



**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 4R**

16, 17, 21 and 22 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 Rapid Response and Reablement Team (RRRT). The service is one of four registered services provided by Family Nursing and Home Care (FNHC). The service offices are at Le Bas Centre in St Helier.

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| Regulated Activity | Home care service |
| Conditions of Registration | <u>Mandatory</u> Type of care: Nursing care Category of care: Other - rapid response and reablement service Maximum number of: 600 per week (medium service) Age range of care receivers: 18 and above <u>Discretionary</u> None |
| Dates of Inspection | 16, 17, 21 and 22 August 2023 |
| Times of Inspection | 11:35-14:00, 07:30-11:45, 14:00-15:30 and 14:05-15:25 |
| Type of Inspection | Announced |
| Number of areas for improvement | None |
| Number of care receivers using the service on the day of the inspection | 31 |

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.

The inspection found the organisation and service well managed with a clear structure and governance framework. The Registered Manager has a complete understanding of their role and responsibilities. Staff spoke highly regarding how they were managed and of positive team working.

Feedback from care receivers and their representatives was consistently complementary regarding the care they received and the staff, skill and approach. Care receivers described feeling safe and respected. It was noted the multidisciplinary structure of the specialist team was able to support care receivers changing needs and avoid or shorten hospital admission.

Feedback from professionals external to the service was that the staff had a high level of clinical knowledge and skill, were responsive and advocated for care receivers.

The care records reviewed demonstrated comprehensive initial assessments and appropriate care planning. There were examples of innovative practices that were person-centred, safe and collaborative.

Staff recruitment, induction, education and development, systems of appraisal and supervision met the standards by which they were inspected.

There were no areas for improvement identified during this inspection.

INSPECTION PROCESS

This inspection was announced and was undertaken on August 16, 17, 21 and 22 2023. Notice of the inspection visit was given to the Registered Provider and the Registered Manger on August 14 to ensure key staff were 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**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection reports. During the inspection, documents including staff records, policies, care records, care receiver information leaflets and quality reports were examined.

The Regulation Officer sought the views of four care receivers, and two of their representatives. Contact was face to face and by phone. The Regulation Officer spoke with managerial and care staff. The views of three professionals external to the service were also obtained.

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. There are no areas for improvement.

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

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.

FNHC has a clear organisational and management structure and governance framework in place. The structure has clear lines of accountability to support safe service delivery, staff training and development and is appropriate to the size and complexity of the organisation.

The Statement of Purpose was reviewed and discussed with the Registered Manager. It was agreed to change the categories of care by which the service is registered. The service is now registered under the category of Other, which better represents the specialist service. The service levels one to four are described in the revised Statement of Purpose submitted to the Commission. Level one is acute nursing intervention, without which a hospital admission would be required. Level two is crisis management, when a physical condition may impact the care receiver's ability to maintain safety. Level three is reablement, predominantly delivered by therapists. Level four is a pilot mental health pre-crisis intervention for those over 65 years of age currently residing in care homes. Each level details the time from referral to response and the length of time RRRT input can be provided.

The Registered Manager discussed their role and the team with the Regulation Officer. They have a clear and detailed understanding of their role and the service. The Registered Manager spoke of their pride regarding staff skills and commitment, and positive teamwork. Examples of innovative and collaborative practices were given, which focused on person-centred care. The Manager's commitment to high quality, safe specialist service delivery was clear.

The team has a multi-disciplinary staff structure. Some staff are employed by Health and Community Service (HCS), which restricts FNHC oversight of staff recruitment or appraisals. It was acknowledged this is an area of risk. However, the Regulation Officer was satisfied that there are organisational strategies and management skills to mitigate this. Feedback was received from five members of the team. All spoke positively about team working. Staff consistently reported feeling supported, respected and valued by their colleagues and manager. Staff stated, “My manager is the best manager I have ever had,” and “I love my job, and it is satisfying to see patients regain independence.”

As a commissioned service, the team has key performance indicators (KPI's); these are targets and measures against which the effectiveness of the service is measured. FNHC reviews these and compiles quarterly reports for the commissioning body. KPI's include source and reason for referral, time from referral to response, length of time RRRT was involved, and the type of care and support delivered. Care receivers' level of satisfaction, complaints and incidents are also reported and analysed. The reports enable monitoring and auditing of service delivery. One KPI is the number of avoided hospital admissions. The quarter two report compiled by FNHC, states care receivers and their representative spoke of the significant impact this had on their lives, “They keep me out of the hospital. I don't know what I would do without them.”

Samples of monthly provider reports were examined. The reports document actions from the previous report and if issues had been escalated to the Chief Executive Officer. The information feeds into monthly meetings with other FNHC Registered Managers and governance staff. The monthly provider reports and the supporting process represented a robust reporting and reviewing monitoring service delivery system.

The organisation has a comprehensive range of policies and procedures as required in Appendix 2 of the Home Care Standards. The employee's handbook lists these and either contains the complete document or signposts to its location. A handbook is given to all employees. There is a whistleblowing policy. The sample reviewed was detailed and the text was accessible.

The Regulation Officer reviewed the FNHC education and development prospectus. The prospectus details training requirements for non-clinical, clinical, non-registered and clinical registered staff. The document lists training topics with a brief overview of the content, when where and how training is delivered. The organisations training requirements and opportunities exceed those listed in Appendix 6 of the Standards. This is an area of good practice. Discussion with the Head of Education and Development clarified that neurodiversity is recognised and supported. The June 2023 training dashboard evidenced that overall, 96% of staff in the organisation had undertaken and achieved the required training.

There was evidence that appraisals and supervision were undertaken consistently. Staff explained supervision was available for work-related issues, support staff wellbeing and to explore safeguarding concerns. The sessions were described as supportive.

The service met the management of service Standards by which it was inspected.

Care and support

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| <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> |
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Feedback from care receivers was consistently positive. Care receivers explained that they were fully included in developing a plan for their care. In relation to support with reablement, it was stated, “The team asked me what my goals were and what I wanted to achieve.” Feedback highlighted the team supported care receivers with developing independence in practical day-to-day functions that the care receivers had stated were important to them.

One care receiver explained how the team adjusted to support them as their needs changed from reablement to acute nursing and back and that they had been appropriately supported by staff with differing disciplines. This illustrates a responsive MDT.

Staff attitudes and approaches were also complemented. A care receiver's representative said, "They trust and respect my judgment when I call with concerns." A care receiver voiced, "The team was marvellous, I trusted them, and they helped me recover." "They were professional, doing things step by step, assessing and supervising me. They were making sure I was safe before further development and adjusted my aims."

There was a monthly average of 96 referrals during the first half of 2023. Referrals are by telephone call to the RRRT coordinator. The Regulation Officer observed a referral call being triaged. The nurse coordinator took detailed relevant information, discussed this with the referring professional and agreed on a clear plan and dates for actions to be undertaken. Throughout the discussion, the nurse coordinator kept the focus the care receivers wishes and preferences. The referral process enables a rapid response to the care receivers' needs.

The team holds a multidisciplinary (MDT) meeting every weekday morning. The meeting the Regulation Officer observed was attended by the following:

- A senior nurse who was the team coordinator for the day
- an advanced clinical practitioner
- an occupational therapist
- a mental health nurse
- a senior health care assistant
- two health care assistants
- a social worker
- a reablement support worker

Staff had access to up-to-date notes from the electronic care records systems of the Electronic Medical Information System (EMIS) and TRAKCare during the meeting and reviewed the notes in preparation for the meeting. The meeting was efficiently led, and the team respected each other's input.

Care receivers presenting issues and plans of the care were discussed. The team spoke with specialist clinical knowledge and with a person-centred compassionate approach. The meeting environment was private, and the meeting was uninterrupted. The space and resources were suitable for the purpose of the meeting. The meeting demonstrated high professionalism and effective communication to enable care to be planned safely.

There is a proactive approach to gaining care receiver feedback. This was demonstrated through care receivers being asked on discharge to complete an adult patient/client experience feedback survey. The Regulation Officer saw examples of positive feedback about the care and support received. Care receivers felt they were involved in decisions about their care, received the right information, had confidence and trust in staff and were cared for with dignity, respect and kindness.

The Regulation Officer reviewed a sample of care records. The type of support the team delivers is categorized into levels one to four, with all care receivers having a nursing assessment. There was consistent evidence of comprehensive initial assessments and care planning. A decision-making record has been recently introduced. It documents the steps taken to assess capacity and support care receivers to make informed decisions.

The staff's clinical knowledge, high levels of professionalism and collaborative working practices were praised by professionals external to the service. It was stated that handovers were skilfully given, and staff were responsive and advocated for care receivers. One professional noted that the overnight service enabled a significantly higher quality of service than is available without the team. It was stated that having as much notice as possible would be helpful if the overnight service could not be staffed. The professional wished to work with the RRRT to find solutions to lessen the impact. The Registered Manager was receptive to this when informed and will follow up.

The service met the Standards for care and support by which it was inspected.

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 process of new staff from initial recruitment to completing probation. The description concisely explained the process and how the HR team works alongside the Registered Managers from the four regulated areas. The process was evidenced by the staff files, which the Regulation Officers reviewed. 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.

The Regulation Office reviewed the file of a newly recruited staff member and spoke with the staff member. Work, performance and competencies were assessed during their induction period. The induction programme covered areas generic to the organisation and specific to the role. The staff member described how the induction process and teams' welcome had been supportive and they felt valued. There is also a welcome morning delivered every six to eight weeks for new staff that focuses on organisational values.

The team has five trainee advanced clinical practitioners at different stages of a development programme. The specialist 24-hour service aims to enable the RRRT to support care receivers with more complex needs, particularly those who are acutely unwell. Increasing staff skills seeks further to reduce hospital admissions or the length of admission than is already achieved by the team. The trainee advanced clinical practitioners (TACP) are non-medical prescribers, and their role enables the service to be accessible to more care receivers. It was acknowledged that workplace supervision specific to the TACP role is essential and that sourcing has been challenging.

Notifications to the Commission since the last inspection were discussed with the Registered Manager. Some notifications related to care receivers who were found to have pressure ulcers on initial assessment by a RRRT staff member. It was

explained that there had been no handover regarding the pressure ulcers and no care plan in these cases. In addition, internal incident reporting processes had been followed. The information then feeds through to the appropriate team lead and or the Quality and Safety Group. This process enables learning from aims to prevent and or reduce future incidents.

A service innovation of 'Anti-microbial Stewardship' was explained to the Regulation Officer. For the RRRT the stewardship focuses on acute nursing intervention, without which a care receiver would require hospital admission. The acute event may be due to an infection and involves assessment, diagnosis, administration and monitoring of intravenous antibiotic therapy. Weekly meetings are held with a senior RRRT clinician and the microbiology team, including a Consultant and Pharmacist. Active cases are discussed, clinical updates are presented, and actions are agreed upon. The RRRT can also contact the microbiology team between meetings if required. The MDT work gives medical oversight to this area of acute community care. This area of good practice promotes choice and safety and represents professional collaborative working.

All care receivers are given information leaflets about the service. The admission leaflet clearly sets out what the service offers, what professionals are in the team and who may visit. The discharge leaflet details what a care receiver may need to know when discharged from the service, including if another professional would be required to visit. There is space on both leaflets for handwritten information to enable it to be individual to the care receiver. Language is uncomplicated.

The service met the Standards for choice and safety under which it was inspected.

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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