



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Family Nursing and Home Care**

**Child and Family Services**

**Children and Family Community Nursing  
Service**

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

**24, 25 and 29 April and 7 May 2024**

## 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 Child and Family Services (CFS). The service is operated by Family Nursing and Home Care (FNHC) and is one of four services the organisation is registered to provide. The service's statement of purpose states it aims *"to enable all children and families to achieve their optimum health and well-being"* and seeks to achieve this through delivering nationally and internationally established support programmes to children, young people, and their families. The service's main base is La Bas Centre in St Helier. However, staff also deliver services at The Bridge, Gervais Le Gros, Pip's Place, and the Bethlehem centre.

Regulated Activity	Children and Family Community Nursing Service
Mandatory Conditions of Registration	Type of care: nursing care Category of care: Children and young people (0 – 18) Maximum number of nursing hours to be provided per week: 2250 Age range of care receivers: pre-birth to 18 years
Discretionary Conditions of Registration	None

Dates of Inspection	24, 25 and 29 April and 7 May 2024
Times of Inspection	24 April 09:35-12:30 and 14:00-16:15 25 April 09:30-12:30 and 14:00-16:00 29 April 12:15-15:35 7 May 12:00 – 14:00
Type of Inspection	Announced
Number of areas for improvement	None
Number of nursing hours delivered on the week of the inspection.	1339 hours

Since the last inspection on 1 and 30 November and 21 December 2022, the service registration has been transferred from being registered as a Home Care Service to registration as a Child and Family Nursing Service. The change was a consequence of an amendment to the Regulation of Care (Jersey) Law 2014. Subsequently, the Commission produced Children and Family Community Nursing Standards, under which the service was inspected.

The service is operated by Family Nursing and Home Care and there is a Registered Manager in post.

## 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 organisation is committed to learning and development. Staff have access to and have undertaken a wide range of learning topics that exceed the organisation's mandatory training requirements and the Children and Family Community Nursing Standards. There have been challenges to gaining access to specialist community practitioner training, which has now been overcome.

There are ongoing staff vacancies within the team. The approach to managing this has involved changing the team skill mix, reviewing work priorities, and introducing and developing new roles. There was evidence that the changes have enabled consistent service access and reduced the pressure on the staff workloads.

There is a comprehensive range of policies and procedures that staff can access in daily practice. The sampled policies and procedures were easy to interpret and linked to other relevant organisational documents.

All feedback was positive, and staff were highly commended for their skill and the individualised and timely care they delivered. There were many examples of how the staff had been supportive and caring. There was an individualised approach that encouraged the child's or young person's voice to be heard and understood and families are supported.

The care records sampled were clear, factual, and child and young person centred. Issues were identified and holistically assessed, and plans were explored, agreed upon, and followed through. There was evidence that the Baby Step programme was being delivered effectively, responding to the needs of the group and its individuals. Staff had worked to increase awareness of the programme.

There was evidence of collaborative multi-professional and multi-agency working and their signposting to other supportive services.

The organisation has a clear structure. There were systems and processes in place to identify and escalate issues, assess risk, and find solutions. The service responded to audit findings and worked to reduce harm and improve practice. There is monthly reporting and reviewing of the service and external scrutiny.

All staff spoke of their commitment to good care, support for children, young people, and their families, and positive teamwork. The service is involved in child and family issues at local, national, and international levels.

There are no areas for improvement as a result of the inspection.

## INSPECTION PROCESS

This inspection was announced. The inspection process was as follows:

- Picker Survey - From 3 July to 25 August 2023, a survey was conducted to understand the experiences of children, young people, and their families, as well as FNHC CFS staff's experience of the service. The Commission engaged Picker, an international health and social care organisation to undertake this external, impartial research and report on the findings.
- Self-Evaluation - The service was required to compile a self-evaluation form (SEF) to demonstrate its self-knowledge of areas of strength and areas for improvement. The SEF was submitted to the Commission on 27 March 2024.
- Annual Conversation - The discussion built on information from the SEF and the previous inspection and developed lines of enquiry for the inspection. The Annual Conversation was undertaken on 22 April 2024 with the Chief Executive Officer (CEO) and the Director of Governance and Care (DGC) of FNHC and Deputy Chief Inspector and two regulation officers from the Commission.
- Inspection - The inspection was undertaken on 24, 25 and 29 April and 7 May 2024. Two regulation officers were present on 24 April and the afternoon of 25 April. One regulation officer was present at all other times.

The date of the annual conversation and the initial inspection days were announced on 6 March 2024. This was to ensure the CEO and Registered Manager would be available.

The Children and Family Community Nursing Standards were referenced throughout the inspection.[1]

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1 The Children and Family Community Nursing Standards and all other Care Standards can be accessed on the Commission's website at [Children's Standards | Jersey Care Commission](#)

This inspection focussed 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**

The inspection focused on the delivery of the Maternity Early Childhood Sustained Home Visiting (MECSH), the Baby Steps programme and practices related to Children Looked After (CLA) health assessments. The rationale for this was:

- The last inspection in November and December 2022 highlighted that vacancies in Health Visitor roles were impacting the consistency of service delivery; Health Visitors are integral in the delivery of the MECSH and Baby Steps programme.
- The Commission had identified CLA health assessments as an area for improvement based on the findings of the Commission's inspection programme.

All the information held by the Commission about this service was reviewed, including the previous inspection reports and notifications.

The Regulation Officer gathered feedback from nine service users and had discussions with the 24 staff working in a variety of roles within FNHC. Additionally, feedback was provided by four professionals external to the service.

The Picker survey report, the self-evaluation, and responses to the annual conversation were analysed as part of the inspection process. Also, the service website and service documents including a sample of policies, care records, staff files, documentation related to multi-agency working and risk assessments.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager.

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

## **INSPECTION FINDINGS**

At the last inspection, two areas for improvement were identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that the improvements had been made. This means that there was evidence staff were given opportunities to discuss their role and identify any issues through formal supervision and appraisal. Furthermore, steps were undertaken to enable consistency for people accessing the service. This is explored further in the report. The areas for improvement have been achieved.



## 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.
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During the Annual Conversation, the CEO highlighted the organisation's commitment to learning and development as a strength and staff's access to the graduate or post graduate Specialist Community Public Health Nurse (SCPHN) programme as a challenge. These topics were explored in more detail during the inspection.

Staff in the CFS team have access to role-specific training on the MECSH and Baby Steps programmes, Baby Friendly Initiative, and Youth Mental Health First Aid. Also, to Jersey's Children First sessions, which FNHC staff supported the development of. All staff must undertake a three-hour face-to-face session in communication and de-escalation skills and an online equality diversity and human rights session. As part of the wider organisational training, registered staff are required to undertake sessions on learning disability, mental health, and dementia.

Feedback from a professional external to the service noted the organisation's commitment to training. One professional explained that they were particularly impressed that when presenting or attending conferences in the United Kingdom a FNHC CFS staff member was often also in attendance.

During a discussion with the Head of Education and Development, it was clear that many of the reasons for being unable to access the SCPHN programme were outside the organisation's gift to influence and that they had worked to find a solution. It was positive that during the inspection, the team had found a training course that would be accessible to staff and that the team had been asked to express interest to their manager if they wished to undertake it.

Staff have access to and have undertaken a wide range of learning topics that exceed the mandatory requirements of the organisation and the Children and Family Community Nursing Standards. The Regulation Officer was satisfied the learning and development opportunities provided for staff created a foundation from which a safe service can be delivered.

Files of the seven staff recruited to the CFS team since the last inspection were reviewed. There was evidence of safe recruitment and induction practices and the Regulation Officer received feedback to indicate that staff felt supported.

The Registered Manager reported there were ongoing staff vacancies within the CFS; six vacancies at the time of the inspection. The national shortage of health visitors was stated as a key factor for this the ongoing challenge of recruiting health visitors to the CFS. The regulation officers explored how the initiatives the service had implemented in response to the staff vacancies had embedded and impacted on service delivery and staff. The initiatives were:

- Changing the team skill mix.
- Assigning a duty health visitor to triage all new referrals and allocate workload into practitioner's diaries.
- Reviewing of work priorities.
- Introduction of the role of deputy operational lead.

There was evidence to demonstrate that the changes enabled consistent access to the service and helped achieve visiting target times for new birth visits. Feedback to the Regulation Officer was that the allocation of work had a positive impact in reducing the pressure on the staff's workload and that staff were still able to be autonomous practitioners. Several staff expressed that the change in skill mix had a positive impact on relationships within the team and unanimously that the introduction of the deputy operational lead role was very supportive.

Regulation officers reviewed how the team responded if a universal service had been offered and declined. There is a process to follow up on any family that had not responded to the invitation to be supported by the team following a birth, and this was explained by the Registered Manager. The response balanced respect for a family's right to decline to engage with universally offered services and the safety of the family.

There are a comprehensive range of policies and procedures, and evidence staff access them in day-to-day practice. The grievance policy and procedure were reviewed. This described the principles of open communication and positive manager-employee relationships to prevent a grievance from being required. It also described the practical steps for raising a formal grievance, and staff were encouraged to seek support from a colleague or trade union official to attend any meetings. The policy and procedure were comprehensive, easy to interpret, and signposted staff to other relevant organisational documents.

## 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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CFS staff had notified the Commission of safeguarding referrals the team had made as the Standards require. Actions relating to the referrals were examined through care records and were found to pertain to children, young people, or families supported through the MECOSH programme. Care record entries were clear, factual and child and young person centred. Issues were identified, holistically assessed, and plans explored and agreed upon. The next steps were decided upon and undertaken as agreed. Records demonstrated staff work with colleagues of different disciplines within the CFS team, seek their advice and support and place timely referrals to other services.

In 2023 there were 799 births in Jersey. The SEF reported that in 2023, 666 parents enrolled in the Baby Steps Programme, and regulation officers were informed this related to approximately 340 births. The regulation officers explored why attendance represents less than half of the annual births in Jersey and how the team were responding to this.

It was explained that referrals to the Baby Steps Programme rely mostly on professionals external to the service. The team is, therefore, limited in its ability to increase the programme's reach. However, the team attended awareness days, visited relevant health departments, and worked at a strategic level to raise awareness of the programme. Also, self-referrals can be made via the FNHC website.

Anyone attending the programme has a home visit or virtual call, if they prefer, before starting. The head of the programme explained that this enables the staff to assess if there are any particular ways the parent(s) may wish to be supported. Nationally accredited assessment tools are used as part of the assessment. The initial assessment may also result in referrals to other support systems as the staff member may be the first health professional to have visited the family's home.

The Regulation Officer spoke with parents who had attended the Baby Steps Programme. All feedback was positive. The programme and staff who facilitated the sessions were described as:

*"Supportive, informative, approachable, friendly, and organised."*

*"We thought it was absolutely brilliant. We would recommend it to anyone."*

*"They [the facilitators] were amazing, they were so great."*

Parents explained that there was ample opportunity to ask questions during the sessions or via the WhatsApp group. The WhatsApp group helped develop a longer-lasting support network for parents. Follow-up information on the session was sent. There was evidence of inclusive practices. A Regulation Officer reviewed the information and found it comprehensive and informative. The information is available in three languages. Parents gave examples of how the support and education from the staff, the WhatsApp group and the follow up information had positively impacted on the ability to be a parent.

Regulation officers were satisfied that the team had acted to increase awareness and access to the programme and were delivering an effective supportive programme that responds to the needs of the group and the individuals within it.

The inspection explored practices related to health assessments for children or young people who are under the care of the Minister for Children and Families. The Registered Manager explained that FNHC CFS is responsible for undertaking the review health assessments for CLA and supports the arrangement of the initial health assessment.

The regulation officers saw evidence that the team had:

- Liaised with children, young people, and their families or carers to arrange the initial and review assessments to fit around the individuals' needs, e.g., at home over several appointments.

- Developed the documentation used to undertake the review health assessment to improve how it captures the voice of children and young people. There was evidence in the records sampled that the information was then shared with other appropriate health and social care professionals, and feedback provided to the child, young person, and their family or carer.
- Risk assessed the impact of no longer having a Specialist CLA nurse. In response to the assessment, a model of practice was developed that could be delivered with the team's skill mix and staffing levels. The model aimed for the assessments to be undertaken by the practitioner who was most involved with the child or young person's care or that the child or young person had expressed they were most comfortable with.
- Audited health assessments to assess they were carried out within best practice or legal timeframes and responded on an operational and strategic level when it was noted that timeframes were not consistently met. This involved the key practitioner supporting the child or young person, liaising with other professionals and the Registered Manager working with other agencies to map the processes around health assessments, to review if the process could be improved to achieve timeframes to be met and improve outcomes for children and young people who are under the care of the Minister for Children and Families.

The team's practices demonstrated a child and young person-centred approach that encouraged the child's or young person's voice to be heard and understood. It illustrated collaborative multi-professional and multi-agency working. The service responded to audit findings, recognised, and assessed risks, and worked to improve practice. The regulation officers were satisfied that practices relating to CLA health assessment met the requirements of the Children and Family Community Nursing Standards.

It is advised that the service consider whether the amount of administrative support related to the health assessments is sufficient, as administrative tasks were adding to practitioners' workload pressures. Also, the service should review the impact the present model has on other aspects of practitioners' caseloads.

## Is the Service Caring?

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

The Picker Survey aimed to understand individual's experiences of CFS. There was a low number of responses to the survey. Responses were provided by twenty-one individuals who use the service, including children, young people, and their parents or carers. Responses were provided by seven of the CFS staff members.

The Commission appreciates the time taken by anyone who completed the survey. However, the low response rate reduces the reliability of the findings. Therefore, although feedback from people using the service is included in the report, it cannot be relied upon to represent the whole population, and feedback has been obtained from other sources. Also, comments placed in the free text section of the survey have not been detailed as it risks identifying people. Consequently, staff responses are also not included from the survey, their views have been gathered from discussions with the staff during the onsite inspection.

Overall, the feedback from people using the service demonstrated caring and helpful practices. The report states of the parents and carers who gave their views, 100% said the information they received about their child's care or support is given in a way that can be understood, and 88% reported that the service provides helpful support to them. Of the children, young people, and their parents or carers, 89% reported that they/their child is encouraged by staff to do their best at school.

Feedback given directly to the Regulation Officer is written below. To preserve confidentiality, some details have been omitted, and in some instances the term guardian has been used. Feedback was consistently positive.

The Regulation Officer spoke with people who had been supported through the MECSH programme. Practitioners who deliver the programme were highly commended for their skill, the individualised and timely care they delivered, and their signposting to other supportive services.

Many examples of how supportive strategies, practical advice, and emotional support was given, were described, as follows:

*"It was really, really supportive and helpful."*

*"I was really impressed, she [the practitioner] looked after me as well as my baby."*

*"They [the practitioner] were really helpful and gentle."*

*"It is good to talk. I feel less alone, and it helps me to figure out how I will manage things."*

A practitioner who delivers the MECSH programme shared with the Commission the feedback they had proactively gained from people they support. The positive feedback explained how people felt listened to and had been given tools to manage emotional and practical issues.

*"I am very pleased to have had the chance to use this service."*

*"Home visits were more relaxed and safer for me, I felt too anxious and overwhelmed to get to my GP."*

*"Every session, there were new ideas and techniques for me to put into practice to help me in day-to-day life."*

*"I feel I have truly begun my healing process."*

*"They [the practitioner] have helped me feel confident in doing the things I no longer felt able to do."*

A guardian spoke with the Regulation Officer about the support they and the young person they support received from a School Nurse (SN). The young person is under the care of the Minister for Children and Families. *"They [SN] were involved with us at one of the most difficult and challenging times, they were professional, had our backs, and had Xxx at the forefront of things"*. It was explained that to undertake the review health assessment, the SN visited the young person in their home on two occasions, *"They [SN] were prepared not to rush, their priority was to hear Xxx"*.



It was explained the information from the assessment was shared with other professionals and that the changes that arose as a consequence of this had a profoundly positive effect on the young person's life. The SN's skill, knowledge, and advocacy for the young person were highly praised.

Although the Childrens Community Nursing Team was not the focus of this inspection, the Commission received feedback regarding this element of the service. The feedback was positive with parents speaking highly of the support the team gave the whole family. The team was described as supportive, with examples of caring practices. These included delivering education and training in schools, advocating for the child and families' wishes, signposting or referring to other professionals and/or agencies and working alongside other teams to deliver care and support. It was stated, *"They [the team] are amazing, they do a great job, and I am very thankful for their support"*.

The feedback demonstrated that the staff delivered a caring service with children, young people, and families at the centre of their work.

## Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.

The organisation has a clear structure. There is a committee and an operational subcommittee. The staff structure is the senior leadership team, which includes the CEO, DGC, and Director of Finance. There is a Registered Manager in place who is the Operational Lead from CFS, and a deputy operational lead and team leads. The CFS has 54 staff, including health visitors, mental health practitioners, school nurses, community children's nurses, midwives, nursery nurses, paediatric care workers, and health care assistants. Some of the registered professionals are also SCPHN registered.

Systems and processes are in place to identify and escalate issues, assess risk, and find solutions. There are monthly and quarterly reporting and review meetings. There is external scrutiny of the CFS from organisations that accredit programmes or commissioned services. This is a highly monitored service, internally and externally.

The service undertakes regular audits, which are outlined in the annual audit programme. The 2023 and 2024 programmes were reviewed. The programmes include service-specific and broader organisational audit topics, and each has a named lead. The programmes stated when the audit was required, how frequently and when external reviews were planned. The annual audit programme demonstrates a proactive approach to the safety and quality of service delivery.

Feedback from staff indicated the leadership team is both visible and approachable. Regulation officers were informed that there are quarterly all-staff meetings, which give staff the opportunity to ask questions of the CEO. During the annual conversation, the CEO and DGC demonstrated knowledge of how the organisation was working at a strategic and operational level. It was positive to note that the challenges and strengths the CEO and DGC expressed, aligned with those of staff at all levels.

From the discussion with the Registered Manager, it was evident that they have a complete understanding of their role and responsibilities. Having been in the role for 12 years, they are a stable presence and possess a detailed knowledge of the complex service they manage and how it connects with local, national, and international child and family issues.

All staff spoke of their commitment to good care and support for children, young people, and their families and carers and of positive teamwork. Staff expressed how they supported one another. Most staff said they liked working for FNHC, enjoyed their role, and felt valued. The shared value of placing the people they support at the heart of each day was clear.

Staff feedback was they would welcome more opportunities to "meet all together" as the team works across several sites. The Regulation Officer advised the Registered Manager of this and advised them to explore if this was possible. Staff have access to, clinical, management and safeguarding supervision.

There is innovative service development. This includes a pilot programme for undertaking health and development assessments for children aged three. The Registered Manager explained that a key driver for this was aligning with national best practices to improve outcomes for children. The assessments at this age are undertaken in Wales, Northern Ireland, and Scotland and are promoted by Public Health England. The pilot was conducted between October 2023 and March 2024. To avoid pressure on staff, the Registered Manager delivered the pilot themselves with support from nursery nurses in the team. It was encouraging to see a creative development that enables development and supports staff. From the SEF one positive outcome so far was that assessments enabled needs to be identified, which were discussed with parents, and together a plan of support was created.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and an improvement plan is not required.

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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