



**Jersey Care
Commission**

INSPECTION REPORT

Family Nursing and Home Care

District Nursing Home Care Service

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

16 August and 27 October 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 district nursing service operated by Family Nursing and Home Care (FNHC). FNHC offer community services to people in their homes across the island. According to the Statement of Purpose (SoP), the District Nursing service is part of the integrated health and social care system that is coordinated, proactive, holistic and preventative and aims to empower people to manage and plan their care.

The service's offices are located in Le Bas Centre, St Helier. While care to individuals in their homes is provided where relevant, the service also offers clinic services where people will be seen, subject to clinical condition. The service includes specialist roles, including transfer of care, continence and tissue viability nurses. It links closely with other health professionals and collaborates with care providers and services. The service has a Registered Manager in place who has held the position since the service was initially registered with the Commission in 2019.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: nursing care Category of care: nursing care to adults aged 18 years and over with a range of conditions Maximum number of care hours; 2,250 per week Age range of care receivers: 18 years and above
Dates of Inspection	16 August and 27 October 2023
Times of Inspection	11.30am – 1.30pm 10am – 12 midday
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	191 planned home visits on 27 October 2023

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 findings from this inspection show that this service is an essential component of the broader health care system in providing individualised person-centred care, which maximises care receiver safety and supports them in managing their health conditions as far as possible. The Registered Manager and district nursing team had a clear vision of the support it provides and a genuine commitment to working within a culture that ensures the best possible outcomes for people receiving care.

The staff team feels very well supported by the Registered Manager and the daily nursing management team. There are strong communication channels throughout the service, which positively impacts people's health, well-being and safety. Risks to care receiver's health are recorded and minimised to maintain their health as far as possible. Care records are detailed and evidence that care receivers are fully involved in the planning and management of their care.

The team understood their roles and responsibilities well and the best ways to provide care. Nurses can advance their professional knowledge and skills as the organisation supports ongoing development and career progression.

Care receivers were enthusiastic about the care they received and said the district nursing team were familiar with them, and they provided a good quality care service to them. Care receivers commented on the professionalism of the district nursing team and expressed complete confidence in their professional abilities.

Robust governance processes with systems in place are designed to monitor and oversee all aspects of the service. The service continually reflects on practices and aspires to develop for the benefit of the people who require it.

There are no areas for improvement arising from this inspection visit.

INSPECTION PROCESS

This inspection consisted of two announced visits to the service's offices to ensure the availability of key staff to support with the inspection process. The first visit was to review recruitment practices and work policies and procedures with the Human Resources team. The second visit consisted of a meeting with the Registered Manager and two regulation officers to discuss the day-to-day operational management of the District Nursing service.

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**

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

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report.

Three care receivers and four staff members spoke to the Regulation Officer to offer their views of the service. Attempts were made to contact other care receivers and staff, but no response was received. A meeting with the Human Resources team was held on 16 August 2023, to review a sample of the service's recruitment practices and to review policies.

Team handover discussion notes, risk rating tools, governance reports, tissue viability discussions, care records, and patient allocation schedules were examined on the second inspection visit. At the conclusion of the inspection, the Regulation Officer provided feedback to Registered Manager. The 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 held their position since 2019 and described the service as a lifeline for care receivers to help them maintain their independence and manage long-term conditions. The approach to care was defined as person-centred, preventive and coordinated, with the ultimate goal of helping care receivers to stay healthy at home. The Registered Manager described that there are continually increasing demands placed upon the service regarding the number of referrals and the complexity of health conditions people are living with.

The district nursing team comprises of registered nurses in various roles, including clinical coordinator, team leader, specialist nurses and senior health care assistants. The Registered Manager oversees the day-to-day management of the service. The Registered Manager and staff team explained that robust communication systems are in place to ensure information is shared across the teams.

A daily meeting occurs where the team meets to discuss the caseload and care planning arrangements to help guide treatment decisions and identify improvements or deteriorations in care receivers' conditions. Staff said this allowed them to practice effectively, prioritise people and suggested it promoted healthy communications with colleagues about complex issues that arise daily. Notes from the discussions show that various topics such as safeguarding, healthcare complexities, incidents and instability in health conditions are identified, discussed and planned for.

Since the last inspection, new positions have been created within the organisation, including a practice development nurse, an additional tissue viability nurse and a transfer of care liaison nurse. One of these staff members described their induction into the service as being structured and concise, and they were encouraged to develop the role and participate in afternoon handover discussions.

The Registered Manager described how the service liaises with multidisciplinary teams outside the organisation. An example of this includes monthly meetings with the diabetes centre, as the service supports an ever-increasing number of care receivers to manage their diabetes, focusing on self-care.

The district nursing service has robust governance arrangements in place, and the Registered Manager described how the management board are assured of the quality of clinical care and management of the service. Samples of reports were examined, including information relating to the overall management and operation of the service, such as staff performance, complaints, compliments and staff training completion.

Reflective discussions about pressure ulcers are held regularly with the tissue viability specialist nurse's input, where the team monitors, reviews and reflects on practices, interventions and factors contributing to the pressure ulcer development and deterioration. Records of the discussions showed that the wider multidisciplinary team are consulted where necessary, and this approach indicates that this is another tool for quality improvement.

The amount of care hours provided is monitored, and its consistent use allows the service to analyse the demands placed upon the district nursing team. A recent report showed that there had been an increase in the number of care hours delivered by the service. Care receiver's satisfaction with the service is also measured. Feedback from care receivers during the inspection confirmed they were delighted with the service.

Overall, robust systems are embedded into practice to assess, monitor and improve the quality of service provided. This shows a coherent and integrated organisational and governance framework that meets Standard 9 of the Home Care Standards.

Supervisions and appraisals are fully embedded into practice. The service also has processes for staff who may have occupational stressors and require additional support. Staff told the Regulation Officer they felt highly supported by their direct management team and could openly approach the Registered Manager at any time if needed. Nurses described that they can meet their professional registration requirements without any difficulty.

Staff described the management of the service in the following ways;

"I've never worked with such a wonderful bunch and there is always someone to speak to, and we can always address our concerns."

"It's wonderful and we're supported by all senior people, including the team leaders. It's a wonderful environment and even when it's busy it's still lovely."

“The daily huddle meetings are very valuable and we put forward our concerns and we have access to team leaders daily, which is very good. I feel this is a very friendly and accommodating environment.”

The views of the staff team and care receivers evidenced that this is a well led managed service, and the findings from this inspection show that it is operating in line with the SoP. Staff told the Regulation Officer that the Registered Manager was always visible and was approachable.

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>

On the day of the inspection, there were 191 planned visits to care receivers' homes by the district nursing team. How the visits were scheduled, planned and prioritised was described by the Registered Manager.

Holistic assessments are completed for care receivers when referred to the service. The assessment identifies care receivers' health needs relating to daily activities and includes social, psychological, and environmental factors. The assessment forms the basis for care receivers' care plans, and they are provided with adequate information to make informed decisions about their treatment goals. The level of detail in the assessment shows that it was comprehensive and evidenced the nurse's clinical skills.

Samples of care records were examined, which showed that risks are identified and assessed, care receivers' views are obtained, their capacity to consent to treatment is recorded, family views are taken into account and nursing interventions are agreed upon. The records showed that staff supported and involved care receivers and families to understand their condition and make decisions about their care and treatment. Care receivers' goals are identified, and the Registered Manager explained this vital aspect of care planning is prioritised.

Daily records showed the outcomes of district nursing visits are recorded. The records viewed met Standard 5 of the Home Care Standards.

The complexity of care receivers' health conditions is assessed daily using an assessment tool which looks at their healthcare and nursing needs, which helps the service plan and manage its caseload. The tool is used alongside the service's policies and was reviewed during the inspection, showing that a continual cycle of assessment helps to manage situations flexibly and responsively.

The organisation has protocols for staff to identify and escalate safeguarding concerns for care receivers. The Registered Manager provided an example whereby staff had referred one care receiver to adult safeguarding based upon the risks they were presenting to themselves. The service has an in-house safeguarding lead to advise staff about safeguarding concerns they identify. This demonstrates the organisation's commitment to preserving and promoting the welfare of care receivers is in line with the Regulations and Standards.

The Registered Manager explained that the service continually reflects on its working methods and proactively looks at improving and developing operational practices to identify whether changes are needed to enhance the quality of care. Examples were provided, including ongoing monitoring and auditing of current clinical practices, intending to improve outcomes for care receivers. One registered nurse spoke of providing evidence-based practice and delivering care following the Standards.

Information provided from care receiver's feedback indicated immense satisfaction with the service, and they were not concerned about the care and support they received. They described having confidence in the nurses' abilities and said they knew the team of nurses that provided care to them. Some comments included;

"I'm very happy with them, they are very careful with my dressing, and I see three nurses all the time."

"Everything is very good, if I have to call them they always sort me out. There was a point when I was critical and they were so helpful."

“I am very happy, they are kind and nice”

The evidence from care receiver feedback, review of care records, discussion with staff and information from the Registered Manager show that the service is operating in line with the SoP. The type of care provided is related to a wide range of individual circumstances and needs, and the team consider broader social issues and circumstances and not just a particular health condition. The district nursing team assesses the severity of care receivers’ conditions and predicts their ongoing and likely nursing care needs. A vital part of the team’s role is to empower care receivers and educate them about supporting and managing their health.

Choice and safety

<p>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.</p>

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. This was evident from the interview process undertaken for two appointed registered nurses, whereby the Registered Manager was influential in their appointment. There were systems in place to check nurses’ registration and revalidation status and this was evident from the personnel files examined.

Samples of induction records showed that nurse’s knowledge of essential clinical skills is considered, and their competencies in carrying out other clinical tasks are assessed. One staff file showed a training and development plan had been put in

place to help them grow and advance in their role. The records showed the new staff members had been supported throughout their induction by their mentor and team leader. It was evident that the service supports skill development and that all members of the clinical team are appropriately trained to be effective in their roles.

Since the last inspection, new positions have been created within the service, including a practice development nurse, an additional tissue viability nurse and a transfer of care liaison nurse. The organisation hopes to link in with a university to provide district nurse training locally.

Part of the care receiver assessment considers staff safety when planning visits to care receivers. The organisation has a lone worker policy in place, which recognises there are many situations where staff work alone; therefore, it has a range of strategies and measures to protect staff. The Registered Manager spoke of how staff safety is provided when district nurses must conduct evening and night visits. Staff said they all felt supported and had access to on-call staff when working out of hours.

Staff told the Regulation Officer that they felt communication amongst the team was a key strength of this service, and they described how they escalated concerns about care receivers to their colleagues. They spoke of the service as responsive to care receivers' clinical conditions, and they are openly discussed, planned for and managed during team discussions. The Registered Manager spoke about their value and highlighted that they are also a means of helping to plan work and prioritise visits.

The team discussions allow early identification of those care receivers with the most complex, unpredictable health conditions to be prioritised. The staffing rosters were examined, which showed care receiver details and identified which district nurse was visiting them. The nurses have access to their records and can access essential information in advance of their visit. Care receivers who require the administration of critical medication will also be prioritised.

Care receivers' records make clear that they have consented to their treatment plan and district nurse interventions. Where care receivers refuse nursing intervention or make what may be considered to be unwise decisions, this is respected, and their capacity to make this decision is recorded. Examples were provided where care receivers have declined district nursing intervention, and their rights and freedoms to do so are fully acknowledged and recorded. One example showed the staff team had provided information directly to the care receiver about the extent of their skin damage to enable them to make an informed decision about whether they wanted to accept care. This shows that the standard for care receivers being supported to make their own decisions and acknowledging their wishes and preferences is respected.

The service submits notifications to the Commission as the Regulations and Standards require. There was evidence of communication and collaboration working with other care services in response to preventing and managing pressure ulcers. The service routinely reviews practices where a pressure ulcer has developed or deteriorated whilst in the care of the service, as a means of reflection and learning to explore and address where improvements are potentially needed.

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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