



**Jersey Care
Commission**

INSPECTION REPORT

**Family Nursing & Home Care District
Nursing Service**

Home Care Service

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

26 November 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 on the inspection of the District Nursing service operated by the registered charity Family Nursing and Home Care (FNHC). The district nursing service is one of four regulated services operated by FNHC. It supports patients requiring support and care in their homes and other community settings. The service is part of the broader healthcare system and includes other health and social care professionals, GPs, and hospital teams.

The service's Statement of Purpose summarises its objectives to provide advice and treatment by registered and specialist nurses, deliver care to those with nursing needs, support patients living with long-term health conditions, and empower them to live as independently as possible through education and support.

Regulated Activity	Home Care Service
Mandatory Conditions of Registration	Type of care: Nursing care Category of care: Nursing care to adults with a range of conditions Maximum number of nursing care hours to be provided per week: 2250 Age range of care receivers: 18 years and above
Discretionary Condition of Registration	None
Date of Inspection	26 November 2024
Time of Inspection	1pm – 5pm
Type of Inspection	Announced
Number of areas for improvement	None
Number of district nurse visits delivered on the day of inspection	213

The Home Care service is operated by FNHC, and a registered manager is in place. Since the last inspection, completed on 27 October 2023, the service has kept the Commission informed about matters relating to operational aspects and received notifications as the Standards require.

The service's Statement of Purpose refers to individuals receiving support as patients; therefore, the same terminology will be used throughout this report to refer to those receiving care from the district nursing service.

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.

This inspection has found that the district nursing service is a vital resource delivering safe, effective, and person-centred care alongside clinical interventions tailored to individual needs. The whole team works closely with health and social care professionals, families, and others involved in patients' lives to assess, plan, deliver, monitor, and review care for patients, many of whom have complex health and care requirements. The service operates at capacity due to increasing demands, and robust systems are in place to prioritize and address the needs of patients requiring priority care, ensuring their health is maintained.

New staff are recruited safely and in line with the Standards. They are provided with a detailed induction programme and are supervised and supported. They are offered learning and professional development opportunities, and at the time of inspection, one nurse was completing a district nurse qualification. The roles within the district nursing team are diverse, reflecting their varying skills, knowledge, professional qualifications and experience.

Patient feedback has been highly positive, highlighting the team's expertise and dedication. Patients undergo comprehensive assessments that informs care planning, ensuring their goals, aspirations, and perspectives are incorporated into the process. The staff team expressed satisfaction with their roles and spoke highly of the visible leadership within the service and the supportive approach of their colleagues.

There was evidence that governance systems within the service is strong, and the Registered Manager is actively involved in the day-to-day operational activities. Additionally, the service has been instrumental in securing funding this year, enabling patients to access free wound dressings. This inspection has identified no areas requiring improvement.

INSPECTION PROCESS

This inspection was announced and a visit to the service's office occurred on 26 November, during which the Regulation Officer met with the Registered Manager and listened to the registered nurse's daily handover discussions. Following this visit, the Regulation Officer gathered feedback from patients, their families, external stakeholders, and health professionals collaborating with the district nursing service.

The Home Care Standards were referenced throughout the inspection.¹

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**

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

The Regulation Officer gathered feedback from four patients and one of their representatives. They also discussed the service's management and other staff. Additionally, feedback was provided by three professionals external to the service.

Records, including care plans, risk assessments, holistic patient assessments, induction records, staff recruitment records, and RAG (Red Amber Green) rating assessment tools, were examined as part of the inspection process. Additionally, governance and pressure ulcer root cause analysis reports were reviewed.

After 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.

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

INSPECTION FINDINGS

The most recent inspection completed in October 2023 did not identify any areas requiring improvement.

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.

The district nursing service is placed under continuous demand to meet the needs of all patients, with a steadily increasing rise in referrals to the service. On inspection day, 213 home visits were completed, representing an increase compared to the number carried out during the previous inspection period. Through discussions with the Registered Manager and staff team and a review of samples of care records, it was evident that the team provides care for patients with a wide range of health conditions. Many of these patients have highly complex needs, requiring advance clinical decision making, and a high level of accountability from the team.

Samples of records showed some key responsibilities of the district nursing team, including undertaking risk assessments, assessing patients, taking into account their physical, psychological and social circumstances, and assessing the impact of their environment. The team also provides anticipatory and palliative care and supports patients in managing their health conditions. All of these responsibilities are carried out with a strong focus on ensuring the safety of patients and staff.

The Registered Manager explained and showed examples of the assessment tools used for initial patient assessment, which included patient risks such as sepsis, falls, pressure ulcers, nutritional needs, and handling risks. The assessment process has recently been enhanced to include questions about safe relationships, aimed at identifying potential risks to patients. This thorough assessment process enables the team to identify complex patient needs, determine the appropriate level of support required, and assess whether additional support may be necessary. Patient safety remains a fundamental priority throughout the patient's journey within the service. The Statement of Purpose shows a commitment to patient safety, ensuring that patient care is delivered in a way that prioritises their health, well-being, and protection.

Notifiable events within the District Nursing service are reported appropriately to the Commission. The Registered Manager is informed of all incidents and thoroughly reviews each one individually. Additionally, the service is responsible for reporting any concerns identified in other regulated settings. The Registered Manager shared an example of how the service reflected on and learned from a device-related incident, which resulted in enhanced record-keeping practices to improve overall safety.

A panel of professionals, including the specialist tissue viability nurse, investigate pressure ulcers of grade 2 and above that develop within the service. The outcome of a recently completed Pressure Ulcer Root Cause Analysis (PURCA) Report was shared with the Regulation Officer, demonstrating the service's approach to pressure ulcer incidences. The report highlighted the implementation of actions and the promotion of continuous learning within the team.

Insulin-related incidents are also monitored, and the most recent governance report showed the introduction of enhanced protocols and safety checks to ensure future safety. The records demonstrate that the service is open and committed to monitoring, reflecting on, and learning from incidents, demonstrating a commitment to patient safety and quality care.

As noted on inspections of other regulated services provided by FNHC, the organisation's governance arrangements are a notable strength. The governance team is well-informed about the service's operations, including its strengths and challenges, ensuring effective oversight. A reviewed sample governance report demonstrated that key information, such as staffing provision, complaints, and medication incidents, are regularly reported and analysed.

The Registered Manager maintains close oversight of the service and is confident that it manages and runs effectively in their absence. There is a range and variety of roles with diverse skills and experience, and there is a clinical coordinator to whom concerns can be escalated. The staff team skill mix is considered when planning and allocating patient caseloads to ensure safe care delivery.

Policies and protocols are easily accessible to staff and are subject to ongoing review. One staff member commented on the usefulness of these policies and provided an example whereby a policy was updated to align with best clinical practice guidelines. Staff commented that complex decision-making is consistently supported through collaboration with colleagues.

Recruitment decisions are guided by a competency framework, ensuring candidates possess the necessary skills and knowledge for their roles. A review of staff files confirmed that safe recruitment practices are followed and that the standards are adhered to. Additionally, measures are in place to mitigate risks with lone working, which one staff member noted provided them with significant reassurance.

The Registered Manager outlined the measures implemented to ensure the safe storage of medications for patients prescribed controlled drugs.

Is the Service Effective and Responsive?

Assessing the organisation of the service so that care receivers needs are respected and met.

The service highlighted its pride in collaborating with other Government of Jersey departments to secure funding, allowing patients with chronic wounds to access dressings free of charge. Since the last inspection, the service has doubled its resources by employing an additional tissue viability nurse. The service will closely monitor the impact of providing free dressings, and one patient, who receives daily district nurse visits told the Regulation Officer, *“I’m now getting free dressings; it has made a huge difference financially and less of a worry. I’ve had my sore for over a year, and it’s gradually improving”*.

The patients referred to the district nursing service have varying healthcare needs, some of which are complex, unstable and unpredictable. The significance of planning and managing their care was evident during the team’s daily communication discussions, which the Regulation Officer observed. The team exchanged relevant clinical information, discussed treatment plans, provided overviews of conditions, and ensured consistency and continuity of care. Part of the daily discussion also involved identifying patients who required priority visits.

The daily handover emphasised the service’s flexibility and responsiveness to changing demands. Clinical responsibilities included administering intravenous antibiotics, managing insulin, and providing medication to support patients at the end of their lives, ensuring patients receive appropriate care at the right time. The handover demonstrated that the service provides dynamic, flexible care based on patient needs and promotes self-care wherever possible.

Holistic assessments completed for all new patients were reviewed, with prognostic indicators completed, to assist the team in prioritising patient needs. The assessment included patients’ health conditions, social situations, and risks to patients and staff. The initial assessments showed that patients are actively involved in decisions about their care. Care plans are developed with clear objectives, and discharge arrangements are considered from the initial assessment.

Three external agencies that work closely with the service told the Regulation Officer that the service demonstrates a collaborative approach, responds promptly to requests for assistance, and communicates effectively. Some of their comments included;

“They’re very responsive, we always have trust in the service and they will just pick up the phone and talk things through.”

“They’re a very approachable service, always very engaged, and I see the nurses as hard working, they recognise what is in the patients’ best interests, they’re enthusiastic and motivated.”

The service works closely with other agencies to support and care for patients and their families during end of life care. The district nursing team plays a vital role in delivering this palliative care. One family member reflected on their experience during a relative’s end of life care, stating, *“The team were fantastic, they came when they said they would and they were amazing at a time when we needed them, not just Xxx but they cared for the whole family too”*.

In addition to meeting mandatory training requirements, the Registered Manager ensures staff are equipped with the right skills to deliver safe care. The training records indicated that the service supports and encourages training and staff development, with systems in place to monitor and ensure the completion of required training. At the time of inspection, one nurse was undertaking a district nurse qualification, and two newly qualified nurses completed a preceptorship programme. The preceptorship programme supports the transition of newly qualified nurses into the organisation, providing mentorship and peer support to aid their development.

Is the Service Caring?

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

Sample care plans demonstrated that the individual needs of the patient were assessed, with the patient's voice captured throughout their records, indicating full involvement and documentation of their expectations. Patients who spoke with the Regulation Officer confirmed this, stating they were fully aware of the District Nurse's involvement and appeared well-informed about their care needs.

Records show that the team liaises with other health professionals when necessary, and patients are supported to take responsibility for their health and maintain independence. Care plan audits are carried out routinely, highlighting the service's commitment to quality care planning, as evidenced in the governance report highlighting ongoing improvements in this area.

The role of the transfer of care nurse was explained, emphasising their responsibility to facilitate smooth transitions between services and ensure safe transfers.

Patients expressed overwhelmingly positive feedback about the service and spoke highly of the interactions they had had with the district nursing team. They told the Regulation Officer the following;

"The nurses always know what to do, they see things that I don't. I can't speak highly enough of them, and Xxx has built up a great relationship with them."

"It's a great service, they're very reliable and the timing's perfect. They always come and there's never been a time that they haven't turned up. They've made a huge difference to my life and my health is benefitting so much."

"They worked so well with hospice, and they arranged everything for us. We couldn't have managed without them at a difficult period in our life. They were amazing."

"I find them good, they're very efficient and caring, they advise me on what to do and they keep me updated with [my health condition]."

“They are a very much needed service; I don’t know where I’d be without them. They come at the same time every day and I’ve got a number to ring if I need them, but they’re as good as gold and always come.”

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.
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The Registered Manager maintains adequate oversight of the service and is involved in daily communications and monitoring district nurse caseloads while providing guidance and support to the team. Staff consistently reported feeling supported by the Registered Manager and valued in their roles. The district nursing team is structured with nurses at varying levels of seniority and responsibility, ensuring consistent leadership and support for more junior staff. Staff turnover in the district nursing service is low.

Healthcare assistants have all completed a Level 3 vocational training award and only perform delegated nursing tasks for which they have received appropriate training.

The service maintains a log of all complaints and compliments received. This log showed that informal complaints had been made about the service, none of which were related to the quality of care provision. Outcomes and complainants’ responses were recorded.

The Registered Manager delegates certain types of supervision to the team leaders, although retains responsibility for safeguarding supervision. Supervision is carried out in line with the Standards, and one staff member commented that they feel it is a beneficial process. The Registered Manager will deal with any performance issues directly and provided an example where they had addressed a problem using the framework for managing expectations effectively.

The allocation of workloads is subject to ongoing review. It was recently noted that there was an imbalance in the complexity of patient needs across the service as a whole. As a result, adjustments were made, demonstrating a proactive approach to ensuring the teams distributed workloads evenly. During the team handover, there appeared to be a strong team spirit and mutual respect between both district nurse teams.

One staff member described the service as fantastic, highlighting the clear support, guidance, and policies to guide them in their role. However, they also described feeling under strain due to staffing pressures and increased demands on the service.

Overall, the district nursing service is led by an experienced and visible Registered Manager offering comprehensive training and development opportunities and regular supervision. Communication across the team and wider organisation is strong, and the assessment and care planning process ensures that patients are fully included and informed about their care. Health outcomes and patient satisfaction are regularly assessed, and there is a focus on continuous improvement to enhance patient care.

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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