked positively on their engagement with staff and of staff members' 'highest standards of care and professionalism'.

One care representative went on to describe the care delivered by the RRRT as 'a different level of expertise' in relation to both the experience of staff and the care provided. They discussed that in their opinion, in the future having a doctor / consultant attached to the team could be of additional benefit to the care receiver.

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.

The Regulation Officer was advised that referrals for the RRRT are accepted by phone and that a response is provided as quickly as possible, however complex referrals may require additional time to process. Response times are determined by the receiving co-ordinator after a review of the referral information and if required after discussion with the referrer. The co-ordinator will then triage care receivers and schedule the appropriately trained member of staff to visit and carry out the assessment. Assessment can be within the hospital or the care receiver's own home. The team use electronic mobile devices to record the care plans, which are stored both electronically on 'EMIS' and in hard copy.

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. The assessment includes an initial clerking, which might consist of a physical examination and any relevant observations. In addition to this, risk assessments are carried out, specific to the care receiver. For example, if the care receiver is at risk of falling, an approved assessment tool will be used and a referral made to a therapist if required.

A sample of three management plans were reviewed by the Regulation Officer. There was evidence of personalisation with sections on patients' wishes included and a set of goals and/or a management plan which are co-produced. The initial clerking may involve 'a head to toe' assessment and these were found to be clear and comprehensive. There was also evidence of mental health screening if required. Each plan also included a risk assessment concerning Covid-19.

The registered manager also described the importance of a daily handover to communicate any updates to the team and the use of a whiteboard in the office, which provided up to date information at a glance regarding care receivers. The team also have a multidisciplinary team meeting every week on a Monday.

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. There is an annual audit programme and a copy of this programme 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 these meetings were reviewed as evidence by the Chief Inspector. There was evidence that each of the four services were consistently discussed and actions 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. The FNHC committee are provided with a quarterly summary of the dashboards. The outcomes / minutes of these meetings are reviewed and may generate an action plan and / or review at a team or individual level. An example of this would be review in the community by a colleague (peer review).

There are also service user surveys, which provide feedback in the form of complaints or compliments. Particular to the RRRT there is a satisfaction survey which is completed by the care receiver on admission and at discharge using an approved therapy outcome measure.

It was clearly apparent from all of the information which was 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>Area for Improvement 1</p> <p>Ref: Standard 9.2</p> <p>To be completed by: with immediate and ongoing effect.</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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