



**Jersey Care
Commission**

INSPECTION REPORT

Family Nursing and Home Care

Home Care Service

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

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1. 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 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

2. ABOUT THE SERVICE

This is a report of the inspection of Family Nursing and Home Care (FNHC) Home Care Service and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Home Care Service
Mandatory Conditions of Registration	
Type of care	Personal care and personal support
Categories of care	Adult 60+ Other: FN&HC do not deliver specialist support services, but care receivers will have a range of conditions
Maximum number of care hours to be provided	600 hours per week
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
There are none	

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced in advance, and the Registered Manager was notified two weeks before the visit. This was arranged to ensure the Registered Manager's availability, which coincided with planned annual leave for both parties.

Inspection information	Detail
Dates and times of this inspection	4 July 2024 1.30pm – 5.30 pm 8 July 2024 2.30pm – 4.00 pm
Number of areas for development from this inspection	None
Number of care hours this week	566
Date of previous inspection:	16 and 17 August 2023
Areas for development noted in 2023:	None
Link to previous inspection report	

3.2 Focus for this inspection

This inspection focused on the following lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for development identified at the last inspection

At the last inspection, no areas for improvement were identified.

4.2 Observations and overall findings from this inspection

The findings from this inspection found the service to be consistent in providing a quality and safe service that meets the individual needs of care receivers. Feedback from care receivers and their families was complimentary of the care and support provided by staff, and they expressed confidence in the staff's abilities. They appreciated knowing in advance which staff member would be attending, and they were happy with the continuity of the care team.

New staff are recruited safely and undergo a comprehensive induction programme, and their progress against the job expectations is monitored and recorded during their probationary period. Training and development are strong aspects of the service, with staff highlighting the development opportunities afforded to them. They clearly understood their roles and responsibilities and spoke of effective communication within the team and across the broader organisation. Supervision and appraisals are carried out in line with the standards, and staff also reported that regular team meetings are held, and handover discussions are planned to share information.

The Registered Manager oversees daily care delivery through various communications and observations and actively participates in assessments, reviews, and interactions with care receivers or their families as needed. They described the systems that provide them with assurance that care is delivered to care receivers in line with the standards and individual care plans. Robust quality monitoring systems are in place, and all information necessary for the inspection was readily accessible and provided with ease.

This inspection confirmed compliance with the mandatory conditions on registration, and no areas for development were identified.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care Standards were referenced throughout the inspection.¹

Before our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report from 16 and 17 August 2023, communications from the Registered Manager and notification of incidents. Two regulation officers inspected the service throughout two visits to the service's office to meet with the Registered Manager and other staff.

The regulation officers gathered feedback from three care receivers and spoke with four of their representatives. During the inspection, discussions were held with three care staff, and three additional staff members provided feedback by telephone following the visit.

Care records, governance reports, staff recruitment and probationary records, risk assessments, training records, staffing rosters and policies were examined as part of the inspection process.

After the inspection, the regulation officers gave feedback to the Registered Manager and provided an email outlining the preliminary inspection findings a few days after the visit.

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

5.2 Sources of evidence

The sources of evidence reviewed as part of this inspection are listed in Appendix 1.

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

6. INSPECTION FINDINGS

Is the service safe?

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

Care receivers reported feeling safe and expressed no concerns about their safety. They mentioned having good relationships with the staff who care for them. They said they would feel confident and comfortable speaking to them if they had concerns about their safety or the care they were receiving.

The service's safeguarding policy and procedures were reviewed, which outlined the process for staff to report concerns. The policy sets clear guidelines and procedures for identifying, reporting, and responding to concerns. Discussions with staff confirmed that they receive the necessary training to recognise and act on potential safeguarding issues, and they said this training was mandatory and completed regularly. This was reflected in the service's training log, which showed staff had completed safeguarding training. One staff member described that they had raised a safeguarding alert, and received feedback from the Registered Manager regarding its outcome. The regulation officers concluded that staff clearly understood their responsibilities to protect care receivers from harm.

The service notified the Commission of one safeguarding concern following the last inspection. The outcome demonstrated that the service adhered to its policy, responded to the concerns seriously, reported them outside the organisation, and managed the situation appropriately in line with the care receiver's wishes. During the inspection, the Registered Manager explained that the investigation resulted in the service developing better protocols to strengthen their practices. This exemplified the service's commitment to reflection and continuous improvement to drive up standards.

The service's Statement of Purpose describes one of its strategic priorities as keeping people safe from abuse and avoidable harm, which was evident in the review of the approach to safeguarding. The Commission had been appropriately notified of any incidents in keeping with the Regulations and Standards, and these incidents had been managed appropriately. The Registered Manager oversees all notifications, and the monthly governance reports include details of all incidents and safeguarding matters.

The service has a safe recruitment policy in place, and an examination of five staff personnel files for those recruited since the last inspection showed they had been recruited safely as per policy. The Registered Manager is involved in all recruitment decisions, and the records show that no staff member would commence employment before all pre-employment checks have been carried out. The service has consistently demonstrated strong recruitment practices.

The staff files contained evidence that they were provided with a comprehensive induction, underwent probationary review discussions, and had their competency to perform their roles assessed. Two recently recruited staff members spoke of their induction programme and said it had been delivered at their own pace and included opportunities to meet care receivers while shadowing more experienced staff.

Staff receive various forms of supervision and appraisals. Additionally, the Registered Manager described that regular team meetings are held, which focus on care receiver discussions to facilitate the sharing of practices within the team. All staff members expressed positive feedback about the support provided by the management team, both during and outside of working hours. During the inspection, one care worker contacted the out-of-hours manager for support and advice.

The organisation has a lone worker policy that states the responsibilities of both staff and the on-call manager. The lone worker risk assessment was reviewed, which identified risks and safety concerns and established measures to ensure staff safety. The service has a system in place to track planned visits by care workers, confirm their completion, and help identify any missed visits.

Staff demonstrated the system to the regulation officers, and care receivers reported they received their visits consistently and on time. They also said they would be contacted if their care worker was delayed due to unforeseen situations.

All staff who administer medications have completed relevant training as the Standards require and have completed a Level 3 award in medication. As the Registered Manager explained, the service has strengthened its medication processes since the last inspection. While these processes were not previously considered inadequate, the improvements have added an additional layer of safety and efficiency to daily practices.

Based on the evidence reviewed during the inspection, the regulation officers were satisfied that the service is operating safely, in accordance with its registration conditions, meeting Standards and adhering to the Statement of Purpose.

Is the service effective and responsive?

Assessing the organisation of the service so that care receiver's needs are respected and met.
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Once care receivers are referred to the service, the Registered Manager or another suitably qualified staff member performs an assessment of needs. Samples of assessments were seen in care receivers' files, which meets Standard 2.2, demonstrating that only care receivers whose assessed needs can be met are supported. The assessment considers the care receiver's medical history, health needs, and environmental factors and identifies risks to their safety and well-being. Information from other health professionals is considered in the initial assessment and decision-making process for providing support.

Samples of care plans were reviewed, showing that care receivers or their representatives had input into devising their own care plan. The plans were

Feedback from a care receiver:

“we’re all involved in care planning” and “my care plan is at home, and I was involved in writing the package of care.”

developed based on assessed needs and tailored to their specific requirements and preferences. They contained details of the required support level and were kept under regular review with care receiver or relative involvement.

The plans were written in a way that provided a detailed overview of care receiver’s strengths and personal identity. Strategies for managing risks to their safety and well-being were outlined in comprehensive risk

assessments. One example, highlighted potential risks associated with one care package had been fully explored, considered, and shared with staff on a -to-know basis.

Feedback from care receivers and their families showed that the service is adaptable and flexible in response to changing needs or unexpected situations. The regulation officers were told that the service is attentive, recognises family members' needs, and can adapt to providing additional resources when needed. The Registered Manager provided information which highlighted the service is the sole support for one care receiver, and the team plays a crucial role in providing emotional and physical support to them. The visits by the care staff ensure that the individual remains safe and dignified and recognises their right to live their life as they choose.

Samples of care records show the service liaises and collaborates with health and social care professionals as needed. One record demonstrated that the service had shared relevant information with a care receiver's GP to inform them about their healthcare needs.

Care receivers told the regulation officers they knew in advance which care worker would visit them, and they were provided with a weekly staffing roster. They said they had consistent care workers that they were always introduced to, and their visits were always punctual and met the scheduled frequency.

They described effective communication with the staff team and felt they were responsive to any requests they made. Care receivers also said they knew how to raise concerns if needed.

Since the last inspection, the service has received one complaint from a care receiver, which was handled and responded to appropriately in accordance with its complaints policy.

The organisation has governance arrangements to review how the service operates and complies with the Regulations and Standards. A review of the monthly reports established regular reviews of incidents, staffing arrangements, safeguarding matters, staff recruitment and training, and feedback from care receivers form part of the monthly governance review. Outcomes from these reviews are used to develop actions to drive quality improvement.

One staff member told the regulation officers about the support the organisation provided to them in response to a traumatic incident that occurred during their work. They described the service as attentive to staff well-being and felt that their management team genuinely considered their broader well-being and ability to carry out their role effectively.

Based on the evidence reviewed during the inspection, the service consistently meets the needs of care receivers through timely, personalised care. Additionally, the service has sufficient governance arrangements in place to drive continuous improvement.

Is the service caring?

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

The views of care receivers and their representatives highlighted that the service is caring and compassionate. Staff treat them with dignity and respect and actively involve them in decisions about their care and support.

Feedback from care receivers and their representatives;

“Each member of staff is fun and absolutely fantastic.”

“Nothing could be done better.”

This was also evident in the reviewed samples of care plans, where individual goals, wishes and aspirations were recorded. In some instances, care receivers were provided with written information on

managing their health, and the care plans took account of the impact of poor health on family members, demonstrating a holistic and caring approach that extends beyond the care receiver.

Some comments from care receivers and their representatives also included;

“I’m very happy with the care, I get a rota on the Friday afternoon and they’re always on time. Initially I needed X [amount of days], and now I want X [amount of days] so they reduced it.”

“We’re absolutely thrilled with the care we receive, Xxx looks forward to their visits, and they [the staff] laugh and joke with Xxx. The care plans are very good, no one ever neglects pressure areas. The management are very professional and they’re a great bunch.” [from a representative]

“Happy with the care received, everyone treats them nicely. All staff have been great.” [from a representative]

“Honestly they’ve been great, and I discussed with the team about my care package. I’m getting on really well with staff and they’ve been instrumental in helping me recover.”

“Excellent care and all staff are kind and not forceful and probing. Our son is involved in the care planning/ package, and we’ve been provided with lots of information, and if we ever want to terminate the package we can. It’s been a massive adjustment, but not been a horrible experience.” [from a representative]

“They couldn’t be more helpful, they’re really good. I can’t think of anything that could be done better and the staff have positive attitudes, and they’re very responsive. They’re easy to deal with and polite.”

Care receivers are provided with written agreements as required by the Standards, and an example was reviewed during the visit. It was noted that the font had been enlarged to enhance readability and aid understanding, and details relating to charges, payments, and terminating the arrangement were included.

Based on the evidence presented during this inspection, the service prioritises the well-being and dignity of care receivers while also considering the support and involvement of family members.

Is the service well led?

Evaluating the effectiveness of the service leadership and management.

Staff and care receivers spoke positively about the leadership and managerial approach. The Registered Manager oversees the service and has processes in place to allow safe management during their absences. The managerial structure is clearly defined and well understood by staff, who described their responsibilities and understood their roles. Feedback provided to the regulation officers indicated positive working relationships within the team and across the wider organisation, with the Registered Manager providing effective leadership. Care staff described the ethos of the service as open, reflective and supportive.

Feedback from staff:

"I feel well supported, and we work as a team."

"I've never worked anywhere so well staffed."

The service maintains a comprehensive range of policies and procedures, which are updated regularly. They are kept on an electronic system and are accessible to staff. The monthly governance report includes a review of policies, and one example showed that amendments were being made, along with staff

procedures following the review of a specific event.

The Statement of Purpose is kept under review and revised when necessary. The Registered Manager adheres to the mandatory conditions on registration and examination of staff rotas. Feedback from care receivers and staff indicated that sufficient staff are available to provide care. Since the last inspection, five new staff members have been employed, and no staff have left the service this year.

Staff expressed confidence that the service would listen and address any concerns or suggestions they had. Some staff provided examples of issues they had discussed with the management team.

The Registered Manager maintains a system to ensure that staff complete their mandatory training; examination of records indicated high compliance with training requirements. In addition, staff are offered further development opportunities, including professional development such as degree programmes, managerial and leadership qualifications, education and training qualifications, and moving and handling train the trainer courses. Staff said that the opportunities for training and development are one of the organisation's strengths.

Staff explained the purpose of a visual board in the staff office, which described the organisation's guidelines for decision-making regarding pressure ulcers. They expressed pride in its development and felt it was a valuable aid for raising awareness and assessing the risks associated with pressure ulcer development.

The service continually reviews the needs of care receivers. It has created a risk register that identifies and prioritises essential and non-essential visits as part of its contingency and emergency planning approach.

The evidence from this inspection indicates this is a well-led service with a clear managerial structure and compliance with mandatory registration conditions. Staff are clear about their responsibilities, there is a strong commitment and investment in staff training, and there is minimal staff turnover.

DEVELOPMENT PLAN

There were no areas for development identified during this inspection and a development plan is not required.

Appendix 1 – Sources of Evidence

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<ul style="list-style-type: none"> • Lone working protocols and policies • Staff recruitment records • Staff probationary review records • Statement of Purpose • Induction records • Management of finances policy and records/ pain management policy • Notification of incidents • Risk assessments
Is the service effective and responsive	<ul style="list-style-type: none"> • Quality monitoring reports • Staff rosters • Care receiver feedback • Care receiver written agreement
Is the service caring	<ul style="list-style-type: none"> • Care plans • Visual pressure ulcer risk assessment tool
Is the service well-led	<ul style="list-style-type: none"> • Monthly provider quality monitoring reports • Staff training records • Staff rotas • Minutes of staff meetings • Staff supervision records • Minutes of team meetings • Essential/ Non-essential visit assessment tool

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for development 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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