



**Jersey Care
Commission**

INSPECTION REPORT

Nightingales

Home Care Service

59 Palace Close

St Saviour

JE2 7SG

24 February 2022

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

The 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 in their own homes or to assist with participation in activities within the wider community. The service became registered with the Commission on 15 August 2019.

Regulated Activity	Home Care service
Conditions of Registration	<u>Mandatory</u> Type of care: personal care, personal support Category of care: Adult 60+, Dementia Care, Physical Disability and / or Sensory Impairment, Learning Disability Maximum number of personal care / personal support hours: 599 hours per week Age range of care receivers: 22 to 100

	<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 August 2022.
Date of Inspection	24 February 2022
Time of Inspection	10:20 to 16:45
Type of Inspection	Announced
Number of areas for improvement	Two
Number of care receivers using the service on the day of the inspection	20

The Home Care Service is operated by Nightingales Ltd and the Registered Manager is Mladen Jevtic.

Since the last inspection on 3 March 2021, the Commission has received a notification of absence of the Registered Manager in August 2021. The notification was submitted following an unexpected extension of leave due to Covid 19 travel restrictions. Immediate steps were taken by the Registered Manager to ensure that a senior member of the team was able to provide managerial cover during the absence.

The Registered Manager and Deputy Manager have also liaised with the Commission throughout the year for advice and support on operational matters as they have arisen.

The discretionary condition on the service's registration was discussed. The Registered Manager reported that he is making steady progress and has completed 75% of the coursework to date. The deadline for meeting the discretionary condition is 8 August 2022 and the Registered Manager is confident he will meet the target date.

The Regulation Officer reviewed the Statement of Purpose as part of the inspection process and it was found to be reflective of the service provided. Some minor amendments were identified in relation to staffing arrangements and terminology for categories of care. The Registered Manager acknowledged the changes required and submitted an updated Statement of Purpose within three days of the inspection visit.

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.

Overall, the findings of this inspection were positive. The Registered Manager engaged fully in the inspection process and ensured that all requests for information and records was fully met. In addition, a number of care receivers and / or their representatives were happy to provide feedback on the service which was consistently positive.

Recruitment practices were reviewed and the recruitment folders of two new members of staff examined. An issue relating to acquiring references was raised by the Registered Manager and advice was given by the Regulation Officer as to how this can be overcome.

There is a comprehensive induction process in place which provides appropriate supervision and support for staff during the first few months of their employment. Following induction, staff are supported in their role through regular supervision, appraisal and annual competency assessments. This is an area of good practice.

Training for staff was examined in detail and the training recorded within the service's Statement of Purpose was found to be consistently provided to staff and took account of the relevant to the categories of care provided. Due to the restrictions created by Covid 19, the majority of training has been provided online. It

was identified that there is no provision of Capacity and Self Determination Law training for staff and this has been identified as an area for improvement.

Assessments are carried out prior to the commencement of services and there is a robust care planning system in place. Plans were found to be person centred, respecting the wishes and preferences of care receivers. This was confirmed in the feedback received from care receivers and their representatives.

Continuity of care and the consistency of the same staff providing support was also identified as a key strength of the service, which helped to build positive relationships with care receivers and their families. This is an area of good practice.

The Regulation Officer undertook a review of the policies and procedures in place which were found to be robust in their content. However, there is work to be done in relation to reviewing and updating policies, as well as identifying the range of policies required. This is an area for improvement.

There are a range of measures in place to support safe practices within the service and also to identify and manage risk. Examples of this include policies and procedures, risk assessments, records management and reviews of service provision which include care receiver input.

INSPECTION PROCESS

This inspection was announced and notice was given to the Registered Manager on the day before the visit. This was to ensure that the Registered Manager would be available during the visit and to confirm the service's infection prevention and control arrangements.

The Home Care Standards were referenced throughout the inspection.¹

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

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report, the service's Statement of Purpose, communication records and notification of incidents.

The Regulation Officer sought the views of the people who use the service and / or their representatives. A total of five families provided feedback to the Regulation Officer by telephone and e-mail having given prior consent to be contacted.

During the inspection, the Regulation Officer spoke with the Registered Manager and the Office Manager.

The views of one professional and four staff members were also obtained as part of the inspection process.

During the inspection, records including policies, care records, training records, recruitment files, inductions, incident reports and complaints were examined.

At the conclusion of the inspection, the Regulation Officer provided initial feedback to the Registered Manager. This was followed by final written feedback one week after the inspection visit.

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 improvement plan is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified that required any follow up on this visit.

The service is currently providing a total of 440 hours of support each week to twenty care receivers. The size of packages ranges from a few hours per week to provide leisure and social opportunities, to daily support within care receivers own homes. There are fifteen permanent members of staff employed on a mixture of full and part time contracts. The service is also supported by a pool of zero hour contracted staff.

The Registered Manager reported that there have been some challenges due to Covid 19, recruitment and retention of staff and increased costs. Staff have worked very hard during the pandemic but are fatigued. The Registered Manager has made the decision not to expand the service any further at the present time. This has allowed him to create greater stability within the staffing resources to manage unplanned events, such as changes in care receivers needs and staff absence. This will also allow time to review current provision and plan how the service can move forward in the future.

Safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.

A key focus in reviewing the safety measures was to examine the policies and procedures in place to support the operation of the service. The Office Manager explained that they are in the process of reviewing all policies and there was evidence within the monthly reports that this process had begun. However, due to the volume of policies, this was proving to be time consuming. This has been exacerbated by the loss of the compliance officer post in August 2021. The Registered Manager explained that he is in the process of recruiting a part time

human resources advisor, who will support with the review of policies and procedures.

The Regulation Officer reviewed a sample of ten policies and procedures which were cross referenced to the Home Care Standards. The content was found to be robust with references to key legislation and supporting agencies where appropriate. The service was noted to have high volume of policies available, with some not displaying clear revision dates. In Addition, some referenced the previous service name. A discussion was held with the Office Manager regarding identifying the range of policies required to meet the needs of the current services offered and reference made to the guidance available in appendix 2 of the Home Care Standards. This was identified as an area for improvement.

Transport procedures were discussed, and it was identified that care staff use their own vehicles as part of their role for the transportation of care receivers where required. In addition, vehicles owned by care receivers, or their families can be utilised where there are specialist care needs, such as wheelchair adapted vehicles. There are several processes in place to ensure that appropriate safety measures are in place which include evidence of adequate insurance cover. The Regulation Officer discussed with the Registered Manager the benefits of developing a transport policy in order to capture all the safety measures in place for the transportation of both staff and care receivers. This will be included in the review of policies required to support the service.

The personnel files of two staff members who have been employed since the last inspection were examined. It was highlighted by the Registered Manager that difficulties have been encountered in procuring a second reference for an employee with a limited employment history. An evidence trail was available of the efforts made to obtain references. The Regulation Officer discussed the importance of ensuring that two references are obtained and in such circumstances character references may be required. The Commission is also available to provide advice and support to service providers and registered managers on such issues when they occur. All other safe recruitment checks were found to be in place and personnel

files had all relevant information in place, with a clear process for assessing and managing risks when safer recruitment checks highlight the need for further scrutiny.

The Regulation Officer discussed with the Registered Manager the processes in place to manage staff issues in relation to performance. The Registered Manager was able to provide practical examples and the Regulation Officer was assured that the service had a range of mechanisms in place to identify and manage performance which include supervision, appraisal, competency assessments and a disciplinary policy.

There is a comprehensive complaints policy in place, a copy of which is given to care receivers as part of their welcome pack. No formal complaints have been recorded since the last inspection. The Registered Manager explained that he will respond immediately to any concerns raised and provided clear examples. There is a complaints and compliments folder available which was reviewed by the Regulation Officer. There was evidence of informal concerns being raised and records of responses made. In addition, there were several very positive records of feedback from relatives.

During feedback, family members confirmed that they receive prompt responses from the Registered Manager when concerns / issues are raised and steps are taken to ensure timely resolutions. One stated "I am at ease contacting the agency to discuss any points regarding Xxxx and his care".

Several relatives also gave examples of the efforts of care staff, who surpassed the expectations of their role, to ensure that care receivers wishes preferences and needs were met.

A robust safeguarding policy is in place for the service. There had been no safeguarding alerts or referrals recorded since the last inspection. A reduction in the number of notifications received by the Commission was discussed. The Registered Manager feels that this is due to a reduction in the service provision in the last year and the introduction of consistent staff teams for each care receiver. There has also

been a reduction in the provision of support packages which require higher levels of support.

The minimum standard for medication training before carers can undertake the administration of medication is a level 3 Regulated Qualification Framework (RQF) in administration of medication. All staff except one are in possession of this qualification and competencies are reviewed on an annual basis.

A sample of care records were reviewed against Standard 2.7 and appendix 3 of the Home Care Standards and all relevant information was found to be in place. It was acknowledged by the Registered Manager that due to having both a paper based system in care receivers' homes and an electronic system for the office, there can be a delay in transferring details of reviews and evaluations to the electronic system. The Registered Manager identified that time needs to be allocated within the non-clinical hours for senior staff to ensure that this is completed in a timelier manner and will take action to rectify this.

Monthly reports are compiled by the Office Manager. The Regulation Officer viewed the reports for November, December 2021 and January 2022 at the inspection visit and were found to clearly review a range of operational topics, with actions and outcomes recorded.

There is a clear management structure in place for the service. There are three senior carers, one deputy manager and one acting deputy manager who all hold their own client caseloads. Each provides supervision and support to carers and are responsible for the updating and reviewing of care plans for which non-clinical hours are assigned. Concerns relating to care and support of care receivers are escalated to the Registered Manager who is available during office hours. At evenings and weekends, there is an on-call system in place and all calls are immediately diverted to the person on-call.

The Registered Manager confirmed that Nightingales is registered with the Jersey Office of the Information Commissioner (JOIC) and he had been given feedback on

their Data Protection policy at the point of initial registration which prompted some positive adjustments as a result.

Care and support

The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.

The Registered Manager places an emphasis on safe delivery of quality care as a priority and this is a key consideration when assessing care receivers. Packages of support will not be accepted unless all care needs can be consistently met. The service aims to provide bespoke support which can adapt effectively to changes in need. One professional supported this view of the service and felt that they responded appropriately to increases and decreases in need, adding that that they put a lot of emphasis on finding “the right staff with the right attitudes”.

The Registered Manager reported that he has created capacity within the staffing hours available to ensure that requests for adjustments from care receivers and changes in need can be effectively met. The Registered Manager feels that this allows Nightingales to maintain a good quality service. One family member commented that the Registered Manager was good at responding to changes / unforeseen circumstances and gave an example of a recent situation where changes were required for their relative which were accommodated immediately.

There is a comprehensive welcome pack available to care receivers and their families when services commence. In addition, a service level agreement is agreed and signed prior to commencement of services; a copy of which was viewed at the inspection visit.

Care plans are devised following the completion of the assessment and are completed by the Registered Manager or Deputy Managers. Reviews and evaluations are then undertaken by deputy managers and senior carers at agreed intervals or when a change in need occurs.

A total of five care plans were reviewed by the Regulation Officer, taking into consideration a sample of all the categories of care provided by the service. All plans were well written and gave clear guidance on the tasks and level of support required for each individual. They also acknowledged the independence levels, dignity, wishes and preferences of each individual. Where specialist support was identified, i.e., the use of a hoist for transferring, there were clear guidelines of the processes to be followed and the safety checks to be performed. One relative commented on the quality of the care plans in place stating, "Record keeping is very good".

Continuity of care through consistency of the same staff who provide support was identified as a key strength of the service and was highly valued by care receivers and their relatives. This allowed for positive relationships to be built with families and was seen as essential for care receivers who have specific conditions, such as dementia or a learning disability as it can take time to develop trust and understand individual needs. One relative stated that building good relationships is essential particularly when working in someone's home. "They make me feel comfortable having them in my home". Another spoke of how well carers know their relative and can respond appropriately if they become confused. This was identified as an area of good practice.

The Regulation Officer noted several examples of positive collaborative working with other services and agencies. A family member shared that their relative had experienced a series of falls. Nightingales organised a referral to the physiotherapist and as a result handrails were installed and appropriate equipment sourced. A professional commented that the service was "Responsive, accommodating and flexible" and felt that they were aware of when referrals needed to be made to other agencies for specialist support, or to address changes in need. A member of staff also shared their experiences of working closely with a dietician ensuring that specialist products were provided to the care receiver and regular updates provided on progress.

As previously stated, there was consistently positive feedback from care receivers and relatives in relation to the performance of both care staff and the Registered Manager. The following are examples of what was directly reported:

“Xxxx is very thoughtful and will go the extra mile arranging trips and remembering our celebrations”.

“We are receiving an excellent service”.

“He is a good companion cheerful and Xxxx enjoys the banter/jokes they have”.

“The Registered Manager is switched on, very experienced”.

“I get very positive feedback from other families who have met [the carer] when she has been supporting Xxxx”.

“Xxxx gets on well with all the carers and as there is only a small number, they know Xxxx well”.

At the time of the last inspection, feedback questionnaires had been issued to care receivers and relatives and the service was awaiting responses. The Regulation Officer re-visited the progress made and what actions were taken in response to the feedback received. The Registered Manager and Office Manager were able to share the feedback and gave examples of how they had followed up on the comments received. The Registered Manager plans to revise the format and send out again in 2022.

Professional feedback noted that Nightingales are very good at including families and will always attend and participate in reviews.

Training

The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.

At the last inspection on 3 March 2021, it was noted that staff supervision focused on competency and that staff would benefit from sessions away from the work environment with more of a focus on wellbeing and development. The Registered Manager reported that this is now in place. This was confirmed during feedback with care staff with some giving examples of how they have been able raise issues and ideas which have been addressed. Annual appraisals are also in place for each member of staff.

There is an induction policy in place with a competency-based induction booklet which is completed within the first three months of employment. 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. A copy of the code of practice for health care assistants is also given to all employees when they begin work. Quality control visits are then carried out annually with all staff in order to review competency in relation to medication, safe handling, infection control, pressure care, continence management and record keeping the outcomes of which recorded. This is an area of good practice.

There a generalised policy in place for staff training and development which require review and update. However, specific details of mandatory training requirements and the responsibilities of staff to complete training are detailed in the individual contracts of employment and also in the staff handbook which is issued to all staff when they commence employment.

The Registered Manager reported that there is seven members of staff who have a Level 2 Regulated Qualification Framework (RQF) or National Vocational Qualification (NVQ) in Health and Social Care. A further seven members of staff have a Level 3 RQF/NVQ, with two members of staff enrolled to undertake RQF

awards. This constitutes over 50% of the total staff team, which is the minimum requirement as set out in Standard 3.9 of the Care Home Standards.

In addition, both deputy managers have been supported to undertake a Level 5 Diploma in Leadership in Health and Social Care as part of personal and service development plans, with one already having completed the award.

Training undertaken by staff is consistent with the Statement of Purpose and is generally reflective of the mandatory training requirements identified in appendix 6 of the Home Care Standards. It was highlighted through discussion with the Registered Manager that no dedicated training was provided in relation to Capacity and Self Determination (Jersey) Law 2016 (CSDL). Although elements are covered within the current Safeguarding training, the Regulation Officer highlighted the need to ensure that there is a robust training programme in place for CSDL. This should also include information in relation to Capacity Assessment and Significant Restriction of Liberty (SROL) and the responsibilities of service providers and care staff. This is an area for improvement.

Due the restrictions created by Covid 19; the majority of training has been provided online. This is predominantly provided via Care Skills Academy with occasional use of Social Care TV. The Registered Manager recognises the need for there to be a blended approach to training, with some topics returning to a practical based environment. This will include safe handling, and First Aid training. The Registered Manager is a designated key trainer for safeguarding and safe handling and is exploring opportunities to return to classroom based sessions. At present, practical elements of training for safe handling are conducted with staff in care receivers' homes.

In relation to specific categories of care for which the service is registered to provide, online dementia training is available for all staff. The service is also registered to provide support to people with learning disabilities. The Registered Manager explained that the delivery of this type of care is minimal, therefore the training currently provided is jointly coordinated by the care receiver's relative and the

Registered Manager. This approach meets the needs of the care receiver and family and allows for a very bespoke package of care to be delivered.

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 1.4</p> <p>To be completed by: 3 months from the date of inspection (24 May 2022).</p>	<p>For all policies to be reviewed and updated with consideration being given to appendix 2 of the Home Care standards, as a guide in determining what policies are required for the service.</p>
<p>Response by registered provider:</p> <p>By the time of writing this, we have already updated approx. 75% of the relevant policies listed in appendix 2 of the JCC Home Care Standards. The remaining policies will be updated by the 21st May 2022.</p>	<p>Response by registered provider:</p> <p>All our staff have been enrolled on Capacity training, and majority have completed it already online. We have also booked all our staff on Capacity and Self Determination (Jersey) Law 2016 training in person which is organised by the Legislation Team and Older Adults Community Mental Health. This should take place by the end of May.</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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