

Statement of Purpose

Regulation 3. Conditions of registration: general of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018, requires providers to submit a Statement of Purpose for each service within an organisation. Please submit this form as part of your registration application or upon request by the Care Commission (if registration has transferred). You must inform the Care Commission of any changes to your Statement of Purpose within 28 days.

1. Provider information	
Name	Family Nursing and Homecare Homecare service
Address of Provider	Le Bas Centre St Saviours Rd St Helier Jersey JE2 7LH
Legal status of service	Family Nursing and Home Care (Jersey) Incorporated is an organisation incorporated in primary statute under the Family Nursing Services and Jersey Home Helps (Amalgamation) (Jersey) Law 1993
2. Service information	
Service type	Care Home (adults) <input type="checkbox"/>
	Care Home (children/young people) <input type="checkbox"/>
	Day Care <input type="checkbox"/>
	Home Care <input checked="" type="checkbox"/>
Name of Service	Home care service
Address of Service	Le Bas Centre St Saviours Rd St Helier Jersey JE2 7LH
Manager of the service	Isabel Freitas
Location of the service	Family Nursing & Home Care (FNHC) corporate/main base is Le Bas centre. Island wide delivered in clients home

3. Categories of Care Provided			
Old age	<input checked="" type="checkbox"/>	Substance misuse (drugs and/or alcohol)	<input type="checkbox"/>
Dementia care	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>	Domestic violence	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	Children (under 18)	<input type="checkbox"/>
Autism	<input type="checkbox"/>	Other (please specify) FNHC do not deliver 'specialist support services' but clients will have a range of conditions	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>		
Age ranges:	18yrs +		
Types of Care	Nursing care Personal care Personal support	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<i>Refer to definitions in Regulation of Care (Jersey) Law 2014</i>
4a. Accommodation Services			
Total number of beds	N/A		
Total number of bedrooms	N/A		
Number of nursing care beds	N/A		
Number of personal care/support beds	N/A		
4b. Home care services			
Size of home care service	Small (less than 112 care hours per week)		<input type="checkbox"/>
	Medium (112-600 care hours per week)		<input checked="" type="checkbox"/>
	Medium plus (600-2250 care hours per week)		<input type="checkbox"/>
	Large (2250 + hours per week)		<input type="checkbox"/>
Number of hours of care delivered	Detail the average number of care hours delivered per week: <input type="text" value="550"/> Detail the maximum number of care hours the service can provide: <input type="text" value="514 contracted hours"/> plus 0 hrs contracts plus additional hours Available hours includes mandatory and essential training , planned and unplanned leave and non-patient contact time		
4c. Day Care Services			
Maximum number of people using the service at one time	N/A		

5. Aims and objectives of the service

The aim of the homecare service is to support people who due to illness or disability are unable to sustain their desired level of daily living without assistance. The service provides assistance to enable people to remain in their own homes and achieve their potential in relation to physical, intellectual, emotional and social capacity.

Homecare services are provided in accordance with Jersey care commission standards

<https://carecommission.je/home-care-standards/>

The service is informed by an outcome based approach that provides services that meet client stated outcomes rather than 'completing tasks' which gives the client better choice and control over how care and support is delivered.

The Service supports individual clients to enable them and focus on individual goals expressed by the client and in collaboration with the MDT and those who support them.

The service is client centred and directed by their individual needs and preferences.

<https://www.gov.uk/government/collections/health-and-social-care-outcomes-frameworks>

The focus is

- Enhancing quality of life
- Delaying and reducing the need for care and support needs
- Ensuring people have a positive experience of care and support
- Safeguarding adults and children who's circumstances may make them at risk of abuse and protecting them from harm.

FNHC strategic priorities 2019-2023 based on the CQC inspection framework are

- Safe –people are protected from abuse and avoidable harm
- Effective –peoples care, treatment and support achieves good outcomes , promotes a good quality of life and is based on best available evidence .
- Caring – staff are involved and treat people with compassion, kindness, dignity and respect.
- Responsive – services are organised so that they meet people's needs.
- Well led – The leadership, management and governance assure the delivery of high quality person centred care , supports learning and innovation and promotes an open and fair culture

<https://www.fnhc.org.je/media/43133/strategy-2019-to-2023.pdf>

6. The range of care needs supported

Anybody over 18yrs of age who lives in their home in Jersey who wishes to receive care and support to maintain independence, dignity and daily living activities.

The criteria for accessing our service is that the client wishes to engage FNHC and for FNHC to ensure we have care staff who have the skills, expertise and availability at the clients preferred time to deliver the care the client requires. The service provides a range of care including personal care, meal preparation and monitoring, companionship, support to access social activities, medical appointments

Care for pets and household duties as part of a wider care package. Consideration is given to support with overnight care if needs change for existing clients.

The service is unable to provide nursing care unless this is an agreed delegated task from a registered nurse who is responsible for training and competency assessment of individual carers. The Registered nurse remains accountable for delegation and development of care plan.

The service does not provide specific interventions for mental health, drugs and alcohol and complex behavioural issues, special needs including learning disability unless in conjunction with a specialist who coordinates care and care needs are consistent with core service of homecare.

7. How the service is provided

Commencing care/admissions, assessment, planning and review

Arrangements for managing planned/urgent/respite care Arrangements for initial and ongoing assessment of care and support needs

How personal plans are developed and reviewed with the involvement of people and or their representative.

When an enquiry for provision of homecare services is received from either the person, their family member or a Social worker commissioning a package of care, FNHC will then check/assess resources within the Home Care service to determine if we are able to provide the care package requested.

The Home Care service will have availability to accept a referral if there are

- Appropriately trained and competent (or could be trained and assessed as competent) Care assistants (CA)/Senior Care assistant (SCA) available to provide client visits at the requested time and for the requested length of time.
- There are SCA's available to provide assessment and care planning.

Following an enquiry to deliver a package of care the office team will complete an enquiry form and discuss with the registered manager the services ability to meet the clients care needs and times of care requested. Following this discussion feedback is given to the person enquiring for the service.If the service has availability to commence the care package an initial assessment date and time is

agreed. The initial assessment will be undertaken by the Registered manager or their delegate as appropriate. New assessments, not undertaken by the registered manager are reviewed by the registered manager prior to care commencing.

Where risks or unmet needs are highlighted as part of our initial assessment these will be discussed with the referrer and risk assessments completed and package requirements reviewed as appropriate. Where risks are not able to be safely managed by our service then consideration will be given to declining the package of care.

If the package is being commissioned by HCS then a joint visit will be undertaken with the social worker or a member of the long term care nursing team.

Once a referral has been accepted and confirmed in writing, the referrer/commissioner must then forward a completed referral form with all relevant details documented.

If a client contacts our service directly for care we would offer an initial assessment or informal meeting to discuss the range of services we could offer.

When we are unable to meet the needs of the individual due to availability, the person is offered to stay on our waiting list. We would also support the person with offering them the approved providers list so that they may explore other providers. We can also direct the client to contact Social services via SPOR for an assessment of their needs and funding.

If FNHC Home Care has the resources to accept the referral and provide the care requested, this will be confirmed with the referrer by an appropriate method i.e. email, telephone, face to face , detailing the exact care which will be provided, i.e., the time of visits, number of carers needed, the time and duration of each visit and the cost of the care package.

For private clients the hourly rate is agreed with them and confirmation of person responsible for managing financial affairs for invoice and payment.

If it is appropriate to offer a care package and also specify a date for the care package to commence, dependent on FNHC resources at the time. Every effort should be made to provide the care package as soon as possible but only if there are adequate resources to ensure a safe admission into the service.

The Home Care service will not be pressurised into rushed discharges from hospital. The service does not accept referrals for existing clients, discharged from hospital into our care, if their care needs have changed and the care package requires an increase, without a reassessment. The service does not accept new referrals on a Friday with the expectation of the care to commencing immediately or over weekend. The only exception to this is clients who are red/ amber GSF whose preferred place of death is their home and in conjunction with the District nurse team. <http://www.goldstandardsframework.org.uk/>

Where the client is being discharged form hospital with new medication we can only accept the care when medication is available to administer.

A package of care which is adequately planned and prepared promotes safety for the client, reduces the risk of re-admission to hospital/placement, and a much improved chance of a successful and long-term care package.

Should a care package require Care assistants CAs trained in advanced skills, e.g., P.E.G. feeds, bowel care etc., again the package will be considered if there is availability within the service and a plan for training the CA'. Delegation of clinical tasks is informed by Personal care and clinical tasks policy (2017). The District Nurse team or Specialist Nurse will then consider the appropriateness of delegating the task and then support with education and training of each CA and sign as competent the CAs to perform the required care for the specific client; thus the time required for training CAs needs to be considered before accepting such a package. The Nurse will retain accountability for the delegation and care planning for the specific task. They will work closely with the SCA and registered manager to ensure the delegation remains appropriate.

Clients care needs/care plans are reviewed as required to reflect any changes in their care needs or emerging risks.

If a client requests or is deemed to require crisis respite care the homecare team will refer to the GP who can then refer to the rapid response team. The homecare team could also make an urgent referral through SPOR to a social worker.

If the respite care is not urgent a referral to social work will be progressed through SPOR.



personal-care-and-clinical-tasks-consultatic

Care and support

The aim of the homecare service is to support and enable people who due to illness or disability are unable to sustain their desired level of daily living without assistance. The service provides assistance to enable people to remain in their own homes and achieve their potential in relation to physical, intellectual, emotional and social capacity.

The service works with other professionals, clients, their family as appropriate, delivering an MDT approach to support and coordinate care.

Care plans are developed with clients and information is given about risks and responsibilities to support efficacy of care plan and clients to make informed decisions about their care needs.

Client are supported to continue active participation in social activities outside of the home by offering support to access and engage in activities in the community.

Adult and children are safeguarded by staff who follow working together to safeguard children (2019) and adult (2018) roles and competencies for healthcare staff, RCN intercollegiate documents, along with adhering to relevant safeguarding policy and procedures. FNHC are actively involved in Jersey safeguarding partnership board <https://safeguarding.je/> and both adult and children in addition to the policy and performance sub groups

Communication and involvement

How do you meet people's communication needs?

What provisions do you make to ensure information is accessible?

How are people involved in their care decisions?

FNHC Website provides information about the services we offer www.fnhc.org.je
Written information about the service is provided and discussed with clients and their families as appropriate and verbal information at assessment.

FNHC staff have access to the services of the Big word telephone interpreting service and written translation services ' Face to face translation services including Makaton and BSL can be accessed via HCS interpreting services.

Where appropriate if the client expresses the wish for carers to speak their own language we will endeavour to meet this request.

Relevant leaflets including pressure ulcer prevention are available in different languages and include pictorial information that can be discussed with a client who is unable to read.

The service works with other professionals, clients and their family as appropriate, delivering a Multidisciplinary team (MDT) approach to support and coordinate care.

Client's expectations of the service are discussed and incorporated into the care plan. Risks and responsibilities are highlighted to support efficacy of care and clients to make informed decisions about their care needs.

Consideration is given to the client's capacity to make decisions. Where capacity to make a decision is in question the team will ensure that all options to support the client to understand and make a decision are offered whilst taking the least restrictive approach.

The homecare team empower people to make decisions for themselves wherever possible, and protects people who lack capacity by ensuring they are at the heart of decision making about their lives.

The Capacity and Self-Determination (Jersey) Law 2016 which came into force on 1st October 2018 maximises people's participation in any decisions made on their behalf, with such decisions made in their best interests.

<https://www.jerseylaw.je/laws/enacted/Pages/L-30-2016.aspx>

<https://safeguarding.je/we-content/upload/2016/12/2016-09-29-Final-Reviewed-Capacity-Policy-SAPB.pdf>

Rights and responsibilities

FNHC has a duty of care to protect the safety and wellbeing of both clients and staff. This is supported by a robust clinical and corporate governance, risk and quality assurance system.

As part of this system FNHC has a range of policies including;

- Confidentially policy
- Data protection policy
- GDPR
- Health and safety policy
- Subject access policy
- Complaints policy
- Whistle blowing policy
- Clinical policies and procedures
- HR employment policies

The homecare team delivers care that is informed by;

- A person’s right to be safeguarded
- Human rights legislation
- Capacity and self-determination legislation
- Equality and diversity policy
- Health care support workers code of conduct
- 6 C’s
- Best practice guidance in the absence of relevant legislation
- A range of policies
- FNHC strategic delivery plan

Staff rights and responsibilities are protected by

- Employment terms and conditions
- Employment law
- Staff Handbook
- Allegations against staff policy
- Whistle blowing policy
- Health and safety policy
- Code of conduct for healthcare support workers
- Grievance policy
- Equality and diversity policy
- A range of HR policies
- Union recognition

8. Staffing arrangements

This needs to detail how the staffing arrangements will meet people’s care needs and specialist services detailed above.

Numbers and qualifications of staff

All staff regardless of seniority or role and as part of our safer recruitment process have their qualifications verified (including professional qualifications and DBS check as required).

Gaps in employment are also scrutinised when full employment history is not available and further information is sought as required.

References and health checks are also conducted prior to appointment to ensure fitness to practice.

	<p>Where higher level of experience or specialist knowledge is required, qualifications and knowledge will be identified within the person specification, and within the interview based competency questions as part of the recruitment process.</p> <p>Every member of staff also has an annual personal development plan and mid-year review. This is also a way of identifying professional training. Each staff member has their own training record (recorded by the education and training department) that records and monitors mandatory and professional training undertaken each year.</p> <p>Staff also receive quarterly 1:1 supervision with their line manager.</p> <p>Staff qualifications NVQ level 2 x 12 NVQ Level 3 x 3 QCF Level 2 x 5</p>
Staff levels	<p><i>Include staffing numbers that will be in place, day time, night time, weekends etc.</i></p> <p><i>Identify number of registered nurses where appropriate and arrangements for skill mix.</i></p> <p> SKM_C458190619131 32.pdf</p> <p>Staff work island wide. The service uses Care Planner system https://www.theaccessgroup.com/care-management an electronic system that allocates carers to clients in accordance with their care needs, the carer's competency and availability. Staff access Care planner on a mobile device and they are required to clock in at the start of their visit and at the end. Should the carer not clock in within 15 minutes of agreed time for care to commence an alert is sent to the management team. This will alert the management team to potential missed visits or staff lone worker issues which can be actioned immediately.</p> <p>There is a SCA or registered manager on call outside of office hours at weekends and bank holidays and until 23.00hrs to support care staff and clients.</p>
Specialist staff	<p>Homecare is able to access support for specialist nurses including Tissue viability CNS , mental health practitioners from RRRT and stoma and continence CNS</p>
Staff deployment	N/A

<p>Delegated tasks</p>	<p>.Accountability for delegation of nursing tasks remains with the registrant. Delegation of care to unregistered care staff is informed by the Personal care and clinical tasks policy (2017) Clients where clinical tasks have been delegated remain on the Nurse caseload and the appropriateness of the care plan and delegation is reviewed regularly, informed by clients care needs.</p> <p>Both registrants and non-registrants receive training in all aspects of clinical care appropriate to their role and responsibility.</p>
<p>Other staff</p>	<p>Registered manager Admin coordinator Governance team including-</p> <ul style="list-style-type: none"> • Clinical effectiveness lead • Quality and performance lead • Education and development lead • Practice development lead • Safeguarding lead • Corporate and finance team
<p>Staff training</p>	<p>All staff participate in a 2 week induction programme in FNHC own training centre . All FNHC staff and committee receive corporate and local induction appropriate to their area of work and as identified by the manger and individual staff member. Induction includes completion of mandatory training, shadowing staff, competency assessment, and introduction to key staff in the organisation including the CEO.</p> <p>The induction covers Care planner, our electronic rostering system and mobile devices.</p> <p>FNHC has an annual education and training prospectus detailing mandatory training for both registrants and non-registrants including safeguarding adults and children</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Prospectus revised May June 2019.pdf</p> </div> <div style="text-align: center;">  <p>HCA Induction October 2019.docx</p> </div> </div> <p>Attendance at training is managed through quarterly performance and quality data</p>

9. Services and facilities	
Provision of food / drinks / snacks	<p>Day care – detail whether food/drinks/snacks provided and range, food hygiene etc.</p> <p>Home care – detail if there is meal preparation, food hygiene, etc.</p> <p>Care homes – detail people’s access involvement/choices in meal prep/shopping meal services etc.</p> <p>Food hygiene training is mandatory for all care staff during their induction and regular updates are provided</p>
Activities	Care staff can support clients to attend hospital and medical appointments, day centres and other social outings as requested by the client .
Specialist equipment	<p>Staff use hoists, walking frames, wheelchairs and other devices as advised and assessed by competent persons including physiotherapist , occupational therapist and someone who had completed safe moving and handling assessment training.</p> <p>Clients own /rent equipment and are responsible for ongoing servicing and repair. Carers will report any concerns. Safe moving and handling training is mandatory and staff follow LOLER.</p> <p>Safety alerts relevant to equipment used are disseminated and actioned as appropriate.</p>
Communal areas <i>(Care homes/Day Care)</i>	N/A
Dining areas <i>(Care homes/Day Care)</i>	N/A
Access to outside space <i>(Care homes/Day Care)</i>	N/A
Specialist bathing facilities <i>(Care homes/Day Care)</i>	N/A
Number single occupancy bedrooms <i>(Care homes)</i>	N/A

Number of shared rooms	N/A
Number of rooms with en suite facilities	N/A
Security arrangements	N/A
Office/meeting rooms (Home Care, Care homes/Day Care)	<p>There is locked archive records storage at le Bas.</p> <p>Le Bas reception is staffed during office hours and electronic ID cards access to building is used to restrict access at all times. Signing in book for visitors, that protects the person's identity and respects confidentiality.</p> <p>If service users/professionals enter the building they are accompanied to the meeting room by the FNHC member of staff and then accompanied back out to reception to sign out on completion of the meeting.</p> <p>Staff meetings held in private space or individual offices and there are meeting rooms at Le Bas and Gervais le Gros according to requirements.</p> <p>Consideration is always given to confidentiality and risk.</p> <p>FNHC have dedicated training rooms and equipment at Gervaise le Gros</p>
10. Quality Assurance and Governance	
Complaints and concerns	<p>Clients and people who use our services are able to make verbal complaints in person and by telephone and also written complaints by email, letter and through FNHC enquiry email enquiries@fnhc.org.je which is found on FNHC website and leaflets. Clients and staff can also contact any manager, CEO and any member of the FNHC committee. Anyone wishing to make a complaint can be supported through the process.</p> <p>FNHC has a complaints policy which details management of complaints and timeframes.</p> <p>Compliments and complaints are reported on by each service along with other performance, quality indicators and outcomes measures which is reviewed and monitored by commissioners at their external quality boards, the committee at the committee meetings and governance subgroup. The senior management team attend a monthly Quality Assurance, Governance & Performance meeting which ensures that</p>

	FNHC continuously improves driving a culture of learning across the service and organisation
Organisational structure	<p><i>Managerial structure, lines of accountability, delegation, responsibility</i></p>  <p>Home Care Org Chart.pdf</p>
Service oversight	<p>.oversight is provided both internally and externally to FNHC. Internally, the service is monitored at the quarterly clinical governance and quality assurance group and the performance board led by the Governance and Quality Lead and CEO.</p> <p>The service and organisation is also quality assured, and risk managed by the committee to ensure appropriate clinical and corporate governance is in place. Reports are received by the committee at each meeting and through the finance and governance sub groups.</p> <p>The service maintains a risk register which is managed by the registered manager and monitored by senior management team. High scoring risk are managed and mitigated through the corporate risk log reported to the committee.</p> <p>A quarterly performance dashboard is developed for each service including incidents, broken down by type and severity pressure ulcers, complaints and mandatory training. These all form part of the governance and quality assurance.</p> <p>FNHC committee also has oversight of service quality and performance data.</p> <p>Both adult and children safeguarding action plans are monitored at FNHC's internal safeguarding meeting, and through membership of the external safeguarding partnership board and completion of annual Safeguarding Partnership Board Memorandum of Understanding audit.</p> <p>Homecare services are monitored at monthly Not for profit board meetings.</p> <p>FNHC as a charity also holds a public Annual General Meeting (AGM) where it publishes all of the financial accounts, which are also externally audited, the chairs and CEO's reports.</p> <p>FNHC's new 5 year strategy (2019-223) and annual service plans also provide the organisation with oversight and accountability.</p>

	https://www.fnhc.org.je/media/43133/strategy-2019-to-2023.pdf
Involvement	<p>FNHC Committee members are drawn from the public and from a range of professional backgrounds and life experiences which includes those who have used our service and may use our service in the future.</p> <p>FNHC also holds an AGM where financial accounts and CEO reports are presented and these are also accessible on our website.</p> <p>Learning from incidents, SCR's and complaints raised by those who use our services also inform service delivery and redesign.</p> <p>Service user's engagement and feedback at any events or at any contact with our organisation is encouraged.</p> <p>Staff also are invited to complete a staff engagement survey at least every 2 years, and the findings are developed into an action plan. The implementation of the plan is overseen by the staff wellbeing group.</p>