



**Jersey Care
Commission**

INSPECTION REPORT

Nightingales

Home Care Service

**59 Palace Close
St Saviour
JE2 7SG**

3 March 2021

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

ABOUT THE SERVICE

This is a report of the inspection of Nightingales home care service. The service's office is situated in the parish of St Saviour and provides a range of individualised support packages to people living in their own homes. The service became registered with the Commission on the 15 August 2019.

Registered Provider	Nightingales Ltd
Registered Manager	Mladen Jevtic
Regulated Activity	Home Care
Conditions of Registration	<u>Mandatory</u> The maximum number of personal care/support hours is 599 hours per week. The age range of care receivers is 22 to 100. The categories of care provided are: Old age, dementia care, physical disability, learning disability. <u>Discretionary</u> Mladen Jevtic registered as manager of Nightingales home care service must complete a Level 5 Diploma in Leadership in Health and Social Care to be completed by 8 th August 2022.
Dates of Inspection	3 March 2021
Times of Inspection	11am to 3pm
Type of Inspection	Announced
Number of areas for improvement	None

The Home Care Service is operated by Nightingales Ltd and the registered manager is Mladen Jevtic.

At the time of this inspection, there were 30 people receiving care from the service.

SUMMARY OF INSPECTION FINDINGS

The inspection was announced six days in advance. This allowed for the necessary infection control measures to be put in place in relation to Covid-19. The inspection was undertaken on 3 March 2021. It was carried out by two Regulation Officers, who met with the managers and provider, over a four-hour period. The Standards for home care were referenced throughout the inspection.¹

The Regulation Officers 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. The service is being provided within the conditions of registration and there was evidence of compliance with the Regulations and Standards. Care receivers are being provided with a service that is safe, well managed, and which takes their wishes and preferences into account.

There are good practices to ensure the safety of care receivers. There is a robust safeguarding policy in place and all staff have up to date safeguarding training which includes ways to recognise and report concerns. This is reflected in the notifications made to The Commission in the previous 12 months.

There is a system in place for the recording of complaints and these are stored centrally. There have been no formal complaints made to the service since initial registration in August 2019. Informal complaints are also logged and responded to in line with the complaints policy. The service ensures that all staff and care receivers or their representatives are given copies of the complaints policy as soon as they start using the service.

The service's arrangements for recruiting staff were satisfactory. All records relating to safer recruitment practices were in place. When commencing employment all staff are taken through a comprehensive induction process which includes a period of shadowing with experienced staff. There are systems in place to regularly monitor and review staff competence, as well as, providing opportunities for staff development through appropriate training opportunities.

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

Assessments are carried out by the management team prior to the service commencing. The service has an online care planning system in place with paper copies available within care receivers' homes. The assessments are comprehensive and support care staff to provide care which is tailored to meet the needs of the individual. Any changes in need are acted upon immediately and documentation is reviewed and updated in partnership with care receivers and staff.

There are robust systems in place to monitor quality assurance. Monthly reports are completed in line with the requirements for home care Standards. They clearly identify areas for improvement and the actions taken. The service has several other systems in place to monitor standards which include questionnaires, spot checks and competency-based supervisions.

One key area of note is the positive feedback given by care receivers' families of their experiences and interactions with Nightingales staff and management. There was also much positive praise for the registered manager from both families and staff.

No areas for improvement were identified.

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. This was the first inspection undertaken since the service registered with the Commission on 15 August 2019.

The Regulation Officers sought the views of the people who use the service, or their representatives, and spoke with staff members also. A total of six care receivers or their representatives were consulted as part of the inspection to determine their views on the service provision, as well as asking specific questions relating to safeguarding, complaints, staff competence and care planning. The views of five members of staff, who hold a variety of roles within the service, were also sought. During the inspection visit, the Regulation Officers had the opportunity to speak directly with the registered manager, the office manager (who is also the service provider), and the compliance manager. The views of three professionals from Health and Community Services were also obtained as part of the inspection process.

During the inspection, records including policies, care records, recruitment and training files, induction packs, incidents and complaints were examined.

Detailed discussions were held with the registered manager in relation to the daily operation of the service and the systems in place to support assessment, care planning and care delivery to care receivers.

At the conclusion of the inspection, the Regulation Officers provided feedback to the registered manager, the compliance manager and the office manager.

This report sets out our findings and includes areas of good practice identified during the inspection.

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.

Nightingales' Statement of Purpose continues to reflect the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the registered manager fully understood their responsibilities in this regard. An updated version of the Statement of Purpose was submitted one week prior to inspection. This had been amended to take account of the recent application in December 2020 to reduce the number of care hours to a maximum of 599 hours per week.

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>The maximum number of personal care/support hours is 599 hours per week. The age range of care receivers is 22 to 100. The categories of care provided are: Old age, dementia care, physical disability, learning disability.</p> <p><u>Discretionary</u></p> <p>Mladen Jevtic registered as manager of Nightingales home care service must complete a Level 5 Diploma in Leadership in Health and Social Care to be completed by 8 August 2022.</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.

The Regulation Officer reviewed the categories of care with the registered manager. It was agreed that an existing specific condition could be removed from the mandatory conditions as this would be covered under the other existing categories of care and did not require to be recorded separately. This change was made

immediately following inspection and a new certificate was issued to the provider on 9 March 2021.

The range of services provided were also discussed at inspection. The Statement of Purpose contains information relating to services that Nightingales does not provide. The registered manager agreed to review this and a further updated Statement of Purpose was submitted to the Commission on 6 March 2021.

The registered manager advised the Regulation Officers that they have enrolled on a suitable Level 5 diploma training course and are planning to complete this by July 2021.

The assistant manager and supervisor are also currently undertaking the RQF level 5 diploma in management and leadership.

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

Safeguarding (adults and children)

The Standards for Home Care Services 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.

There is a safeguarding policy in place which has recently been updated by the compliance manager, with a focus on keeping it user friendly and easy to read for staff. Copies of the policy are incorporated into the staff handbook. Discussions with staff confirmed their awareness of the policy. All staff also reported that they would be confident in recognising and reporting any issues in relation to safeguarding.

The registered manager has completed the 'train the trainers' course for safeguarding training and would normally be responsible for delivering classroom-based safeguarding training. This has not been possible due to Covid-19, although online training has been undertaken as an alternative. This was evidenced during a review of staff training files and in the discussions with staff members

Three safeguarding referrals have been made to Health and Community Services in the past 12 months. Discussion with the registered manager demonstrated the service's proficiency in recognising safeguarding issues and their responsibilities in reporting and working alongside the partner agencies to support care receivers. One professional commented that, "They communicate any concerns with me and are always happy to meet with clients to problem solve and offer solutions where applicable". Regulation Officers were also satisfied that the registered manager understood his responsibilities in relation to notification of incidents to the Commission.

The registered manager spoke of the risk assessments made when considering new clients. The registered manager discussed with the regulation officer that the service needs to be assured it has the right staff with the correct skill set to meet the needs of new care receivers, as well as having enough staff to ensure quality and continuity of care.

A common theme in staff feedback was the security they felt as employees. They feel supported and empowered in their roles. One member of staff commented on the security she feels working at Nightingales stating, "there are no shortcuts and no compromises". Another spoke of there always being support available and if she is ever unsure of anything, she always has someone to ask.

Families report that they feel safe and have confidence in the staff's abilities to effectively support care receivers, with one relative stating "I trust them implicitly to deal with any issues that may arise when they are on site".

There is an electronic clocking in system in place which will send alerts to the registered manager if any staff member is more than fifteen minutes late for a visit. This then prompts the registered manager to follow up with staff to ensure that alternative arrangements are put in place. There is also an on-call system at weekends and is rotated between the registered manager, assistant manager, and supervisor.

There is a comprehensive gift policy in place which makes direct links to the principles of safeguarding and regulatory Standards. When asked, staff were able to reference their responsibilities in relation to accepting gifts.

Nightingales have recently recruited a compliance manager. The registered manager explained that their previous experience and knowledge of the care Standards has had a positive impact upon the policy and procedure and quality reporting. This was demonstrated to the Regulation Officers when they reviewed the quality reports and viewed several recently updated policies. It is also hoped that the compliance manager will act as a mentor for junior members of the management team as they progress in their roles.

The service had considerable challenges during the initial stages of the pandemic in relation to difficulty in sourcing supplies of personal protective equipment. Fortunately, this was resolved within the first few weeks and the Nightingales team were able to respond proactively to care receivers' needs. Robust infection control practices were put in place which included staff and care receiver 'bubbles' and enhanced cleaning schedules. The registered manager was mindful of incorporating practices that did not overwhelm staff and allowed for time off when required. The service also implemented a priority system to ensure that care receivers with the highest support needs continued to have appropriate levels of support. The registered manager reported that some individuals with lower support needs chose to suspend visits and the service kept in touch with them at regular intervals to ensure that their circumstances had not changed. Care receivers were also aware that they could get in touch if their circumstances changed. Several families praised the efforts of the service to ensure safety throughout the pandemic.

Complaints

The Standards for Home Care Services 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.

There are complaints leaflets on display in the Nightingales' office. The leaflet gives guidance on how to make a complaint and the process for investigating complaints. It also signposts people to other sources of help and advice, such as, the Commission.

A copy of the leaflet and complaints policy is given to care receivers when their support package begins and to all staff as part of their handbook when they commence employment. This was confirmed by the families and staff that Regulation Officers consulted. One family member stated that if they had any concerns, they would phone the registered manager directly.

At the time of the inspection, the complaints policy did not include details of the Commission or other agencies which could be approached if the care receiver or their relative was not satisfied with the response. The compliance manager responded to this immediately and updated the policy during the visit.

Care receivers who participated in the inspection confirmed that they can speak with any member of staff or member of the management team. Families reported that there are good communications between themselves and staff, and the registered manager can be contacted at any time. Where there have been issues, the Nightingales team have worked with families to find solutions. Staff also reported that they feel supported when they report any concerns either from care receivers or on their own behalf.

There had been no formal complaints recorded in the last 12 months. The registered manager informed Regulation Officers of one e-mail he had received in the last 12 months expressing some dissatisfaction with a change in support times. The registered manager shared a copy of the responses made to the care receiver and reported that there was no further action taken. A folder for complaints and compliments is stored in the office and was made available at the time of inspection. The registered manager confirmed that compliments are shared with the relevant team members.

One family member described how the use of a communication book in the home had been particularly useful as they were at work when carers visited. This helped to address any queries or concerns and aided positive communication between the family and staff 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.

The registered manager explained the current staffing structure for care delivery. There is currently a registered manager, assistant manager, supervisor, six senior carers with QCF level 3, seven Health Care Assistants who have NVQ or QCF Level 2 and five Health Care Assistants who have completed in-house and external mandatory training.

There is an up to date recruitment policy in place which adheres to principles of safer recruitment. A sample of recruitment files was reviewed at inspection and all requirements of safer recruitment met. Disclosure and Barring Service (DBS) certificates for all staff were viewed at inspection. Following discussion with the Regulation Officers, the office manager recognised that it would be helpful to have a recruitment checklist at the front of the file which would support the company in demonstrating that robust recruitment processes had been followed before a member of staff starts employment.

The staff induction programme has recently been updated to a competency-based programme for completion within the first three months of employment. This is currently being rolled out to newly recruited staff. The programme is very comprehensive, covering all aspects of care delivery, as well as, focusing upon the standards for professional conduct and the rights of the care receivers. This was considered an area of good practice. A copy of the code of practice for health care assistants is also given to all employees when they begin work.

There are also formal introductions to care receivers which are facilitated by experienced staff. New staff members will then shadow until they are confident and competent to commence lone working. This is a formalised part of the induction programme.

Training records are in place for all staff members electronically and also in paper form. Four training files were reviewed at inspection and all relevant training was in place. It was acknowledged that training has mainly taken place online in the last 12 months due to the impact of the pandemic. There is an alert system in place on the electronic system which lets staff and management know when training is due to be updated. Reminders will also be sent to staff by management. One member of staff commented that the agency is "hot" on training and it is always kept up to date. Training and development are discussed at annual appraisals and when staff identify professional development needs, they are supported to progress. This was supported by the assistant manager and supervisor who have both been given opportunities to pursue the Level 5 Diploma in Management and Leadership. One member of staff had self-funded their qualification, but when the registered manager became aware of this, he ensured that the member of staff was reimbursed as he recognised the benefits to the person's development. There is also evidence

of specific training around particular care receiver needs and this is linked into their care plans.

There is a system in place for medication training which begins with a knowledge-based online course and then a practical competency-based assessment carried out in the workplace. Any medication errors are followed up with a refresher programme.

Staff supervisions take place on a quarterly basis. Two members of staff reported that this had been less frequent in recent months, which they attributed to the impact of Covid-19 restrictions. The focus at present is on staff competence and this is assessed by senior carers and management who work alongside staff members when carrying out their duties. There is then a follow-up discussion afterwards to explore staff concerns or suggestions for improvement, as well as consideration for personal development. Generally, staff feedback was positive in relation to supervision and the current systems were viewed as supportive and positive. However, one member of staff felt that they were too frequent. Regulation Officers discussed with the registered manager the benefits of holding supervisions away from the work environment with more of a focus on wellbeing and development. The registered manager informed the Regulation Officers that this has already been highlighted by the compliance manager and plans are already underway to enhance the supervision process. The compliance manager also discussed with Regulation Officers her ideas for developing the process.

Families have been very complimentary about staff in the feedback received describing them as “patient”, “they go out of their way to help you”, “their care allowed us to spend quality time with dad”, “they are responsive and caring”. Two family members particularly commented on the positive interactions they have witnessed between staff and care receivers.

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 registered manager explained that the service was not taking any new referrals at present as they wanted to prioritise responding to additional needs of existing care receivers. Referrals come from both Health and Community Services and via private recommendations.

When a referral is made to the service, an initial assessment is carried out by a member of the management team. The supervisor reports that this will also be part of her role in the future. One family member described their experience of having to find support at very short notice. Nightingales agreed to step in and responded by visiting the family promptly, ensuring that the assessment process was followed, and that all care plans were in place.

The service uses an electronic system called “Care Planner” to create and store documents. A copy of the care plans is also held in paper form in the care receivers’ home. A sample of care plans were reviewed at the time of inspection. The care plans are very detailed, easy to follow and ensure safe systems of working for staff. There is evidence that they are adapted to meet individual needs and preferences. An example of this is the use of pictorial aids to support staff in ensuring that they carry out support in a way which optimises independence for care receivers. Regulation Officers also viewed examples of plans that support social activity which have clear goals and promote inclusion and choice. Care plan reviews are undertaken as and when required or every three to six months.

Care receivers and families are involved in the care planning process and consulted before any changes are made. One relative commented: “I am kept fully informed of any issues or needs. I cannot fault the standard of care and my relatives are also happy with the carers”. Another family member described the care plans as “pretty impressive”.

Feedback from one health and social care professional stated “I have found them well organised with clear, concise care plans. In my experience they try to accommodate the clients wishes as much as possible. I have had no issues with their performance. Overall a good care provider”.

Continuity of care is a key consideration and examples were given of how the service tries to match the skills of staff with care receivers needs, personality, preferences, and interests. When commencing support for one care receiver, the service employed staff who already knew the person and had previous experience of the type of support required. This was also in accordance with the wishes and preferences of the family. This was re-enforced by a care receiver’s relative who described her father building a good relationship with a specific member of staff who was then assigned as her father’s main carer.

Staff consistently described the care plans as being easy to follow and always kept up to date. Staff are also given opportunities to contribute to care plan reviews, with their knowledge of care receivers being taken in to account.

Three families commented on the service’s willingness to respond to changes at short notice or provide additional support in emergency situations.

Monthly quality reports

<p>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.</p>

Monthly quality reports are in place and are carried out by the compliance manager. The Regulation Officers reviewed reports from the last four months and there was

clear evidence that the reports are analytical and provide evidence that Standards continue to be met. One report detailed an issue in relation to compliance with training policy and procedure. In responding to the issue, it was clearly identified as to the actions which would be taken.

Nightingales have recently sent out a questionnaire to care receivers and/or representatives seeking feedback on performance and quality of the service provided. At the time of inspection, they were still gathering responses. It is the intention of the service to use the information received to make improvements to care delivery. The management team were also in the process of devising a questionnaire for staff.

The service has a spot check system in place to measure the quality of care provided by staff. The checks are carried out by senior members of staff in the home environment, focusing on areas of staff performance, such as, record checks, record storage, medication charts and time keeping. The spot check also actively seeks the views of care receivers on care delivery within their home and asks questions in relation to attendance and timekeeping, staff competence, quality of care delivery and general feedback including concerns. Any issues raised are recorded and actions noted.

The quarterly competency-based staff supervisions that are undertaken at present also act as another level of quality monitoring for the service.

Feedback from families consistently reported that they were satisfied with the care provided. They felt that there were sufficient systems in place to provide feedback and that the service was always willing to respond to the needs of care receivers and family members. One family member stated that “nothing is too much trouble for the team”, with another commenting “enquiries are always welcomed and responded to”.

During the inspection it was clear that the registered manager is committed to the delivery of quality care, which is safe, and person-centred. This was reflected in the feedback of both families and staff. One family member described the attention given to ensuring that their relative was matched with the right care staff. Several families also commented on the attention to detail during Covid-19 and the efforts and measures which have been put in place to keep care receivers and staff safe.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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.



Jersey Care Commission
2nd Floor
23 Hill Street, St Helier
Jersey JE2 4UA

Tel: 01534 445801

Website: www.carecommission.je/

Enquiries: enquiries@carecommission.je