



**Jersey Care
Commission**

INSPECTION REPORT

Family Nursing and Home Care

Home Care Service

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

16 and 17 August 2023

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) 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 home care service operated by Family Nursing and Home Care (FNHC). FNHC operate four services to people in their own homes across the island who require care, support and treatment. The home care service aims to 'support people who due to illness or disability are unable to sustain their desired level of daily living without assistance and provides support to enable people to remain in their own home', according to the Statement of Purpose.

The service is operated from Le Bas Centre in St Helier, and provision is made so that care staff can carry out their roles and access relevant records and working documents away from the office base. The service has a Registered Manager in place who has held the position since 2021.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: Personal care, personal support Category of care: Adult 60+ and other: FNHC do not deliver specialist support services, but care receivers will have a range of conditions. Maximum number of care hours per week: 600

	Age range of care receivers: 18 years and above
Dates of Inspection	16 and 17 August 2023
Times of Inspection	11.30am – 1.30pm 10.00am – 1.30pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	20

Since the last inspection, which was completed on November 11, 2022, the service has been compliant in submitting notifiable events to the Commission as and when they have occurred.

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.

Care receivers spoke highly of the service and were very positive about the care they received. They highlighted seeing familiar care workers and accuracy with care call timings. Samples of care records and discussions with care receivers confirmed that care is delivered in line with individual preferences and assessed needs and takes into account personal choice. Personal plans and care records are always available for care receivers, and they described staff as flexible and adaptable in providing care and support.

The Registered Manager has oversight of the service, and there is a clear management structure in place which is known to staff and care receivers. All care receivers knew who to contact and how they would raise concerns if they needed to, but confirmed they had no worries about the service.

Staff are recruited safely, and the service follows best practices when appointing new staff. Support and development of staff is one of the service strengths, and all staff have supervision, appraisals, training and their work performance monitored.

There are development opportunities available for staff also. Staff reported immense satisfaction working in the service and described it as supportive and inclusive. Staff were very clear about their responsibilities and the expected Standards they must work towards.

There is adequate oversight of the service and reliable systems in place to support safe care delivery, and the service upholds its responsibilities to protect and advocate for care receivers.

No areas for improvement were identified from this inspection, which focused on three key themes: service management, care and support and choice and safety.

INSPECTION PROCESS

This inspection was announced and was completed on August 17, 2023. Notice of the inspection visit was given to the Registered Manager two days before the visit to ensure that they would be available during the inspection.

The Home Care Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

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

Before the inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report, which the same Regulation Officer completed.

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 four care receivers and spoke with three care staff and the Registered Manager. A meeting with the Human Resources team was held the day before the inspection to review a sample of the service's recruitment practices and review policies.

Policies, care records, training records, care receiver assessments, staffing rosters and personnel folders were examined during the inspection. 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, no areas for improvement were identified that required any follow up on this visit.

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.

The Registered Manager has been in post since 2021 and is supported by a Deputy Manager, senior care worker and health care workers. This is the second consecutive inspection that has been completed since the Registered Manager has been in post, which has demonstrated the Service is compliant with the Regulations and Standards that were assessed. The Registered Manager is regularly present at the service. They meet with care receivers, potential care receivers, and care staff, support the service, oversee its operation, and consider the quality of care and support delivered.

The Statement of Purpose (SoP) was reviewed, and a revised copy was provided during the inspection visit. The inspection findings confirmed that the mandatory conditions on the service's registration are being complied with. The SoP continues to accurately reflect the range and nature of services provided to care receivers and

also reflects a clear structure regarding management within the service. The Registered Manager routinely monitors the total hours of care provided and ensures sufficient staff availability. Discussions with staff confirmed they understood their responsibilities and were clear about the service's aims and objectives.

Care receivers that were spoken with described a very professional and well-managed service, and they had no concerns regarding the care provided by their care workers. They were aware of whom to contact should any issues arise and said the management team maintains contact to ensure their satisfaction and that observation of staff practice takes place periodically. The service received one complaint earlier in the year, which was handled appropriately and sensitively. The service notified the Commission of the complaint and was open and transparent with other agencies as well as the complainant.

Regardless of how people are referred to the service, a pre-admission assessment is carried out before care is considered. This will be done by the Registered Manager, Deputy Manager or senior care worker who the Registered Manager believes to have the required experience, knowledge and skills to complete this undertaking. The outcome of the pre-admission assessment is further discussed with the management team and the individual, and arrangements are made for care to commence.

Once the decision to provide care has been made, arrangements are made for allocated care staff to meet the care receiver. Care receivers told the Regulation Officer they had met care staff before their scheduled visits and reported seeing familiar faces and accurate call timings. They confirmed that they are provided with weekly rotas and always felt comfortable when the team were supporting them. The Registered Manager described that, where possible, care staff are allocated to meet specific care receivers' needs. They provided an example of determining the most appropriate care staff to support someone with a long-term condition. The Registered Manager explained that some care receivers prefer to have a staff member of the same sex allocated to support them with personal care, which is always respected.

Samples of staff rotas were examined, confirming consistent staff are provided and care receivers receive the amount of care that has been agreed based on their care assessment. The Registered Manager described how staff allocation is planned and organised to allow staff to be in different locations at various times. Staff can provide support island-wide between 8 a.m. and 10 p.m.

The Registered Manager described the outcome of a pilot scheme discussed during the previous inspection, whereby the service provided a short-term bridging service to help facilitate people's discharge from the hospital. The Registered Manager described that while this specific service is no longer being delivered by FNHC, the service had produced reports to evaluate care receiver outcomes following hospital discharge.

All staff described they are encouraged and supported with career and professional development. The Deputy Manager is nearing completion of a Level 5 Diploma in Leadership, and other staff told the Regulation Officer of various opportunities to study and develop their knowledge and practical skills. The Registered Manager described one of the service objectives was to upskill care staff in specific tasks, allowing the service to provide care and support to more care receivers with complex healthcare needs.

Governance arrangements are in place to support the operation of the home care service. The Registered Manager described the range of measures in place to review, evaluate and assess the service against the Regulations and Standards, which includes reporting to the Provider representatives.

Supervision and appraisals are fully embedded into practice. The Registered Manager and staff described the processes in place to discuss work issues, safeguarding concerns and monitor staff well-being. The Registered Manager said they benefit from supervision from their line manager, and all staff described the organisation as supportive and transparent. Staff told the Regulation Officer their set objectives and plans for personal development. An examination of relevant documents and feedback from care receivers and staff indicated effective management of the service.

Care staff told the Regulation Officer they were proud to work in the service, were optimistic about their work, and felt valued by the management team. They described a culture that encourages open communication, respect amongst colleagues, consistent working practices and effective leadership.

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.

At the time of inspection, twenty care receivers were receiving support from the service, and the Registered Manager provided an overview of the range of health and care needs the service is providing support for. The range of needs reflected the detail within the SoP. Staff demonstrated a good understanding of care receivers' needs and said that they were fully informed of their care requirements prior to being assigned to support them.

Samples of care plans and risk assessments were examined, which demonstrated that care plans were developed based on assessed needs and showed strong evidence that care receivers' preferences, views and goals were recorded. This showed that the plans had been developed in full consultation with care receivers, and they were central to the care planning process. Personal plans of care also highlighted what tasks care receivers can do independently as well as what tasks they require support with. Care plans are kept under review and show that care receivers have the opportunity to be involved in their reviews. They confirmed this to be the case whilst talking to the Regulation Officer.

Risk assessments were in place where required, providing an overview of hazards presented and the risk reduction measures implemented. Examples of risk assessments showed that risks relating to Oxygen use, wheelchair transportation and use of equipment had been considered and minimised to protect both care receivers and staff providing support. The Registered Manager referred to health and social care professionals to review care receivers' needs when required. Care

records also showed the involvement of health professionals in supporting care provision.

Care receivers described their immense satisfaction with the service provided and were complimentary of their care workers and said their expectations were consistently met. They provided the following comments to the Regulation Officer:

“I always know who’s coming in advance and I like that and it’s a good idea for the elderly. They always come on time and do exactly as they should. I feel very involved, they always ask me if I’m happy or if I want to change anything. They’re wonderful and everything is as it should be. It’s a great service, I couldn’t live without them. There’s no problems and I’ve been told I can phone if I need to but I’ve never had to. I can ask for what I want and they oblige”.

“They’ve given me the option of having more support but there’s no pressure at all, they’ve just said it in good faith that when I’m ready they can come more frequently. I’m very comfortable with all the carers, they’re very attentive and professional. There’s always lots of laughter going on and I love them coming. They keep the records here and I can read them, I see the girls writing in them but I don’t need to read them because they do exactly as we agreed. They do everything just right. I’d feel happy to raise anything at all and I know it would be put right. I have every confidence in them, they’ve been my saving grace”.

“I’m glad to tell you that I’m generally very happy with the service FNHC are giving me. They are prompt, efficient, friendly, helpful and caring I can’t think of any more words”.

“I chose them because they came across very well when I met them and I immediately felt they were very professional and I’m very impressed with their service. The care is excellent and I have no problems at all, I feel much happier and they keep me well. I know the schedule of my visits and I have a regular team of carers and they’re all excellent. I feel like they listened to me straight away and I’m very involved. If I need to alter anything they’re very accommodating and extremely helpful. It’s an excellent service and I’d recommend them”.

The service also gathers the views of care receivers to determine the quality of support provision. This includes speaking with them about their experiences, monitoring staff performances and formal care planning review procedures by the senior care worker.

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 Regulation Officer spoke with Human Resources (HR) staff, who described the recruitment processes from initial recruitment to completion of the probationary period. A sample of staff files showed that the organisation complied with safer recruitment best practice guidance and in line with their policy and confirmed all required pre-employment checks were obtained before staff took up employment. A summary sheet within the staff files clarifies the process and evidence that all aspects of the recruitment process have been undertaken. While HR staff are heavily involved in the recruitment process, the Registered Manager is central to determining the applicant's suitability for the service.

One newly recruited staff member's records showed that their work performance and competency had been assessed during their induction period. This was detailed and assessed practical skills and their ability to work alone safely with corresponding notes of the outcome of progress meetings. This showed that the service has systems in place to assess worker's competency to meet care receivers' health, well-being and physical needs in line with the Standards.

Care staff benefit from an induction period, shadowing opportunities, and ongoing training. The training records showed a wide range of mandatory and specialist training opportunities are provided for staff, emphasising a well-trained workforce. Staff who support care receivers with medication have completed further competency-based training as the Standards require, and all staff have completed a Level 2 vocational qualification in health and social care as a minimum. Several staff

members have also completed a Level 3 award and spoke of the support and development opportunities offered to them to advance their knowledge and skills. The Registered Manager spoke of how the management team monitor medication administration practices in care receivers' homes. Additional checks had been implemented following an audit of medication administration records last year. The care planning system has an inbuilt arrangement to alert the service if scheduled visits are missed or are late. Care receivers told the Regulation Officer their visits were on time, and on rare occasions, they would receive a telephone call if their care worker was running late.

Care staff were aware of what and how to report concerns within and outside the organisation. They told the Regulation Officer that in addition to safeguarding concerns, they recognised what may be considered a complaint, and all felt confident to raise concerns on behalf of care receivers.

Staff were complimentary about the managerial support provided, reported the out-of-hours system and rota planning were effective and felt comfortable with the allocation of scheduled visits. The safe recruitment of staff, comprehensive induction programme, records relating to staff performance and keeping staff engaged with the service were areas of good practice. Some staff comments included:

“I enjoy working here, it’s great. The management are fantastic and they’re brilliant with the support they give you. There’s no problems bringing issues forward and they listen and take things seriously. I had a tricky situation previously and got loads of support. I really feel like the service respect you”

“It’s just lovely, I’ve achieved lots since I started here and I love working with my colleagues in the team. I feel well supported and you can call the Manager anytime. There was one occasion where I called and the Manager sorted it straight away. We get ongoing feedback from the clients and it’s always good, so they must be happy too. The visits are scheduled and you get plenty of time to do your work properly”

“I feel really valued by the organisation and it’s a really inclusive employer. There’s lots of development opportunities and I’ve made great progress since I started.

We're encouraged to develop, but not pressured or expected to. We work really well as a team and our Manager is very supportive”.

Staff rosters' samples were reviewed, showing that their working hours were within the recommended hours; scheduled visits and care receiver details were recorded along with travel time. Care workers often work alone, and the service has a lone working policy. The Registered Manager described the additional safety checks implemented to ensure staff safety, particularly during the evenings. A copy of the lone worker risk assessment was reviewed, which showed that the service had fully considered worker safety as part of its approach to health and safety. A staff survey is underway to consider if staff safety can be improved further.

The service has many policies to guide staff in their work. Staff confirmed they knew how to access them and the Standards expected of the key policies. The organisation has a safeguarding, disciplinary and gift policy in place, which had been followed after one concern had been brought to the service's attention earlier in the year. The Registered Manager is assured that all staff know of the gift policy and its application in practice; an example was given where staff had referred to the procedure set out in the policy. One care worker told the Regulation Officer, "The policies are not just written, they're upheld and followed". Another person said that the policies are "easily written and understandable".

Notifiable events had been reported to the Commission as required by the Regulations and Standards. The service monitors its crucial risk areas and compiles a risk register accordingly. This sets out the potential consequences of key risks to the service and the control measures in place. The service has a business continuity plan and has reflected upon this following a critical incident last year. Staff recruitment is considered an ongoing challenge, as seen elsewhere on the Island. The Registered Manager had identified that some care receivers' care packages needed a review and referred them to the allocated Health and Community Services caseworker.

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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je