



**Jersey Care
Commission**

INSPECTION REPORT

Nightingales

Home Care Service

**60 Palace Close
St Saviour
JE2 7SG**

22 February 2023

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 Nightingales Home Care Service. The service's office is situated in the parish of St Saviour. It provides a range of individualised support packages to people in their 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 and personal support. Category of care: Adults 60+, dementia, physical disability and / or sensory impairment and learning disabilities. Maximum number of personal care/support hours per week: 599. Age range of care receivers: 22 to 100. <u>Discretionary</u> There are no discretionary conditions.
Date of Inspection	22 February 2023
Time of Inspection	10:00 to 13:00
Type of Inspection	Announced

Regulated Activity	Home care service
Number of areas for improvement	0
Number of care receivers using the service on the day of the inspection	14

The Home Care Service is operated by Nightingales Limited, and the Registered Manager is Mladen Jevtic. There had been a discretionary condition for the Registered Manager to complete a Level 5 Diploma in Leadership in Health and Social Care by August 2022. This was successfully achieved in July 2022, and the condition was removed.

Since the last inspection on 24 February 2022 the Commission has received a notification of absence of the Registered Manager from 22 July 2022 to 31 August 2022. The notification included details of the Registered Provider's arrangements to ensure that the service had a suitable interim management plan in place. The plan was for a Clinical Director, to temporary manage all aspects of care and service delivery. The Office Manager also provided support with administrative tasks.

The Commission also received an application from the Registered Provider for the registration of an additional partner. The application was approved on 14 September 2022.

The Commission received an updated copy of the service's Statement of Purpose on 27 February 2023. This reflected the registration of a new partner and that the Registered Manager had met the previous discretionary condition requirement.

SUMMARY OF INSPECTION FINDINGS

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

The findings from the inspection were positive. Nightingales Home Care has a clear organisational and management structure that supports quality care delivery.

The process from referral through initial assessment, the commencement of care delivery and reassessment of needs was clear. It represented a person centred, compassionate approach to care planning and delivery. It was supported with care receiver information and comprehensive record keeping.

The induction process for new carers was thorough and there was evidence of ongoing staff supervision and training. Areas of improvement identified at the last inspection have been met.

Feedback from a range of sources was positive and illustrated responsive, supportive and collaborative practice.

The service meets the Home Care Standards that were reviewed as part of this inspection.

INSPECTION PROCESS

This inspection was announced and was completed on 22 February 2023. Notice was given on 31 January 2023 and the date was agreed upon to ensure the Registered Manager was present. No concerns had been raised during the preparatory inspection work that would justify an unannounced inspection in the absence of the Registered Manager.

The Home Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of inquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

Prior to the inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection reports, notifications of incidents and death, discretionary conditions, variations and any correspondence regards the care provider.

The Regulation Officer sought the views of the people who use the service, including one care receiver and one care receiver representative, prior to the inspection. The view of one professional external to the care provider and two carers who work for the care provider was also obtained following the inspection as part of the inspection process. All contact was made by phone.

During the inspection, the Regulation Officer spoke face-to-face with two managers, the Registered Manager and Registered Partner, who is also the Clinical Director. The Regulation Officer had email correspondence with the Registered Manager following the inspection as part of the inspection process.

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

During the inspection a wide range of documents were examined. These included policies, care records, a service user guide, complaints procedure, training records and monthly reports.

During the inspection, each line of enquiry - as documented in text boxes below - was discussed, and a written copy was provided to the Registered Manager and Clinical Director. At the conclusion of the inspection, the Regulation Officer provided verbal feedback to the Registered Manager and Clinical Director.

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

INSPECTION FINDINGS

Management of the service

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size, and complexity of the service.

Nightingales has a full-time Registered Manager and Clinical Director who is also a Registered Partner. It was reported that the Registered Manager undertakes 10 hours of clinical work per week and uses the remaining time for managing invoicing, rostering, and recruitment. The Clinical Director undertakes approximately 20 hours of direct clinical care per week and the remaining time is used for undertaking staff supervision, new staff induction and clinical audit. There is also an Office and Deputy Manager. On the day of the inspection, the number of full-time equivalent care staff was 12. This structure represented a clear organisational framework and met Standard 9:2 of the Home Care Services Standards.

The service currently provides 445 hours of personal care and support per week. This accords with the Statement of Purpose, which states a maximum number of hours as 599 per week. The Registered Manager highlighted that the current provision is lower to enable safe, high-quality care delivery while managing ongoing staff recruitment challenges. The Registered Manager's focus is on supporting and maintaining staff. Staff recruitment challenges were discussed, and it was recognised that this issue is not isolated to Nightingales.

The staff induction process was inspected. Staff induction packs contain a competency booklet which includes a comprehensive range of relevant themes. These include communication, dignity and respect, personal care, practical assessment and manual handling. The process involves the competency booklet being used at set timeframes of one month, and six months and dynamically between these times until sign-off. The Regulation Officer was satisfied there was a clear and robust induction process that met Standard 3:10 of the Home Care Services Standards.

At the last inspection, an area for improvement was identified in respect of policies. Specifically, this was 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.

The policy file was reviewed during the inspection. Policies have been reviewed and aligned with the Home Care Standards. Policies included but were not limited to policies on administration, business finance, compliance, data protection, handling of service users' money and several types of communication.

Staff received the policy folder on induction and this was evidenced in the induction pack. Existing staff are given the policy folder for one week and signed to confirm they have read and understood the policies. The Regulation Officer saw evidence of this and is satisfied this area of improvement has been met.

The Registered Manager and Clinical Director highlighted the value and respect they have for the care staff. They reported an "open door policy to support care workers",

who are actively encouraged to call with any questions or concerns and thoughtful, flexible staff rostering. This was evidenced through a combination of care worker feedback to the Regulation Officer, confirmation of staff appraisals and quarterly staff supervision records. This meets Standard 3.14 of the Home Care Services Standards.

Annual audits are undertaken to ensure quality care. The audits specifically review documentation and gain care receivers' views on the care they are receiving. This aligns with Standard 9.4 of the Home Care Services Standards.

The Regulation Officer saw evidence of comprehensive monthly reports the care service compiles. This meets Standard 9.4 of the Home Care Services Standards.

The Commission had received two notifications from Nightingales since the last inspection. One related to a medication incident. The Clinical Director's response was timely and clear to reduce the risk of a repeat incident and enable care receiver safety.

The Commission had received information that a care receiver who is supported by Nightingales is prescribed two medications which are hospital issue medications only and that it has not been possible for these to be added to the community Medications Administration Record Sheet. The Registered Manager and Clinical Director described how they have worked to resolve the issue and the actions they had taken to minimise the risk of harm.

The Regulation Officer was satisfied that Standards for the management of the service were being met.

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 and Clinical Director described the process from receiving a referral to commencing the care delivery. The process was clear and documented in the Service User Guide, which is given to all care receivers during the initial meeting and placed in the care receiver's file, which is kept in their home. This meets Standard 2.1 of the Home Care Services Standards.

The Regulation Officer reviewed care receivers' files. There was clear evidence of risk assessments in medication, skin integrity, nutrition, hydration and bowel function. Care plans were clear and comprehensive, using language that represented patient centred care and detailing the care required at different visits e.g., night-time and afternoon. This meets Standard 2.6 of the Home Care Services Standards.

Care plans are reviewed in response to a risk assessment, following a change in care needs, or as part of routine needs assessment. Such routine reviewing was evident, with clear follow-up actions recorded. Visits are clearly recorded with date and time. Care delivered is documented within the care plan, with rationale and action (s) if it was not possible to undertake. This meets Standard 2.3 of the Home Care Services Standards.

The language used in the care receivers' files represented respectful, compassionate, person-centred care. As did the language used by the Registered Manager and Clinical Director when discussing care receivers.

The complaints process is documented in the Complaints Procedure information leaflet. The Registered Manager stated this is given to all care receivers at the initial meeting and a copy is placed in the care receivers' file in their home. The Regulation Officer is satisfied the process meets Standard 1:2 of the Home Care Services Standards.

It was reported there had been no complaints since the last inspection. There have been two compliments received which the Regulation Officer saw evidence of, these were: "She is a kind and reliable carer who carries out her duties in an exemplary manner." "We were lucky to have you and the rest of the Nightingales team in those final days, as this is when experience and careful attention to the patient's needs matters the most."

The Regulation Officer was satisfied that Standards for care and support were being met.

Choice and safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled and empowered to be as independent and autonomous as practicable. People's rights will be supported and protected.

The Registered Manager described the care delivered to a care receiver in the last month of their life. Care was commenced within 48 hours of the referral. The Nightingale Team worked alongside the existing home care provider and with the GP and district nurses to support the person's end-of-life care. Initially, care was delivered for six hours each day. This gradually increased in accordance with the care receiver's increasing needs. Feedback about the quality of care was provided by the other home care provider. This was positive and was evidenced by a card from the provider. This represented collaborative working and met Standard 6.5 of the Home Care Services Standards.

During the last inspection, an area of improvement in respect of training was identified. Specifically for all staff to undertake training in relation to the Capacity and Self Determination (Jersey) Law 2016. There was a clear initial response to the area of improvement from the Care Provider.

During the inspection, the Registered Manager updated that it had yet to be possible to arrange in-person training specific to the Capacity and Self Determination (Jersey) Law 2016. However, there have been attempts to do so. The Regulation Officer saw digital evidence of the online capacity training that 85% of the staff had completed.

The Regulation Officer is satisfied there were clear reasons why staff had yet to be able to undertake the in-person training to date. Also the Registered Manager now has a clear plan to ensure all staff undertake in-person training specific to the Capacity and Self Determination (Jersey) Law 2016.

Other areas of staff training were explored. Training is delivered both online and in-person. The Registered Manager is a 'Train the Trainer' in Safe Handling and provides this type of training to staff. When required, this is delivered in the care receiver's home as a direct response to meet the care receiver's needs. Records detailing the type of training, who undertook it, when it was undertaken and when an update is required are retained. This meets Standard 3.11 of the Home Care Services Standards.

Feedback from a Social Worker who is working alongside the Nightingale team to support a care receiver's needs was positive. The Social Worker explained that staff from Nightingales communicated effectively within a multi-disciplinary team setting, that a care-receiver focus is maintained and that support for care receivers' families is good. They described the provision of care as, "Fantastically responsive, understand client's needs, adapting to the clients changing needs quickly. I cannot fault them."

Feedback from care receivers and family was positive:

"Very good, my Mum looks forward to them coming."

“They are respectful. It is all working well. They give me a choice and are respectful.”

Feedback from employees was positive:

“A lovely company to work for.”

“They (the carers) are a great and supportive, I appreciate how they help me. I like to work for them.”

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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