



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Family Nursing and Home Care**

**Rapid Response and Reablement**

**Home Care Service**

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

**1 and 8 November 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 Family Nursing and Home Care's Rapid Response and Reablement home care service. The service is known as Rapid Response and Reablement Team (RRRT) and is one of four registered services provided by Family Nursing and Home Care (FNHC). The service is operated from Le Bas Centre, in the parish of St Helier. The location of the RRRT service is island wide with care delivered in care receivers' homes. The RRRT provides individualised care in the community for care receivers who are at risk of an unplanned hospital or care home admission due to injury or an escalating health condition. The service became registered with the Jersey Care Commission on 25 November 2019.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u>  Type of care: Nursing care  Category of care: Adult 60+, Dementia Care, Physical Disability and/or sensory impairment, Autism, Mental Health, Substance Misuse, Homelessness and Domestic violence.  Maximum number of care hours: 600

	Age range of care receivers: 18 and above <u>Discretionary</u> None
Dates of Inspection	1 and 8 November 2022
Times of Inspection	09:30 – 13:40 and 08:30 – 14:10
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	18 active 7 referrals received on 8 November 2022

Family Nursing and Home Care operate the Rapid Response and Reablement home care service, and the Registered Manager is Clare McConomy.

Since the last inspection on 1 and 21 September 2021, the Commission received an updated copy of the service's Statement of Purpose. This was submitted following the last inspection to reflect changes in the service provision due to the new overnight service.

## **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 systems in place to monitor, audit and review the quality of care within the service. It was positive to note that the findings from these systems were used to drive change and improvement for care receivers and/or staff.

There were also systems in place to ensure the safety of staff such as lone working policies and 'find a friend' system that staff accessed on their iPad.

A review of a sample of HR files at inspection evidenced safe recruitment practices and that all staff are suitably qualified to carry out their role.

Feedback from care receivers and relatives provided evidence of person centred and skilled care from appropriately trained staff. Care receivers spoke of their appreciation at being able to remain in their own home and receive treatment that in the past would have required admission to or a longer stay in hospital.

A sample of care plans reviewed at inspection reflected the range of support and nursing care provided by the RRRT, the plans also included clear and comprehensive assessments, evidence of consent and use of appropriate assessment tools.

There was evidence of a robust induction process for all staff, which included both organisational and service specific training. The extent of the service specific training required for both the care workers (HCAs) and registered nurses was extensive and there was evidence of a highly skilled multi-disciplinary team working within RRRT.

Staff feedback at inspection confirmed evidence of regular supervision and appraisal, staff also receive regular safeguarding supervision and are encouraged to maintain a professional portfolio.

## INSPECTION PROCESS

This inspection was announced and was undertaken over two days on 1 and 8 November 2022. Notice of the inspection visits were given to the Registered Manager a week before each visit. This was to ensure that the Registered Manager would be available during the second visit and to confirm arrangements for meeting with the safeguarding lead and staff from the HR and governance teams on the first visit.

The first visit provided an opportunity to cover core areas pertaining to all four of the services carried on by the same provider. Another Regulation Officer who was scheduled to inspect the other two FNHC services also attended this visit.

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

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, correspondence, and notifications to the Commission.

The Regulation Officer sought the views of the people who use the service, and/or their representatives, and spoke with managerial and other staff.

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<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/>

In addition to the Registered Manager, there was an opportunity during the second visit to speak with four staff members from the RRRT and the Director of Governance & Care.

The Regulation Officer established contact with three care receivers or their representatives, this contact was made by phone.

The views of two health care professionals were also sought as part of the inspection process but had not provided feedback at the time of writing the report.

During the inspection, records including policies, care records, staff personnel records and monthly reports were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to Registered Manager.

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

## **INSPECTION FINDINGS**

At the last inspection, one area for improvement was identified and the Registered Provider setting out how this area would be addressed submitted an improvement plan to the Commission.

The improvement plan was discussed during this inspection, and it was positive to note that the improvement had been made. This means that there was evidence of regular monthly reports being produced to report on the quality and safety of the RRRT service.

## 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 completes a monthly quality dashboard, these include, for example, training updates and incident reporting. The figures for the dashboard are collected by a data analyst and reviewed by the Registered Manager. In addition, each service at FNHC has a yearly audit programme and at the time of the inspection, RRRT and the other services were drafting the audit plan for 2023. Some audits run year on year and are conducted quarterly with a final report at the end of the four quarters. The organisation is also involved in multi-agency audit for example safeguarding.

Quality assurance and audit is also included in the monthly report produced by the Registered Manager, the Regulation Officer reviewed the last two monthly reports for August and September 2022 at inspection. The reports generate actions and there was a review of the previous month's actions. The Director of Governance and Care provides oversight of these monthly reports. In addition, the Registered Manager presents the monthly report at the sub clinical governance committee meeting.

The Registered Manager provided a positive example of managing risk regarding pressure area care. This was in relation to care receivers accessing Level 3 care packages that are predominantly therapy led and a slight increase in newly acquired pressure sores. As a result, all care receivers now have a skin assessment completed by a registered nurse within 24 hours; this assessment uses an accredited assessment tool and involves daily skin checks. The service uses the Jersey wide Pressure Ulcer Framework in pressure care management.

The safety of staff in particular with respect to the overnight service, where there is only one member of staff on duty, was discussed with the Registered Manager. The Registered Manager confirmed that the overnight service is now based at the

ambulance headquarters to reduce risk and increase support for staff working overnight.

A copy of the lone worker 5-point plan for day and night staff was provided to the Regulation Officer as evidence after the inspection; it outlines the practical measures that staff can take to ensure their own safety whilst lone working. For example, for staff to advise the RRRT of any change or deviation from their electronic appointments. Overnight staff must also maintain frequent contact by phone with Health and Community Services (HCS), if a member of staff cannot be contacted by phone after a visit, HCS contact the on-call manager.

The Registered Manager commented that the service rarely receives complaints but gave one recent example of one informal complaint that had been resolved internally without further escalation. Any safeguarding concerns are discussed with the safeguarding lead nurse and escalated appropriately if required.

The Regulation Officers at the first visit, spent time with a member of the HR team, who described the application and recruitment process within the organisation. A copy of the Safer Recruitment Policy (2020) was provided to the Regulation Officer after inspection, this policy is currently being updated. The HR staff member also described the disciplinary policy and procedures that apply at FNHC. A review of two staff personnel files confirmed a safe approach to recruitment with all safe recruitment checks in place prior to a member of staff commencing employment with the service. All staff recruited into the organisation are provided with an association handbook, this handbook contains a link to the 'live' (most up to date) policies.

Notifications were discussed with the Registered Manager; there had been appropriate and timely notifications to the Commission since the last inspection. As part of this discussion, the Registered Manager was reminded of the need to submit any death notifications to the Commission.



## 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.

Referrals into the service are accepted by telephone, there is always one member of the staff team who acts as the co-ordinator for the team and will accept/triage referrals. The Regulation Officer saw an example of this in practice on the day of the second inspection visit when the team co-ordinator took a phone call concerning a crisis referral whilst providing feedback to the Regulation Officer. There are different levels of care with varying response time's dependant on need. Level 1 is for those care receivers who are acutely unwell, Level 2 is crisis/short term interventions and Level 3 is reablement which is therapy led. The overnight service also currently takes direct referrals from six care homes.

The Regulation Officer was shown the white boards in the RRRT office with all the care receivers including their level of care, visits planned, outstanding results and whether their care receiver survey has been completed. There is a second referral board for care receivers with a diagnosis of heart failure, the assistant practitioner within the team works closely with the heart failure team at the hospital.

The care is person centred and includes mental health as well as physical health needs delivered by a range of health care professionals in a multi-disciplinary team approach. The multidisciplinary team includes mental health nurses, a social worker physiotherapists and occupational therapists. The care plans are stored electronically; assessment templates are completed with the care receiver, which then act as the plan of care. Three care plans were reviewed at inspection, one for each Level of care (1-3); within the care plan, the clinician can also access investigations, medications and documents. The care plans were clear and easy to follow with regular updates. The Registered Manager discussed that all care receivers receive a full assessment but that there is a shorter version for those care receivers who only receive one intervention/visit – known as a 'see and treat'. The

team also follow referral pathways for example for cellulitis and urinary tract infection (UTI).

Care receivers are asked to provide feedback at the end of their treatment by completing a patient survey; the Registered Manager discussed how it was difficult to do this with care receivers from the overnight service due to heightened anxiety and tiredness overnight and how consideration was being given about how to go about this in a different way in the future.

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

*'The staff are highly skilled, highly trained and highly dedicated'*

*'A really nice bunch of people, I quite miss the visits now'*

*'They really helped me out, getting back to independence'*

*'They provide continuity and excellent support'*

*'I felt so comfortable with all the staff'*

There were no reports of late or missed visits and people knew who to expect and when. One relative commented in their opinion that staff are becoming increasingly busy / overworked but that this in no way affected care delivery but rather reflected what was happening elsewhere within the care sector due to increasing demands on community care.

There was also great appreciation from care receivers and relatives regarding being able to either avoid hospital admission or achieve an earlier discharge from hospital due to the care provided by the RRRT and the fact that they could have this care in their own home. One relative described how invaluable the continuity of care and

support provided by the team had been when a family member had required referral to the RRRT on more than one occasion.

One staff member described the person-centred care that the service is able to provide in the community as opposed to the hospital as a real 'positive of the service'.

There was evidence of collaborative working from both the care plans and feedback from the care receivers / relatives. In particular, the emergency GP service, paramedics and clinical nurse specialists based at the hospital, for example, the respiratory nurses. There was also evidence of the collaborative multiagency working within the RRRT to further enhance care delivery and the recovery process for care receivers.

## **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.
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RRRT currently has a staff team of twenty-four. At present, there are separate staff teams for both the day and the overnight service. The Registered Manager had acted upon feedback from staff of the overnight service concerning the negative impact of working constant night shifts. There will now be an opportunity for staff to do rotational shifts, working both day and night shift if preferred. To enable this to happen three full time equivalent staff have been recruited.

The Registered Manager discussed that there will be more opportunity for role development for the advanced clinical practice (ACP) nurses on the day shift. One member of staff said that they welcomed the additional skills and experience that their ACP colleagues would bring to the day shift.

The three new staff members will all be in post by the first week in December; however, the night duty reflected a number of gaps in the rota in November and December due to these recruitment issues. The Registered Manager discussed that some gaps would be able to be filled by day staff covering the nights.

The Registered Manager confirmed that, in the event that cover could not be arranged, all relevant partners would be informed, and the night would then be covered by the on call General Practitioner (GP). Four weeks of day shift rota was provided to the Regulation Officer at inspection; the shift pattern mainly involves working long days but there was an example of choice of working hours / more flexible working when required.

There is robust corporate and service specific induction programme for staff. All staff undergo between two to four weeks of induction and have an interim probation interview at three months, followed by a sign off interview at six months if the probation period has been completed satisfactorily.

Staff feedback at inspection confirmed evidence of regular supervision and appraisal. Staff also receive regular safeguarding supervision and are encouraged to maintain a personal development plan (PDP). Each staff member has a file that is used as a professional portfolio and skills passport. Staff supervision records and PDPs are stored in each staff member's personnel file in HR. The Regulation Officer viewed a draft of a new document entitled, FNHC Career and Development Framework for all staff.

The training requirements for the RRRT are diverse due to the specialist nursing skills required and delegated tasks/ competencies for senior HCAs. Both the Registered Manager and one of the senior nurses provide sepsis training. All HCAs undertake First Aid training and for senior HCAs there is additional specialist training such as venepuncture and cannulation, wound management, blood sugar monitoring and A to E (clinical assessment). The Registered Manager described that there is a workbook and competencies for tasks such as venepuncture and cannulation that includes five observations of practice. All senior health care assistants also have medication training to RQF Level 2 or 3. Every member of staff also has a mentor to further assist staff with their training / competency needs. All registered nurses also have access to various workshop modules for example leadership. The Regulation Officer also reviewed as evidence the ACP competencies.

Training is also provided in the use of specialist equipment for example a glucometer for measuring the blood sugar / glucose of a care receiver. The service also has a small supply of specialist equipment for use in the home for example Zimmer frames, but these are for short-term use only.

Staff training is recorded in a dashboard every month, this is colour coded in order that any training requirements that are due to be updated are easily identifiable and brought to the attention of the relevant staff member. The organisation also has a designated training lead who delivers some training face-to-face, for example moving and handling, and all staff have access to online training on the Virtual College.

Staff spoken with during inspection described good communication and support within the team and from management. One staff member spoke passionately about their role and how it involved 'building the confidence and encouraging the independence of care receivers'. Staff also demonstrated good awareness of their role and responsibilities and when to escalate concerns.

Staff also spoke positively concerning their training opportunities within both the team and wider organisation. Staff members confirmed recent supervision sessions and staff that are more senior had received training in order to provide supervision to the more junior staff. It was also positive to note that the mental health nurses within the team received supervision from the mental health team. There is a daily handover for staff and a weekly multi-disciplinary team (MDT) meeting.

## **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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