



**Jersey Care
Commission**

INSPECTION REPORT

Family Nursing & Homecare

Child & Family Services

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

1, 30 November and 21 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 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. This is the third inspection of the service since registration with the Commission on 25 November 2019.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: nursing care Category of care: children (under 18) Maximum number of care hours: 2250 Age range of care receivers: pre-birth – 18 years <u>Discretionary</u> None
Dates of Inspection	01/11/2022, 30/11/2022 and 21/12/2022
Times of Inspection	09:30-13:40, 09:30-16:00 and 11:00-12:40
Type of Inspection	Announced

Number of areas for improvement	Two
Number of care receivers using the service on the day of the inspection	22,034

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 (HV)
- Maternal Early Childhood Sustained Home Visiting Programme (MECSH)
- Baby Steps programme
- UNICEF Baby Friendly Initiative (BFI)
- 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).

Since the last inspection on 1 and 21 September 2021, on 10 October 2022 the Commission was notified of a reduction in staff resources within the Health Visiting Service of Child and Family Services at FNHC. Both the Registered Manager and the Provider set out an interim plan including prioritisation of certain services to ensure satisfactory care provision whilst recruitment of staff and a restructure of the service was undertaken. Part of the restructure of the service was to appoint a Deputy Operational Lead to support the Registered Manager and a work force development plan for a safe skill mix within the team.

The Regulation Officer received an updated copy of the service’s Statement of Purpose in November 2022 prior to the inspection.

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 worker safety plans and a lone worker policy.

A review of a sample of staff 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. There were detailed assessments and care plans in place to support care delivery and evidence of collaborative working.

However, the Regulation Officer received feedback concerning lack of accessibility to the Health Visiting service, one care receiver commented that they were left without anyone to call in the late afternoon and over the weekend period. This is an area for improvement and will be highlighted further under the heading of 'care and support'.

There was evidence of an induction process for all staff, which included both organisational and service specific training. There was a blended approach to training with both face-to-face training and eLearning.

Staff feedback at inspection was variable in relation to regular management supervision. Although there was evidence of more regular safeguarding and clinical supervision. This will remain an area for improvement and is discussed further under the heading of 'inspection findings', and 'training'.

INSPECTION PROCESS

This inspection was announced and was completed on 1 and 30 November 2022 with a final visit on the 21 December 2022 to provide feedback to the Registered Manager. Notice of the inspection visits were given to the Registered Manager at least 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 Human Resources (HR) and governance teams on the first visit.

The first visit provided an opportunity to cover core areas pertaining to all four 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.¹

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.

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

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

In addition to the Registered Manager, there was an opportunity during the second and third visits to speak with seven staff members face-to-face and contact with one staff member was made by phone.

The Regulation Officer established contact with eight relatives and / or care receivers, this contact was made by phone.

The views of four health care professionals were also sought as part of the inspection process. Two of the four professionals had provided feedback at the time of writing this report.

During the inspection, records including policies, care records, staff personnel files and complaints 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. 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, one area for improvement was identified and the Registered Provider advised as to how this area would be addressed and submitted an improvement plan to the Commission.

The improvement plan was discussed during this inspection and although some progress had been made with respect to the introduction of new paperwork to be used for staff members' management supervision and appraisal, it was disappointing to note that some staff were still not having regular supervision sessions. Therefore, the Registered Provider has not fully met the Standard in relation to formal supervision and appraisal (Standard 3.14). This will therefore remain an area for improvement at this inspection.

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, Child and Family Services 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 three monthly reports for August, September and October 2022 during the 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.

During the first visit, the Regulation Officers 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 recruitment checks in place prior to a member of staff commencing employment within 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 notifications of deaths to the Commission.

Complaints were discussed at inspection with the Director of Governance and Care, all complaints are documented both formal and informal, along with any compliments. The Director of Governance and Care discussed a couple of formal complaints for which the complaints policy had been followed and the complaints had been resolved internally within the required timeframe. The Regulation Officer discussed whether the staffing shortages and prioritisation plan within the Health Visiting service had resulted in an increase in complaints. The Director of Governance and Care confirmed a slight increase in informal complaints regarding access to the Maternal Early Childhood Sustained Home-visiting (MESCH) programme. The Registered Manager explained that this is because MESCH referrals had been suspended but that the current caseload was being maintained during the prioritisation plan. There is also currently a waiting list for the baby steps programme but referrals were being prioritised according to need, for example first time parents.

There are systems in place to ensure the safety of staff such as lone worker safety plans for each of the services in Child and Family Services and a Lone Worker Policy which was provided to the Regulation Officer in draft form (as it is currently being updated).

The CCNT Lead reported no pressure ulcers within the CCNT service at the time of the inspection but there are at risk pressure prevention care plans for use if required.

The Team Leads undertake safeguarding supervision in quarterly sessions and there are procedures in place to protect care receivers and staff. Staff spoken with during the inspection were clear about their safeguarding responsibilities and identified the Lead Nurse for Safeguarding as a useful resource. The Lead Nurse for Safeguarding described a close working relationship with the Health & Community Services (HCS) adult and child safeguarding leads and the Safeguarding Partnership Board in Jersey. There is a bimonthly internal safeguarding meeting to review all referrals.

There are procedures in place 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. A consultant on a medication administration record (MAR) chart generally prescribes medications. This would also be the case for any immunisations administered by the school nurses.

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 care plans for the Child & Family Services are stored electronically, with the exception of the Child Development Books. These books are care plans for children from birth up until school entry age.

Some of the services, such as the CCNT, also keep a hard copy care plan in the care receiver's own home. Referrals to Child and Family services are generated from a wide range of sources, for example, Children & Adult Social Services, and Health and Social Care practitioners.

Feedback from care receivers and relatives was generally positive concerning their involvement in the planning and delivery of care. The Regulation Officer received constructive feedback from one care receiver concerning the content and format of the baby steps classes. This feedback was given to the Registered Manager at the end of the inspection, who agreed to review this with the staff team responsible for baby steps. The feedback also provided evidence of care for the whole family, including husbands and siblings. One care receiver gave an example of staff 'signposting their husband to help'. This is an area of good practice.

The team leads for school nursing and CCNT provided further examples of good practice. The Lead of the School Nurse team described a new care delivery approach in schools where the school nurse had commenced 'drop in' sessions. The children do not need an appointment and can discuss any number of topics in confidence. The Lead Nurse described children coming in with 'a shopping list of things to talk about'. The CCNT Lead described how a different way of working during the pandemic had been permanently adopted due to benefits for the child and their family. The staff had been supporting children and their families in their own homes with online Teams appointments with specialist services in UK. This has continued after the pandemic as it reduces the need for families to travel to the UK for appointments and / or follow up tests such as blood tests, which can be done in Jersey.

A random sample of five care plans were reviewed during the inspection from a cross section of services within Child and Family Services. The care plans are stored electronically on EMIS and were reasonably easy to navigate, with separate sections entitled for example, consultations, documents and care plans. There was evidence of regular review and updates, the use of appropriate / accredited assessments and multi-agency working.

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:

'We honestly couldn't do without them; they are so much more than just nurses. They are always there, checking in and they make 'it' (care) seem normal'

'The staff are amazing at what they do and the support is phenomenal'

'The support from the mental health practitioner has been so good and having that support in your own home is so valuable'

'My partner really enjoyed the sessions as well'

'The practical sessions were extremely useful, for example bathing the baby'

'Nothing is too much trouble; the nurse has provided support and acted as an advocate for my child'

'The visits from the Health Visitor to weigh my baby were really reassuring whilst I was breastfeeding'

One healthcare professional commented regarding the CCNT, 'the community nurses are a very committed and forward thinking team who go the extra yard to try and get families the support they need'.

One relative commented about an unsatisfactory relationship with the nurse allocated to their child's care. However, at their request, this had now been resolved with a change of nurse with whom they reported a 'better relationship'.

The Regulation Officer received feedback from two care receivers concerning lack of accessibility to the Health Visiting service. One commented about lack of accessibility to support after the duty health visitor finishes at 3:15 / 3:30pm (this service operates Monday-Thursday) and the lack of any cover over the weekend. Care receivers can contact their allocated Health Visitor after 3.30pm but they may be out of the office. This could potentially mean that a voicemail message might be left at for example 4:00pm on a Friday and not picked up until a Monday. This care receiver described how this left them 'struggling' for someone to call for advice. There was also feedback concerning visits being cancelled and generally rescheduled but one care receiver reported no follow up phone call to reschedule a missed visit as had been promised. One further comment was regarding a delay after their previous HV left employment and of 'a short delay before visits were reinstated'. This is an area for improvement to ensure consistency in accessibility to the services within Child and Family Services.

The duty Health Visitor is based off island and so is only contactable by phone. The Regulation Officer discussed with the Registered Manager that this situation was not ideal. However, due to the staffing and recruitment challenges within the team, this duty role prevents staff employed in Jersey from having more time away from clinical face-to-face care in order to provide duty support. Overall the feedback concerning duty support and information was positive from both staff and care receivers, except for the lack of provision after 3:30pm, on Fridays and at weekends.

One newly recruited staff member also commented that they would find it useful to have the duty hours extended to 5pm as this provides additional support for them also. The Team Lead for Health Visiting and the Registered Manager work consolidated hours with a Monday-Thursday working week and so potentially this also means less staff / care receiver support on a Friday. However, as part of a recent restructuring of the Health Visiting service, a Deputy Operational Lead had been appointed and it is anticipated that they will be working on a Friday to provide additional support across all services.

The Registered Manager shared a recent summary report from Jersey Maternity Voices (HV specific survey). This was carried out in HV clinics from 7 October until the end of November 2022. There were 29 respondents and overall feedback was positive. The service was found to be a valuable, well-regarded service. However, one finding was that it was difficult to get hold of HVs outside of clinics, even during working hours. A recommendation of the survey was for an out-of-hours and weekend call number.

Feedback from two healthcare professionals was generally positive; both described an awareness of the staffing shortages within the HV team. One described 'good communication and an excellent working relationship' with the HV and Baby Steps teams.

Training

<p>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.</p>

The staff team at Child and Family Services was reported as forty-two staff members across the services in the October monthly report. The staff team consists of school nurses, health visitors, community nurses, nursery nurses and health care assistants (HCAs). The working pattern for staff is generally 9-5 pm Monday – Friday, the CCNT provide a twenty-four hour on-call service for care receivers with end of life / palliative care needs.

There are a number of vacancies within the Health Visiting team currently. One staff member reported a high turnover of staff since they had commenced employment. The Registered Manager discussed that one new Health Visitor was due to start at the time of the inspection and there were plans to recruit further community staff nurses to work within the team. The Registered Manager discussed that some of the community staff nurses that had been employed in 2022, had been recruited into development posts with the hope of undertaking their Health Visitor training.

Health Visitor training is not at present available in Jersey, there had been plans to establish training in Jersey in 2022, and unfortunately, this had not gone ahead. However, it is anticipated that training will be available in the near future to further assist with the recruitment and development of staff. Whilst the Registered Manager acknowledged that staff recruitment and retention difficulties are reflected elsewhere in the care sector in Jersey. They commented on the additional difficulties in the recruitment of specialist community public health nurses and that this was reflected elsewhere within the UK currently. Hence, the need for development posts whilst ensuring a safe skill mix within the team.

The induction process for new staff involves a corporate and service specific induction process. 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.

Feedback from the staff concerning the induction process was generally good, staff gave examples of receiving an induction programme, an organisational induction day, shadowing, training, and a competency book. Only one staff member stated that they had not received a pack / folder. Staff also described feeling well supported during the induction period and of good team and management support.

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. One staff member commented that 'this is the best place that I have ever worked for training'. Examples of service specific training were breast feeding training and mental health training. Staff statutory and mandatory training compliance was 87-95% compliant across the services at Child and Family Service in October 2022.

Staff receive clinical, management and safeguarding supervision within Child and Family Services. There are also service specific supervision sessions for example as part of the MECSH programme.

At the time of the last inspection, lack of regular management supervision was identified as an area of improvement. This supervision provides staff with the opportunity to discuss their role and identify any issues. The Provider had developed a Personal Development Plan (PDP) and Management Supervision Record document as part of the improvement plan in meeting this Standard. This document sets out that '1:1 supervision will be held in quarters 1, 2, 3, and 4' and sets out what these sessions should include, for example, discussion of personal development needs. However, the feedback from some of the staff was that management supervision remained 'informal, patchy or lacking'. This will therefore remain an area for improvement.

The Lead Nurse for the CCNT team also described training packs for parents and carers which included competency checks for the care of for example gastrostomy (feeding) and tracheostomy (opening in the neck / windpipe to aid breathing) tubes.

The Registered Manager described some of the specialist equipment used within Child and Family Services, for example scales in the HV and school nurses teams. Also that the CCNT had need of more specialist equipment such as suction equipment, monitoring equipment for blood pressure and oxygen concentration, thermometers and syringe drivers. All equipment has at least an annual servicing schedule.

One almost universal response from all staff during inspection when asked regarding what could be improved upon within the service was regarding the IT systems in use within the service. Staff gave responses such as the IT is 'too slow', 'could do better' and 'could be more joined up'. This feedback was given to the Registered Manager at the end of the inspection.

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 6</p> <p>To be completed by: six months from the date of inspection (21 June 2023).</p>	<p>The Provider must ensure consistency in accessibility to care within the service.</p>
<p>To be completed by: six months from the date of inspection (21 June 2023).</p>	<p>Response by registered provider:</p> <p>There is a national shortage of Health Visitors which is reflected in Jersey. Health Visiting is the only service where recruitment and retention is an issue. Whilst in England, many areas have continued with virtual contacts following Covid-19 to meet the demand, we returned to face to face contacts as a priority.</p> <p>Recruitment of Health Visitors is ongoing and we are currently exploring how to use the skill mix differently to maintain service provision.</p> <p>Health Visitor Duty was introduced in 2022 to provide a single point of contact for parents and professionals which helps free up other health visitors to carry out visits. Health Visiting Services nationally do not provide out of hours support, however, drop in clinics are held on Saturdays which are accessible. The purpose of which is for working parents and also an offer to any other family.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 3.14</p> <p>To be completed by: three months from the date of inspection (21 March 2023).</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>To be completed by: three months from the date of inspection (21 March 2023).</p>	<p>Response by registered provider:</p> <p>We have reviewed Management Supervision data across the service. At the time of the inspection visit there was 93% compliance with quarterly management supervision within School Nursing, Children's Community Nursing Team and Baby</p>

	<p>Steps. The only service where there has been a reduction in management supervision is Health Visiting which is currently prioritising service delivery due to staffing resource. Safeguarding supervision continues to be prioritised for the Health Visiting Team.</p>
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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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