



**Jersey Care
Commission**

INSPECTION REPORT

Family Nursing and Homecare

District Nursing Service

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

1 November and 14 December 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

This is a report of the inspection of the District Nursing Service, which is a service provided by Family Nursing & Home Care (FNHC). The service's offices are located in Le Bas Centre, St Helier, and the district nursing service delivers community nursing care to adults and is part of the island-wide integrated health care provision.

According to the Statement of Purpose, the district nursing service delivers safe, high quality clinical care which is responsive to demand. District nurses assess care receivers' health needs, provide treatment, advise on care, and provide support to care receiver's and their relatives. Additionally, the service plays an important role in helping people to maintain their independence in managing long term health conditions.

The service works alongside other health professionals as part of a multi-disciplinary approach to support and coordinate care.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: Nursing care Category of care: Nursing care to adults with a range of conditions

	Maximum number of care hours per week: 2,250 Age range of care receivers: 18 years and above
Dates of Inspection	1 November and 14 December 2022
Times of Inspection	9.30am – 1.30pm 9.30am – 11:30am
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	Approximately 650 care receivers receiving the service 173 visits scheduled on the second day of inspection

The Home Care Service is operated by Family Nursing and Home Care and the Registered Manager is Tia Hall, who is a registered adult, children’s nurse, and Health Visitor.

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.

This is a well-managed, flexible, and adaptable service that is resilient in managing growing case load numbers and responds well to care receivers’ varying and complex health needs. There was evidence of strong communication and support within the team, which impacted positively on the management of workload through careful triaging and allocation of resources. The depth of knowledge about the care receivers held by the Registered Manager and Team Leader was remarkable given the number of care receivers on the service’s case load.

Care receivers spoke highly of the relationships they had developed with the district nursing team and described that their interventions allowed their health and well-being to be managed and improved. They described that the team consistently attended to their long and short-term health needs and said that they were very responsive which improved their lives immensely.

Samples of care records evidenced that care receivers' needs are thoroughly assessed, and treatment plans developed. Care receivers spoke of being fully involved and that staff are knowledgeable of the range of nursing interventions which were focussed on managing long term conditions and treating short-term illnesses.

There are effective governance and quality assurance checks in place to ensure that the service runs smoothly. Samples of governance reports showed that service achievements and areas for further development were identified and managed appropriately. A range of audits undertaken had been prioritised as quality improvement measures which focused on care receiver safety.

There are no areas for improvement identified in this inspection, with evidence that the district nursing service is a reflective service which strives to continually develop and respond to changing needs and demands.

INSPECTION PROCESS

This inspection was announced and was held over two separate visits and completed on 14 December 2022. Both inspection visits were pre-arranged to ensure that staff would be available to support the inspection. The first inspection visit allowed for a review of recruitment practices, management of safeguarding concerns, complaints, and governance processes. The second visit provided an opportunity to meet with the Registered Manager and Team Leader to discuss the day-to-day operational aspects of the service.

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.je/Standards/>

This inspection focussed on the following lines of enquiry:

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

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report.

The Regulation Officer spoke with managerial, governance and human resources staff and sought the views of three care receivers by telephone once the inspection was completed. Four members of staff were contacted also to provide their views of working in the service.

During the inspection, records including recruitment records, policies, care assessments and records, training data and monthly reports were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager. This report sets out our findings and includes areas of good practice identified during the inspection.

INSPECTION FINDINGS

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

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.

The service's recruitment process is managed by the human resources (HR) department and was discussed on the first day of inspection. Samples of staff personnel files were examined which found that they were well organised,

methodical, and evidenced a safe and consistent approach to safe recruitment. There was evidence of all essential checks provided in advance of staff taking up employment. This demonstrated that the organisation follows its recruitment policy to identify people who are unsuitable to work with vulnerable care receivers as a means of safeguarding them. Whilst the HR department oversees the recruitment process, the Registered Manager is also fully involved in the recruitment and appointment of staff.

Discussions with the Registered Manager established that they were knowledgeable in matters relating to staff performance, the role and expectations of staff and proactive in dealing with any practice issues. The arrangements for supervision and monitoring of staff performance and conduct were also explained by the Manager, which evidenced the service meets Standards as expected. One staff member described that they felt their supervision discussions were beneficial and supportive.

Newly recruited staff are provided with a wide-ranging induction which covers the organisation's and the district nursing service's responsibilities. Whilst staff are working through their probationary period, their suitability for the role is monitored and records of their progress and development maintained. This was evidenced in the staff files.

There are effective governance and quality assurance checks in place to ensure that the service runs smoothly and in accordance with the Statement of Purpose. The Registered Manager maintains close contact with the district nursing team and is involved as part of the handover meetings where relevant clinical discussions are held. During the inspection visit, district nursing staff were seen to contact the Registered Manager for advice and information about their caseload. Staff said that they felt well supported by their team leaders and had access to the Registered Manager which they valued.

The Registered Manager had good oversight of the operational issues across the service and the governance processes were robust. Samples of governance reports showed that both service achievements and areas for further development were identified and escalated from the service directly to the senior leadership team.

A range of audits undertaken had been prioritised as quality improvement measures which focused on both practice improvements and care receiver safety.

The outcomes of audits in areas to include, review of nursing processes, delegation of nursing tasks and care plans led to improvements in outcomes in record keeping, care receiver involvement in their care and strengthening professional accountability when nursing tasks are delegated. It is planned that all audits will be repeated during 2023 to determine if improvements have been made.

The district nursing service receives numerous referrals from various agencies to manage pressure ulcers. To support learning and growth opportunities the service utilizes a root cause analysis (RCA) process which helps gain insight into the development of pressure ulcers of a certain grade. This information is then shared across the service with the intention of highlighting gaps, actions or inactions that may be linked to their development and improving practice as a result. The specialist tissue viability nurse (TVN) is involved and uses their best practice judgment during the RCA process. Feedback from one registered nurse highlighted collaborative working across the service to review and reflect upon pressure ulcer development.

The district nursing service had identified, assessed, and recorded three areas of risk on the risk register that potentially could have an impact upon service delivery. The Registered Manager explained the ways in which one area of risk had been mitigated against, which demonstrated that through risk identification the service had been able to set their priorities to continue to be an efficient service. There was an organisational overview and governance of the risk register processes.

A discussion with staff highlighted the processes in place to determine how care receiver visits were prioritised and managed. This included drawing upon the skills of the experienced and skilled staff team to triage and prioritise visits considering clinical complexity and health conditions as a means of managing the district nursing caseload.

One relative spoken with described that their relative's health condition requires a daily visit from the district nurse which is provided for consistently. They described that by having this intervention it allowed their relative's health to be better managed. Another person described that the district nurses' visits allowed their short-term health needs to be addressed and said the service reacted and responded to their period of ill health appropriately.

The Registered Manager acts promptly to address any concerns, complaints, reporting of incidents and engages well with safeguarding professionals. The service has alerted the Commission when safeguarding concerns have been raised and examples of referrals were discussed during the inspection. This showed that the service had recognised where risks and actual harm had occurred in care receivers' homes, and they had been managed in accordance with relevant protocols.

The Registered Manager explained the process taken in response to a complaint that had been made by a care receiver. The investigation resulted in the care receiver being informed of the outcome, learning points identified and a review of policy as a result. This showed the service was open when issues were identified, complainants kept informed of actions taken and there was a responsive approach to the handling and management of complaints. Staff were knowledgeable about the service's complaints procedures and described the ways in which they would respond to any negative comments about care provision. The service ensured that all notifiable events were investigated appropriately and reported to the Commission and other relevant agencies appropriately.

Care and support

<p>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.</p>

The Registered Manager described that there were approximately 650 care receivers on the service's caseload, with 173 district nurse visits scheduled on the day of inspection.

On average the service provides between 140 and 190 visits each day to people in their own homes for a variety of reasons which included, but was not limited to, a review of health needs, provision of treatment, management of wounds, end of life care and health assessments. The service operates seven days per week from early morning to late evening and an overnight service is provided to support people who are receiving palliative care.

The district nursing service comprises of registered nurses (some of whom are team leaders), specialist nurses and senior health care assistants who have achieved a vocational qualification in health and social care. Team leaders play a key role in assessing demand, triaging care receivers' multiple and complex health and care needs and providing support to the staff team which was evident during the inspection.

Nursing staff made a comprehensive assessment of all care receivers who were referred to the service and samples of assessments were reviewed, which showed that their holistic needs, including psychological well-being are considered. The assessment also includes a screening tool for early detection of sepsis. The importance of staff safety and risks associated with lone working were also identified within the initial assessment.

Samples of care plans showed that problems are identified, and appropriate nursing plans devised. The records showed that care receivers' goals and outcomes were recorded, and they were informed of the likely duration of treatment. The plans showed that care was planned, records made of care delivered and dates of proposed discharge were identified. The recent care plan audit led to some improvements in terms of capturing care receivers' voices in more detail and this was demonstrated from review of the records, with the person's distinctive preferences and language recorded.

A variety of support mechanisms were identified by staff which ensured that relevant clinical information is shared within the district nursing team.

The capacity to share information within the team highlighted that frequent discussions, handovers, care planning and effective assessment processes focusing resulted in effective care provided. One member of staff reported that they found these communication strategies extremely useful especially as their role required them to work alone for the majority of the day. A member of staff described their team leader as responsive and supportive when they had called for advice and support. Another member of staff said their “line manager’s door is always open to discuss any issues or concerns”.

The service was committed to working in partnership with care receivers and their families and there were many examples of their involvement in reviewing the effectiveness of care provided. A recent satisfaction survey was completed by the service which highlighted that peoples’ experiences of the district nursing service were positive and met their expectations and needs.

Care receivers who spoke with the Regulation Officer were extremely complimentary about the service and made particular reference to the skills and abilities of the staff team. Some comments provided included:

“The support I’ve had has been very good and the nurses work around what is best for [my treatment] and we’re heading in the right direction. Generally, the care is very good and I’m really grateful with what they’ve done.”

“They come every day, as regular as clockwork. They never miss us, and we know all the nurses. We’re really happy with everything.”

“I’ve got nothing but praise for them, without exception everyone that visited was flexible, really helpful and they all brought me benefit to a really bad situation with my health. I’d be really confident to receive their services again, thought they were wonderful”.

The district nursing team also have a valuable role in co-ordinating care from other services, and advocate on behalf of care receivers who often have multiple and complex health and care needs.

One member of staff described that the team often identified and detected problems, which hadn't always been recognised by care receivers themselves.

The organisation had recognised that staff well-being is a priority and one staff member commented positively on changes that had recently been made based upon the outcome of a well-being survey.

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.

The organisation is in the process of approving learning and development objectives for the coming year and has engaged with an external professional to support this process. There is a practice development role to be created and it is anticipated that this will allow for a focus on falls prevention and frailty, which the service has identified as a priority for many elderly care receivers.

There are ongoing opportunities for staff to keep up to date with mandatory and additional training requirements. The service maintains a training log which evidenced a healthy, blended approach to training within the service. Training in subjects to include, basic life support, sepsis recognition, infection control, record keeping, safeguarding and manual handling are considered essential for all staff to complete. Accredited professional development training opportunities are provided for registered nurses also.

Care staff are provided with additional training and their competency checked before they undertake any nursing tasks which are delegated by a registered nurse. One senior carer described the process they had gone through which allowed them to carry out nursing procedures. The care worker recognised their limitations and said that they felt confident undertaking the procedure due to the level and quality of training provided to them. They described that this had been agreed based upon objectives identified during their appraisal, and they described that by having registered nurses in the team, they had adequate ongoing support.

The Registered Manager explained of the next competency framework being developed which will allow for carers to carry out additional nursing procedures. Nursing staff who have fundamental knowledge in pressure ulcers are included in RCA processes as a means of enhancing professional development and sharing across the organisation. The TVN within the district nursing team has been central in developing the island wide approach to pressure ulcer management and prevention and who is available to provide advice and support to other care providers. Training in the use of an alternative pressure ulcer risk assessment tool is to be rolled out to staff in the New Year.

All staff are provided with supervision, which includes safeguarding matters and appraisals. One staff member said that they benefitted from supervision as it allowed them to discuss concerns and for the progress they had made within their role to be recognised.

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.



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