



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Family Nursing and Home Care**

**Rapid Response and Reablement**

**Home Care Service**

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

**Inspection dates:  
8 and 13 November 2024**

**Published:  
17 January 2025**

## 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 the Rapid Response and Reablement service and there is a registered manager in place. The service is provided by Family Nursing and Home Care (FNHC).

Registration Details	Detail
Regulated Activity	Home Care
Mandatory Conditions of Registration	
Type of care	Nursing
Categories of care	Other: Rapid Response and Reablement
Maximum number of care hours per week	600 hours
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
None	
Additional information	
There has been a change to the Registered Manager since the last inspection.	

### 3. ABOUT THE INSPECTION

#### 3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager two days before the visit. The Registered Manager was not present for the initial, announced visit. However, the Regulation Officer was able to undertake the initial inspection with the Deputy Manager. A separate face to face meeting was held with the Registered Manager on the second day of the inspection 13 November 2025.

Inspection information	Detail
Dates and times of this inspection	8 November 07:30 - 14:15 13 November 2024 09:05 - 12:45 and 13:20 - 17:10
Number of areas for development from this inspection	None
Number of nursing hours being delivered during the week of inspection	125
Date of previous inspection	16, 17, 21 and 22 August 2023
Link to previous inspection report	<a href="#">IR- FNHCRapidResponseandReablement- 202308.16172122-complete.pdf</a>

#### 3.2 Focus for this inspection

This inspection included a focus on specific new 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

Feedback from care receivers was consistently positive. It highlighted the care staff's kind manner, skills, and clear communication and described the positive ways input from the team had impacted their lives.

Professional feedback was that the team was responsive, worked collaboratively, and had a professional, person-centred approach. It was also noted that the team was committed to innovative practice. The Regulation Officer noted the service had identified gaps in health and social care and had developed national best practice guidance to address local needs.

The care records sampled contained comprehensive clinical assessments, person-centred care, and joint work with other providers.

The mandatory training delivered exceeded the requirements of the Home Care Standards. The organisation's commitment to training, education, and sharing learning was evident. Recruitment practices were found to be safe, and staff were provided with regular opportunities to discuss their role and identify issues through a formal supervision and appraisal system. There was evidence the service promoted equality, respect, and valuing diversity.

There had been changes to the service provision, team structure, and information technology systems since the last inspection. However, changes were being adjusted to and this was enabled by supportive teamworking at all levels.

The organisation has an established governance structure with clear lines of accountability and systems to monitor and report on service delivery.

## 5. INSPECTION PROCESS

### 5.1 How the inspection was undertaken

The Home Care Standards were referenced throughout the inspection.<sup>1</sup>

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report from August 2023, reviews of the Statement of Purpose, variation requests and notification of incidents.

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

As part of the inspection process, documents including policies, care records, staff files, monthly provider reports were examined.

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

### 5.2 Sources of evidence

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

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<sup>1</sup> The Home Care Standards and all other Care Standards can be accessed on the Commission's website at [Home Care Standards | Jersey Care Commission](#)

## 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.

The Statement of Purpose highlights that the service aims to promote equality, dignity and respect, and value diversity; this aim was explored. There is an Equality and Diversity Policy created in September 2023, which is scheduled to be reviewed in 2026. It has been informed by appropriate local and national legislation and policy, with key terms defined and protected characteristics detailed. It described the requirement for all FNHC policies to undergo an 'Equality Impact Screening Tool' and details how compliance will be monitored.

The document highlighted the benefits of promoting equity and diversity and described positive working behaviours and expected standards. These behaviours were reflected in a discussion with the Registered Manager regarding their approach to enabling equality and diversity and addressing discrimination. They demonstrated a broad understanding of the issues involved, providing an example of a knowledgeable and value-based response. The policy and discussion evidenced how the service is meeting its aim.

There is an organisational Medication Policy and a Standard Operating Procedure for the preparation of injectable medicines. However, as the administration of intravenous medication is a key element of the service delivery, the team is an integral part of the delivery of the community microbiology stewardship programme and have three non-medical prescribers. It was concluded that this element of service delivery would be inspected separately by the Commission Pharmacy Inspector in 2025.

Since the last inspection, three staff members have been recruited into the Rapid Response and Reablement Team (RRRT). Recruitment practices were reviewed and found to be safe.

There was evidence that the staff are provided regular opportunities to discuss their role and identify issues through formal supervision and appraisal.

Staff training and education were reviewed. The mandatory training delivered exceeds the requirements of Appendix 6 of the Home Care Standards. Staff were up-to-date with mandatory training requirements. Compliance was found to be lower in one topic. However, the Regulation Officer was assured that staff were scheduled to undertake the in-house training and that there were systems within the organisation to monitor compliance with training.

FNHC Education and Development Prospectus Adult Services Sept 2024-2025 detailed the comprehensive suite of training and education sessions being offered internally and externally. The Regulation Officer was informed that FNHC is the Channel Island Wide Hub for the Leadership and Management Develop Pathway and that training regarding this was initially in-house. However, the pathway is now being offered to professionals external to the organisation.

*Feedback from a care receiver:*

*“They [the staff] are wonderful, every person in the team was great, efficient and competent, I had total confidence in them.”*

The organisation’s commitment to training and education and sharing learning was evident.

The structure of allied health professionals being co-located from Health and Community Service (HCS) into the team continues and was discussed. This structure limits FNHC’s oversight of elements of staff management.

Discussions with professionals internal and external to the service were that there are clear processes for escalating clinical concerns, positive working relationships between the organisations, and strategies to mitigate the risks associated with this system. However, ongoing discussions with all stakeholders is essential to ensure a safe effective service.

Since the last inspection, the organisation has changed the service's information technology (IT) system. A key reason for this change was to enable the organisation to have greater control of the IT system, particularly the speed at which issues are addressed. The previous system lacked the capability to have control over response times. The project began in August and has now progressed to stage two.

Since the change, staff now have access to an immediate and supportive IT support service, an up-to-date Microsoft system, and the ability to arrange virtual meetings. The change has not affected the Electronic Medical Information System (EMIS) used for care records. However, the change has disabled staff access to an electronic address book containing contact details for other health professionals, which has created challenges in emailing certain documents outside the organisation. In addition, there has been a change to the HCS electronic care record system used by the team, adding another layer of IT adjustments for staff.

The Regulation Officer observed the staff's flexibility in adjusting to the changes and was satisfied that issues were being escalated and addressed through the organisation's internal reporting system. Any ongoing issues are expected to be resolved during the second phase of the project.

### **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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Professional feedback was that the team is responsive, works collaboratively, and has a professional person-centred approach.

The telephone referral system was praised for enabling prompt and professional discussion of the referrals and agreeing follow up. The shared electronic records system was also highlighted as invaluable to joint working.

*Feedback from a health professional*

*"There are very few teams or systems in place that work as effectively or are as patient centred as the Rapid Response and Reablement Team."*



It was explained that the team is clear about their role and whether it is within the scope of their practice to respond. It was stated by a healthcare professional that *“Their [staff] communication is fantastic”* and that *“They [the team] put a safety net around patients who are at home”*.

The Regulation Officer observed the team’s morning clinical meeting. Staff prepared for the meeting by gaining clinical information, such as blood results, and reading care notes regarding recent events. Physical, psychological, social and financial issues were discussed, and the wishes and impact for the care receiver and their family were a thread throughout. Multi-agency working was consistently referenced. Actions and who was to undertake them were clear, and outcomes were recorded. The meeting was succinct, the discussions were robust, and clinical knowledge and compassion for care receivers were demonstrated.

There is a standard operational procedure for the RRRT Coordinator’s role and responsibilities. It states that it “provides a framework for the provision of safe and effective care”. It was positive that the practice described in the document mirrored the Regulation Officer's observations during the inspection.

Feedback from a care receiver:

*“My GP referred me. They [the staff] liaising with the microbiology team. I have felt completed up to date. Their communication is brilliant.”*

During the first morning of the inspection the Regulation Officer was present when the team received three referrals within one hour. The team adjusted their day to meet the care receivers needs and met the service aim of responding within two hours to an acute level referral. The office environment during this time was calm, and staff communicated effectively within the team and with professionals external to the service.

Professional feedback also highlighted the teams commitment to innovation in practice. The inspection found the service has identified gaps in health and social care. In response, it has adapted national best practice guidance to address local needs.

The organisation has worked with other professionals, services, and shared knowledge to improve accessibility and provision. These include community microbiology stewardship, falls and frailty prevention, bed rail and bed grab handle provision policy, and education.

### **Is the service caring?**

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

The RRRT response to a referral is dependent upon the care receivers needs. Responses are categorized into levels: level one acute, level two crisis and level three reablement. The team aims to respond to level one and two referrals within two hours and level three within 24 hours. Input may vary from one visit to involvement for up to six weeks.

Feedback from care receivers was consistently positive, highlighting the impact that the RRRT's input had on their lives. A care receiver said the staff were *“Absolutely marvellous. They have been so kind and caring; I could not praise them enough. Every one of them has been so polite and caring and helpful”*.

A care receiver described how the team responded rapidly to an allergic reaction they had. The response included taking blood tests and liaising with the microbiologist, and the change in the plan of care was communicated clearly to the care receiver. The care receiver explained how the team's input had kept them out of hospital and also recognised when for their safety they need to return.

*Feedback from a care receiver:*

“I felt that I did not want to be in hospital and pass my pneumonia to someone else.

The possibility of a team administering IV antibiotics in my home, I was elated. This was incredible to hear, and I knew I would recover better at home.”

All feedback highlighted the staff's kind manner, skills, and clear communication. The Regulation Officer was informed that the care and treatment plans were clear, and care receivers were aware when staff were visiting. A care receivers representative explained it was the second time the RRRT had been involved in the care and treatment of their relative and that on each occasion, *"They [staff] have been exemplary, professional and friendly, and they answer all my questions"*.

The care records sampled contained appropriate demographic information and detailed holistic assessments with succinct summaries. Assessments included presenting health issues, recent history, past medical and social history, physical examinations, a medication list, and care receiver wishes and preferences. Treatment and evaluation plans were clear. The language used in care records was consistent, factual, and non-judgemental.

There was evidence that the care receiver's consent for sharing health information with other care providers was gained, and discussions with other professionals were recorded. Details of which patient information leaflets had been given were also recorded.

Records demonstrated comprehensive clinical assessments, person-centred care, and joint work with other care providers.

### **Is the service well led?**

Evaluating the effectiveness of the service leadership and management.
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The organisation has an established governance structure with clear lines of accountability. Systems are in place to monitor and report on service delivery. The reporting pathways and risk register enable risks to be highlighted, and strategies implemented to mitigate them with ongoing review of the level of risk and impact.

Monthly provider reports and team meeting minutes were reviewed and discussed with the Registered and Deputy Manager. Appropriate areas of service delivery are reported and analysed within the reports and meetings.

The service delivery is reported and measured against preset targets. The reports and meeting topics link into the wider organisation governance structure.

The Statement of Purpose was discussed in detail with the Registered Manager. Minor amendments were required to ensure the service was being provided in accordance with the document. These amendments were addressed, and the updated document was submitted to the Commission.

There had been changes to the service management, structure and provision and since the last inspection, and it was noted that on these occasions, an updated document had not been submitted. The Regulation Officer highlighted the importance of changes being reflected in the document and communicated to the Commission in a timely manner.

A change in management involves FNHC developing an integrated Adult Service, which combines RRRT and the District Nursing Team with one Registered Manager and one deputy manager supporting both teams. Additionally, the tissue viability, falls and frailty specialist staff and the mental health practitioner work across both teams.

The Regulation Officer was informed that to support the change in structure the following has been undertaken:

- The Registered Manager undertook the supervision sessions for all staff in the RRRT during the quarter they commenced their role.
- The RRRT leader who has direct management of the RRRT has had monthly meetings with the Registered Manager.
- The RRRT Coordinator attends the end of day safety huddles with representatives from the District Nursing Service.

The change in structure relates to the Advanced Clinical Practitioner (ACP) roles. At the last inspection in 2023, five staff members were undertaking the ACP training programme. One staff member has now successfully completed the programme.

Of the remaining four, two are no longer with the organisation; a third was working their notice period during the inspection, and the fourth continues the programme.

A change in service provision is that FNHC are no longer commissioned by Commissioning and Partnership HCS, to deliver the overnight service. The RRRT service is delivered from 07:30 – 20:30, seven days a week, 365 days per year.

It was highlighted to the Regulation Officer that the changes had brought challenges and were still in development. The Registered Manager explained changes continued to be addressed and adjusted through a clear governance structure and staff adaptability. Staff spoke of the challenges and the impact changes had, though overall, feedback was that they had positive teamwork and that we're committed to delivering a service to support care receivers.

The results from a staff survey were positive. The responses included 98% of staff believed they had the skills to do their role, 96% knew who to turn to with issues and 92% would recommend FNHC as a place to work. The results are not limited to the RRRT; they reflect responses across FNHC. The RRRT response rate was 52%, accounting for nearly 11% of the total results.

Feedback from staff:

*"It is a brilliant team."*

*"It is a great organisation to work with."*

*"It is a supportive team."*

However, positive feedback regarding working for FNHC and within the RRRT mirrored feedback from the majority of staff the Regulation Officer spoke with during the inspection. All staff, including those co-located from HCS spoke of a supportive team.

One staff member stated, *"We put patients first, they are the priority, and we aim to be as adaptable as possible; that gives job satisfaction."*

## 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
<b>Is the service safe?</b>	<ul style="list-style-type: none"> <li>Policies</li> <li>Discussion with the staff team</li> <li>The service Statement of Purpose</li> <li>Standard Operational Procedures</li> <li>Staff files</li> <li>Training records</li> <li>FNHC Education and Development Prospectus Adult Services Sept 2024-2025</li> <li>Feedback from professionals external to the service</li> <li>Feedback from care receivers</li> <li>Observation</li> <li>Care records</li> <li>Team meeting minutes.</li> <li>Monthly Provider Reports</li> </ul>
<b>Is the service effective and responsive?</b>	<ul style="list-style-type: none"> <li>Feedback from professionals external to the service</li> <li>Feedback from care receivers</li> <li>Care records</li> <li>Observation</li> <li>Standard Operational Procedures</li> <li>Policies</li> <li>Discussion with the staff team</li> <li>The service Statement of Purpose</li> </ul>

<b>Is the service caring?</b>	<p>The service Statement of Purpose</p> <p>Feedback from care receivers</p> <p>Feedback from care receiver representees</p> <p>Care records</p> <p>Observation</p> <p>Patient information leaflets</p>
<b>Is the service well-led?</b>	<p>The service Statement of Purpose</p> <p>Discussion with the staff</p> <p>Observation</p> <p>Monthly provide reports</p> <p>Staff survey report</p> <p>Team meeting minutes.</p> <p>The organisational structure</p> <p>Training records</p>

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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