



**Jersey Care
Commission**

INSPECTION REPORT

Family Nursing & Homecare

Child & Family Services

**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 Child and Family Services, 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 Child & Family services are delivered island-wide, with care provided in various community settings including care receivers' own homes and schools. The service became registered with the Jersey Care Commission ('the Commission') on 25 November 2019.

Registered Provider	Family Nursing & Home Care
Registered Manager	Michelle Cumming
Regulated Activity	Home Care Service
Conditions of Registration [Mandatory and discretionary]	Maximum number of hours of nursing care that can be provided: 2250 Age range of care receivers: pre-birth to 18 years Category of care: children (under 18 years)
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	Two

The registered manager of the Child & Family services (FNHC) is Michelle Cumming. 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.

At the time of the inspection, the maximum number of nursing care hours per week was 2250.

Child & Family services consist of:

Health Visiting Service

Maternal Early Childhood Sustained Home Visiting Programme (MECSH)

Baby Steps programme
UNICEF Baby Friendly Initiative
Looked after Children's Nursing Service (LAC)
School Nursing
Children Community Nursing Team (CCNT)
Specialist care packages for children delivered in the home setting (including children with palliative care needs).

The Statement of Purpose reflects that the philosophy of the Child & Family services is to provide services that enable all children and families to achieve their optimum health and well-being.

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 manager confirmed that the service continues to work within its Statement of Purpose and conditions of registration and provided Commission staff with a summary sheet of the recent staff changes / updates to the Statement of Purpose.

The registered manager described a close working partnership with a number of agencies across the wider children's services to provide support to children, young people and their families.

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

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 / 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 Child & Family Services this year had received two formal complaints and five which were informal. These had been recorded and dealt with within the appropriate period and according to policy. The two formal complaints had been investigated according to the complaints process and had not been upheld. Both complaints and compliments are recorded in the central log. 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 is given a complaints leaflet at the point of access to the service 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. The registered manager of Child & Family Services explained that she is 'involved in the whole process' of recruitment and commented that this involvement is 'valuable'. It was positive to note that the manager was provided with and had access to all relevant information in order to make decisions concerning safe recruitment. There were satisfactory arrangements in place for staff induction and staff supervision.

The care plans for the Child & Family services are stored electronically, with the exception of the Child Development Books. These books are care plans for the child from birth up until school entry age. For children receiving a specialised care package, there may be a multiagency care plan entitled 'Team Around the Child'.

A sample of three care plans were reviewed by the Regulation Officer, which recorded a 'negotiated care plan' with the child (depending upon the age and maturity of the individual child) and their parents. Therefore, providing evidence of a 'whole family approach' to care planning. The care plans are based around a holistic

needs assessment, which includes mental health and a section on the 'wants and wishes' of the child.

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 (accidents or events that have posed or may pose a risk to care receivers) to the Commission were discussed with the registered manager as part of the inspection process, as only a small number of notifications had been made by Child and Family Services in 2020 to the Commission. The registered manager agreed with Commission staff that the service currently reports on accidents and incidents witnessed within the home setting but does not routinely report on child protection and safeguarding referrals to the Commission as notifiable events. As these are reported at the safeguarding board. It was agreed to work with Commission staff to achieve this in the coming year. This has been identified as an area for improvement

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 representatives, 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 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 to manage the service in accordance with the Statement of Purpose.

The Child and Family Services is a universal service for the islands’ child population and includes aspects relating to both health promotion and disease prevention. It also provides additional care and support to those with increased need or vulnerability. For example, MECSH, which is an intensive health-visiting programme for clients with additional needs in the antenatal period, immediately post birth and until the child is two years old.

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: 2250 Age range of care receivers: pre-birth to 18 years Category of care: children (under 18 years)</p> <p><u>Discretionary</u></p> <p>The registered manager (Michelle Cumming) 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 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 the service is provided.

The health visiting and school nursing services deliver care through the healthy child programme (HCP). There are four geographical Health Visiting (HV) teams, which cover their individual areas; whereas the school nurse team and CCNT provide care island wide. There are a number of specialist nurses who work within the service such as Mental Health Practitioners, the Looked After Children Nurse and the Paediatric Palliative Care Nurse.

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 registered manager discussed with the Regulation Officer and Chief Inspector that the Lead Nurse for Safeguarding manages safeguarding responsibilities. 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 Team.

One staff member commented to the Regulation Officer that their safeguarding training prior to Covid-19 had been 'collaborative and interactive' and provided a 'really useful update'.

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 be made directly to care staff within the care receiver's home environment.

Contact details can be found on the 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 are 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.

The registered manager explained that on receipt of any complaint that she would initiate phone contact with the complainant in the first instance. As although there is a formal complaints process, an informal resolution will be attempted in the first instance and will often reach a satisfactory outcome.

One care representative commented to the Regulation Officer that they had no concerns at present but that they would be comfortable to 'approach staff directly' if they did.

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 the verification of professional qualifications. This is in line with the FNHC Safer Recruitment Policy (October 2020) which was reviewed by the Chief Inspector during the inspection.

The CEO advised the Commission staff that there was good retention of staff but that there continues to be some difficulty in the initial recruitment despite the organisation offering a competitive salary and a comprehensive training package.

As part of the inspection, the Regulation Officer reviewed a sample of three staff personnel files. These were well organised with clearly defined sections and contained all the necessary pre-employment checks. However, the Regulation Officer noticed an Enhanced DBS certificate which had been submitted by a worker more than three months before the person was employed. The HR staff explained that this was due to a prolonged delay in starting the new worker due to operational reasons and agreed to request an up to date DBS check with immediate effect. These records are stored securely in the HR office at Le Bas Centre.

The induction of new staff members includes both corporate induction and service specific induction. An example of service specific induction for Child and Family services is Health Visiting, for which there is a two-year specific induction programme because of the skills required for this specialist role. Senior staff (staff with five years' experience or more) who are also trained assessors and supervisors undertake the supervision of new staff such as the community or school nurses.

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 which includes programme-specific clinical supervision for programmes such as 'Baby Steps' and 'MECSH'. The registered manager advised that although one-to-one supervision is very important, that supervision could be facilitated in a number of other ways such as management supervision and a 'buddy system', which involves peer-to-peer support.

During discussions with care representatives, they remarked positively on their engagement with staff and of how invaluable staff members' 'specialist training and advice' had been in the care of their children. One commented positively regarding how staff would 'go above and beyond' in the care provided.

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 Child and Family Services are accepted following a pregnancy notification from the midwifery service, General Practitioner (GP) or birth notification or a direct referral to the Child and Family Service. The registered manager discussed that direct referrals may be multiagency or involve child protection / Child & Family Hub referrals.

A Health Visitor or trained nurse will then assess and develop a care plan in conjunction with the child, young person and their family or carer. This will include referral to other agencies as required.

The range and diversity of the services provided by the Child and Family Services is reflected in how care is planned and recorded. The Health Visiting service use the Child Development Book as the care plan for the universal service up until school age (pregnancy to 5 years). The universal Healthy Child Programme (HCP) is additionally supported by, for example the Baby Steps Initiative, which is a nine week programme for which prospective parents 'sign up' for a plan of care for the duration of the programme.

Additional support if needed can also be provided by the Health Visitor either antenatally or immediately post birth such as in the MECOSH programme, the care plans use electronic templates to record frequency of contact and outcomes and thus contribute to meeting this need. A MECOSH practitioner oversees this database.

The CCNT use separate care plans, which include care that is already being provided by parents. For children with palliative care needs, the Children's Palliative Care Pathway is used as a guide for assessments and plans.

The Regulation Officer reviewed a sample of three care plans, for children accessing a range of services from Child and Family Services. It was positive to note that the plans were found to be age appropriate for the child and encouraged a shared approach to care. There was evidence of personalisation with sections on 'wants and wishes' of the child and of regular updates and review dates of the plans.

One child's 'wants and wishes' included a 'smiley, friendly, warm and approachable' nurse.

There was also evidence of the multiagency approach with evidence of different organisations working together and shared plans, for example 'Team Around the Child plan'.

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 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 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 (whereby an analysis of the effectiveness of the service can be undertaken). The FNHC committee are provided with a quarterly summary of the dashboards. These meetings may result in further action plan in response to a particular issue or concern which arises at either a team or individual level. An example of this would be a review in the community by a colleague (peer review) to promote best practice.

There are also service user surveys, which provide feedback in the form of complaints or compliments. Particular to the Child and Family Services, there are very specific feedback programmes from services such as 'Baby Steps' and 'MECSH'. These measure outcomes of the programme and allows for analysis of the findings. The Breast Feeding initiative also includes feedback from the parents, which is built in to the programme in order to maintain standards.

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 were two areas 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>
<p>Area for Improvement 2</p> <p>Ref: Regulation 21</p> <p>To be completed by: with immediate and ongoing effect.</p>	<p>The registered provider must notify the Commission of any incidents, accidents or other events that have posed or may pose a risk of harm to care receivers, Child & Family Services to work with the Commission to achieve an improved reporting process.</p>
	<p>Response by registered provider:</p> <p>Following a discussion with the JCC it has been agreed that any incidents, accidents or other events that have posed or may pose a risk or harm to care receivers will continue to be reported as they occur and as currently happens. Safeguarding and Child protection referrals going forward will be reported within the new monthly report as per JCC template</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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