



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Family Nursing & Homecare**

**Child & Family Services**

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

**1 & 21 September 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 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 Commission on 25 November 2019.

Regulated Activity	Home Care
Conditions of Registration	<u>Mandatory</u>  Category of care: children (under 18)  Maximum number of nursing hours to be provided per week: 2250  Age range of care receivers: pre-birth to 18  <u>Discretionary</u>  Michelle Cumming, registered as manager of Child & Family Services must complete a Level 5 Diploma in Leadership in health and Social Care. To be completed by 25 <sup>th</sup> November 2022 or by that time to have demonstrated an equivalent qualification.
Dates of Inspection	1 & 21 September 2021
Times of Inspection	09:30-16:15 & 09:45-16:00
Type of Inspection	Announced / Unannounced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	26,229 (figures taken from August 2021 monthly report)

Family Nursing and Homecare operate the Child and Family Services and the Registered Manager is Michelle Cumming.

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 discretionary condition on the service's registration was reviewed with the Registered Manager. The Manager discussed that they had already completed some relevant training, which may have some equivalence to elements of the Level 5. The Regulation Officer advised that any documentation supporting equivalent training would need be submitted to the Commission for consideration.

## **SUMMARY OF INSPECTION FINDINGS**

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

There was evidence of safe recruitment checks being completed for staff prior to commencing employment. Following the recent recruitment of two staff nurses into development posts, there were at the time of the inspection no staff vacancies within the service.

Staff training is recorded on an electronic system, when training is coming up for renewal, an alert will appear automatically. There are many training opportunities both internally within the service and from external organisations.

There was evidence from a review of a sample of care plans and feedback from care receivers / family members of their involvement in care planning and delivery. Relatives also reported good communication and support from the staff team.

Staff are offered regular clinical supervision from management but this did not include personal / managerial supervision which was not happening in a formal way, this is an area for improvement and is discussed further under the heading of 'staff recruitment, training and development'.

The feedback from care receivers and a review of the care plans provided evidence of specialist care being delivered in a professional and supportive manner. The service provides both mandatory and service specific training opportunities. One relative described specialist training undertaken by staff in order to support the specialised care needs of a care receiver.

Staff, who were spoken with, were clear about their roles and responsibilities and spoke of their 'passion' for their job and how they felt well supported within the service.

Overall, there is a good level of governance and oversight of care provision to ensure consistent levels of care are provided. There is also evidence of a strong commitment to continuous service improvement and development.

## INSPECTION PROCESS

This inspection was announced and was carried out on 01 and 21 September 2021, with telephone consultations within the period of 14 September – 12 October 2021. The inspection visits took place at the offices of the Service Provider. The inspection process carried out by two Regulation Officers consisted of two separate visits, as two of the four home care services registered with FNHC were each having an inspection simultaneously. The first visit allowed the Regulation Officers to discuss a range of matters that both of the FNHC registered services have in common. A second visit was made by one of the Regulation Officers to complete the inspections.

The Home Care Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

- **Staff recruitment, training and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**
- **Management of services**
- **The service will be reviewed regularly**

Prior to our inspection visit, reference was made to the previous inspection report and areas for improvement. All of the information including correspondence and communications between the Registered Provider, Registered Manager and the Commission was reviewed as part of the pre inspection planning.

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff. The Regulation Officer spoke with four members of staff from a cross section of Child and Family

---

<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/>

services. In addition, the Regulation Officers spent time with the Safeguarding Lead Nurse, the Human Resources Team and the Director of Governance, Regulation and Care.

On the second visit there was an opportunity to meet with the new Chief Executive Officer (CEO) who was due to take over from the previous CEO on 24 September 2021, following an application to the Commission to register as an additional partner for the service.

As there were no care receivers / relatives present during the inspection, the Registered Manager randomly selected a sample of care receivers / relatives who were contacted by the Registered Manager to offer the opportunity to participate in the inspection. Subsequent to this, the Regulation Officer established contact with three care receivers or their relatives. This contact was made by phone.

During the inspection, records including policies, care records, staff personnel files, staff training matrix, incidents and complaints were examined.

At the conclusion of the first and second inspection visits, the Regulation Officer provided feedback to the Registered Managers and the Director of Governance, Regulation and Care.

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an action plan attached at the end.

## **INSPECTION FINDINGS**

At the last inspection, two areas for improvement were identified and the registered provider submitted an improvement plan to the Commission setting out how these areas would be addressed.

The first area for improvement had been made with regard to the completion of a monthly report. Samples of monthly reports were reviewed as evidence and found to be satisfactory. This is discussed further under the heading of 'the service will be reviewed regularly'.

The second area for improvement was regarding notifications to the Commission, the home care service was to work with the Commission to achieve an improved reporting process. It is positive to note that this area for improvement had also been made, with appropriate and timely notifications received to the Commission since the previous inspection.

## Staff recruitment, training and development

Reference was made to Standard 3 of the Home Care Standards which states: “You will be cared for and helped by the right people with the right values, attitudes, understanding and training.”
---

There is a Safe Recruitment Policy (October 2020) in place at FNHC, this currently has a review date of 2023. The policy was reviewed as evidence by the Regulation Officer and also the candidate information pack for potential employees. The pack was found to include reference request forms and relevant safeguarding checks.

The Registered Manager discussed the recruitment challenges that are island wide at present but also in relation to Child and Family Services. It was positive to note a creative approach to these recruitment challenges such as, the recent recruitment of two community staff nurses into development posts at FNHC to train as Health Visitors. Previously specialist community training (for example training for school nurses and health visitors), was not previously available in Jersey but it is intended that training will be available from September 2022. The Registered Manager discussed how the safe induction and development of these nurses would be managed and of the experience that they would bring to the team. At the time of inspection, the Registered Manager discussed that the recruitment of these staff members had meant a full complement of staff but that one staff member had just given notice that morning.

The Induction Policy (draft) and Training Policy (2019) were also reviewed. The Training Policy clearly sets out the mandatory training requirements and the timescale for completion of these. A number of staff members discussed at the time of the inspection that it is a service requirement that all mandatory training is up to date annually prior to applying for any service specific training. One staff member spoke positively about their induction experience that included a new staff starting pack, being accompanied on visits to begin with and being supported to update the necessary clinical skills.

It was positive to note that all training is recorded on an electronic system that records all training required and dates completed. There is a colour code system in place that provides alerts when training is coming up for renewal. This information is available at a departmental level for the Team Leaders and Registered Managers.

The Regulation Officer reviewed a random sample of six staff personnel files, the Regulation Officer was satisfied that all safer recruitment checks had been completed prior to employees commencing employment. It was observed that an adult barred list check (criminal record checks (DBS)) had not been carried out in respect of all employees as well as child checks for the staff of Child and Family Services. The Regulation Officers discussed with the Registered Manager that although the age category of the service is pre-birth to 18 years, there is such an overlap of care between the child and the parents / family of the child, that such checks should be in place. Therefore, it was agreed with the Registered Manager and CEO that an adult barred list check should be incorporated as a pre-employment check moving forward.

There are regular opportunities for clinical supervision within the service, this supervision is centred on clinical practice, for example management of caseload and complex cases. It became apparent during a discussion with the Registered Manager that conversations regarding staff members' personal development needs or any issues / concerns, were happening on a more informal basis and the Registered Manager described an 'open door policy'. However, there is no formal record of these conversations that should be carried out at least four times a year and be retained within staff personnel files as per the Standards. The mid-way appraisal and yearly appraisal were currently being recorded in the staff personnel files and it was discussed that supervision could be included at these meetings, in addition to two further supervisions within the year. This was identified as an area for improvement, and it was positive to note that at the second inspection visit the Registered Manager had already discussed with the Team Leads how this supervision might be carried out and recorded appropriately.

The Registered Manager also discussed peer-to-peer support systems within the service, these are Sustaining Resilience at Work (STRAW) and Trauma Risk Management (TRIM). The Registered Manager gave an example of when TRIM had been used to support staff following a traumatic event at work.

The Supervision Policy is currently in draft form, the Director of Governance, Regulation and Care agreed to send an electronic copy to the Regulation Officers for review, and it was discussed that there was an opportunity here to include the changes to supervision as discussed at inspection.

The Team Leads undertake safeguarding supervision in quarterly sessions and there are procedures in place to protect care receivers and staff according to the Safeguarding Restorative Policy (2020). Staff spoken with during the inspection were clear about their safeguarding responsibilities and mentioned the usefulness of their safeguarding supervisions and of the Safeguarding Lead Nurse as a resource.

### **Approaches to care and welfare of care receivers**

Reference was made to Standard 5 of the Home Care Standards which states: "You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences."
---

There was evidence of care receivers being involved in the planning and delivery of their care from discussion with care receivers and a review of a random sample of care plans.

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'.

Five care plans were reviewed from a cross section of services within Child and Family Services. There was evidence of the care plans being negotiated with the care receiver and / or the parents. This evidence was further substantiated by the

verbal feedback from parents who confirmed involvement in care planning and updates, with a copy of the care plan being retained in the care receiver's home. There was also evidence of National Ratified Tools being used to aid care assessment and planning and of multi-agency working.

Leaflets are available for all services that are shared at initial contact with care receivers. These leaflets contain information such as contracts, services provided and classes available. Additional leaflets also provide advice on different interventions and / or conditions for example urinary tract infection and pressure care. It was discussed with the Director of Governance, Regulation and Care that all of these leaflets were in written format and currently there was no evidence of pictorial or easy read leaflets which may be something to consider in the future development of leaflets for the service. One parent commented positively regarding the usefulness of the leaflets on child development that they had received from the Health Visitor.

Feedback received from care receivers and parents as part of the inspection process confirmed their appreciation of the skilled care and support that they had received from the staff of Child and Family Services. Comments and feedback included some of the below shared with Regulation Officer:

*'I found the course open and non-judgemental, I would recommend it to anyone'*

*'I have one hundred percent trust in the nurses'*

*'I was able to discuss any concerns that I had (as could my husband)'*

*'I could call at any time with any concerns and if my Health Visitor was not available, I could speak to the on-call health visitor'*

*'I am really grateful to the team'*

One parent who had attended the Baby Steps group also commented how the support from other parents had been invaluable as well and the group had maintained contact with each other once the course was finished.

Another parent commented on the benefits of the Maternal Early Childhood Sustained Home Visiting (MECSH) programme and described it as a 'lifeline', in fact so much so that they felt that this service should be offered more widely and with some of the sessions being provided for longer because of the benefit.



## Staff competence relating to categories of care provided

Reference was made to Standard 6 of the Home Care Standards which states: "Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs."

There was evidence that care receivers and parents receiving care knew whom to expect and when, one parent mentioned that at each appointment, the content and timing of the next appointment would be discussed and agreed.

The Regulation Officers were provided with the medicine policies as evidence. There are procedures to ensure safe medication administration, all care assistants undergo the Regulated Qualifications Framework (RQF) Level 3 training prior to administering medications. Untrained staff would not administer medications in Child and Family Services.

Staff can access online training through the virtual college but also face-to-face training within the organisation. All staff spoken with at the time of the inspection commented positively about the training opportunities within FNHC and external organisations. Examples of external training opportunities were the Paediatric Minor Illness Course, training with The Lullaby Trust and access to Degree / Masters Programmes. The Registered Manager also discussed the usefulness of online forums for the MECSH and Baby Steps programmes.

First Aid training for qualified staff was discussed with the Registered Manager, as there was no record of this on the training log. The Registered Manager advised that all trained staff had historically undertaken First Aid training but as a rule administration of first aid in the home would be the parents' responsibility. The emergency response training that staff undertake as per the Standards is the Paediatric and Adult Life Support training.

Further opportunity for training and assuring competency is achieved by collaborative working with a network of other specialist nurses both locally in Jersey and from the UK. One staff member commented on extra training and support concerning kidney conditions and the treatment of burns. One parent commented how a nurse specialist had facilitated training on a one-to-one basis with nurses from the home care service within their own home in order to ensure the appropriate care and management of the individual care receiver's condition.

From a discussion with the Registered Manager and review of the care plans there was also evidence of collaborative multi-agency working, especially when cases are complex. Examples of this are liaison with the paediatric team at the hospital, hospice and the child protection agencies.

Further discussion with staff members from Child and Family Services provided evidence of teams who felt well supported to do their job by the Team Leads and Registered Manager and were passionate about their jobs within FNHC.

The Registered Manager discussed some challenges in the delivery of services during the pandemic and how this was slowly improving. An example of this was

The Baby Steps (parent craft) programme that was delivered virtually during the pandemic and had now returned to face-to-face delivery. This has an obvious benefit for both prospective mums and dads because of the shared experience with other future parents.

There is also a six-month pilot of a duty phone line for Health Visitors, to increase accessibility and responsiveness in the post-natal period and to aim to help reduce anxiety in the post-natal period.

Within schools, the Registered Manager discussed that there had been a huge psychological impact due to the pandemic because of isolation and home schooling. A further Mental Health Practitioner had been employed within the school nurse team and strategies to manage and improve care delivery in relation to Mental Health in schools were under discussion. This initiative is an example of good practice.

### **Management of services**

Reference was made to Standard 8 of the Home Care Standards which states: “The home care service will be well managed.”
--

The service is managed and provided from premises in St Helier that are suitable for operating a home care service. There are suitable offices, meeting rooms and secure storage for staff records at the premise.

The Regulation Officers observed the use of infection control methods in keeping with FNHC infection control procedures and current government guidance relating to Covid-19, both on arrival at the building and throughout the visit. The staff also described to the Regulation Officers 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).

There is a clear management and governance structure in place within FNHC and for the home care service. The management structure reflects the size of the home care service and the complexity of care provided. The staff were clear about the lines of accountability within both the home care service and the wider organisation.

There was evidence of good multi-agency working with other childcare agencies, hospice and the paediatric team at the hospital.

Notifications to the Commission were discussed with the Registered Manager, this was an area for improvement from the previous inspection in 2020. It was positive to note that this improvement had been made with appropriate and timely notifications having been received since the last inspection. There was further discussion with the Registered Manager and Safeguarding Lead Nurse regarding ‘early intervention’ child protection notifications that at present were not being sent to the Commission, it was discussed and agreed that these notifications did not meet the criteria for being sent to the Commission.

There was evidence of adequate contractual arrangements for the servicing of equipment used within the home care service. For example, the weighing scales used by health visitors.

Further evidence available for review by the Regulation Officer was the Annual Report and Financial Statement for 2020 and a copy of the Insurance Certificate that expires in March 2022.

FNHC has a complaints policy that details management of complaints and timeframes, compliments and complaints are reported on by each service in the monthly reports and quarterly dashboards.

### **The service will be reviewed regularly**

Reference was made to Standard 9 of the Home Care Standards which states: "The care service will be checked and reviewed regularly to sort out any issues and make things better for you and others."

The service is monitored by the Clinical Governance and Performance Board that meets monthly, the purpose of these meetings is to provide the Board with assurance on clinical governance, quality, and patient safety.

In addition to this, each service has a dashboard, which is used to monitor a number of areas, including staff training, complaints, and incidents. The FNHC committee (committee members are drawn from public and professional backgrounds), also has oversight of service quality and performance data, such as the dashboards.

An area for improvement at the last inspection was to produce a monthly report to report on the quality of the service in line with the Standards. It is positive to note from a review of a sample of Monthly Reports at inspection that this area for improvement has been fully met. The Registered Manager has responsibility for the final report with oversight from the Director of Governance, Regulation and Care.

The reports reviewed as evidence included sections such as, areas reviewed this month, actions / review of actions and conclusion. For example, areas reviewed for the month of May 2021 were the service's Statement of Purpose and documentation. It was positive to note that the performance of the service was being monitored against the Statement of Purpose as per the Standards. The reports also included reporting of incidents and complaints / compliments, thus assuring learning from these events and reducing future risk.

There is an annual audit programme and monitoring of the audit programme takes place at the monthly Quality Assurance, Governance & Performance Board meeting. Any audits in progress and outcomes from previous audits are included in the monthly report.

Care receivers are offered the opportunity to provide feedback in patient satisfaction questionnaires and / or by submitting a complaint / compliment by email, letter or through the FNHC online enquiry system. They can also be made verbally in person or by phone.

## 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 3.14 / 6</p> <p><b>To be completed by:</b> three months from the date of inspection.</p>	<p>The registered provider must ensure that all staff are given regular opportunities to discuss their role and identify any issues through formal supervision and appraisal.</p> <p>Supervision: <i>Will be carried out at least four times a year, records of supervision will be retained within personnel files.</i></p> <hr/> <p><b>Response by registered provider:</b> We thank the Care Commission for their inspection report which we agree reflects our service delivery well. With regards to the one area for improvement, the practice of supervision is embedded throughout the organisation. Child and Family Services carry out specialist and/or programme specific supervision which includes a range of models in addition to regular restorative safeguarding supervision.</p> <p>Whilst we are confident that the requirements of Standard 3.14/6 are met within the various models used across the organisation, we appreciate that the aspects specified within the standards are not always formally recorded and are not held within personnel records.</p> <p>In response we have updated our performance and development planning (appraisal) process to include a quarterly meeting (management supervision) to discuss and record the indicators set within the standards which will be held within personnel records.</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.



Jersey Care Commission  
1st Floor Capital House  
8 Church Street, St Helier  
Jersey JE2 3NN

Tel: 01534 445801

Website: [www.carecommission.je/](http://www.carecommission.je/)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)