

INSPECTION REPORT

Family Nursing & Home Care District Nursing Service

Home Care Service

Le Bas Centre St Saviours Road St Helier JE2 4RP

Inspection Dates 10, 12 & 15 September 2025

Date Published 24 November 2025

1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014 ('the Law'), all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

2. ABOUT THE SERVICE

This is a report of the inspection of Family Nursing and Home Care District Nursing Service. The nursing service is operated by the registered charity Family Nursing and Home Care Service (FNHC) and there is a registered manager in place.

Registration Details	Detail	
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 hours to be provided each week	2250	
Age range of care receivers	18 and above	
Discretionary Conditions of Registration		
None		
Additional information		
In advance of the inspection an updated Statement of Purpose was provided.		
Two regulation officers met with the Chief Executive Officer and Director of		
Governance and Care, 20 August 2025, to gain insight into the strengths,		
weaknesses, opportunities and threats of the organisation since the previous		
inspection. This meeting is referred to as the 'annual conversation'.		

As part of the inspection process, the Regulation Officers evaluated the service's compliance with the mandatory conditions of registration required under the Law. The Regulation Officers concluded that all requirements have been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager nine days before the inspection. This was to ensure that the Registered Manager would be available during the visit.

Two regulation officers were present throughout the inspection. During the second day of inspection one Regulation Officer observed patient care. References to who gathered the information during the inspection may change between 'the Regulation Officer' and 'regulation officers'

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.

Prior to the inspection the service was required to compile a strengths, weaknesses, opportunities and threats (SWOT) analysis. This was submitted to the Commission 25 July 2025.

An annual conversation was subsequently held 20 August 2025 with the Chief Executive Officer and Director of Governance and Care and two regulation officers. The discussion focused on the SWOT analysis; the previous inspection and lines of enquiry developed for the inspection.

Inspection information	Detail
Dates and times of this inspection	10 September 2025 08:30-16:30
	12 September 2025 08:30-16:35
	15 September 2025 10:00-16:00
Number of areas for improvement	One
from this inspection	
Number of district nurse visits	196
delivered on the day of inspection	
Date of previous inspection	26 November 2024
Areas for improvement noted in 2024	None
Link to the previous inspection report	IRFNHCDistrictNursing20241126Final.pdf

3.2 Focus for this inspection

This inspection included a focus on these 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 improvement identified at the last inspection

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

4.2 Observations and overall findings from this inspection

The district nursing service has an important role in helping people to maintain their independence by supporting them to manage long-term conditions and treating acute illnesses. Since the last inspection the service has seen an increase in the number of patients requiring nursing care.

Recruitment challenges have impacted the service, leading to some funded professional development opportunities being deferred to ensure adequate staffing levels for patient care.

Evidence was seen of an induction programme for new staff; however, a review of a sample of competency assessments found that these had not been completed.

Competency assessments should be finalised and retained in each nurse's personnel file. This has been identified as an area for improvement.

A review of staff rosters was undertaken and found to comply with the Standards.

A frailty service has been established since the previous inspection, operating across two adult services within FNHC, and will be discussed in more detail later in the report.

FNHC has a strong governance framework, with regular meetings held to share best practice and drive quality improvement initiatives. There is also a comprehensive audit programme in place, supported by a regularly reviewed suite of policies and a wide range of staff training opportunities. Compliments and complaints are logged, and the complaints policy is followed.

The FNHC values were evident throughout the inspection process, whether observed during care delivery, witnessed at a daily huddle, or during conversations with staff members. Patients are treated with kindness and compassion, and the nurses are dedicated to delivering the highest quality care. Patients are supported to live well.

I wouldn't be alive without FNHC! I wouldn't have had much of a life.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care Standards were referenced throughout the inspection.¹

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, reviews of the Statement of Purpose, notification of incidents and minutes of the annual conversation held 20 August 2025.

The Regulation Officer gathered feedback from five 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, records including policies, care records, incidents and complaints were examined.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and confirmed one identified area for improvement by email on 16 September 2025.

This report sets out our findings and includes any areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report, and an improvement plan is attached at the end of the report.

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¹ All Care Standards can be accessed on the Commission's website at https://carecommission.je/

5.2 Sources of evidence.

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Induction competency workbook
	Policies and procedures
	Employee handbook
	Training matrix
	Staff feedback
	Care records
	Risk assessments
	Rotas
	Monthly reports
Is the service effective and responsive	Statement of purpose
	Staff feedback
	Care receiver representative feedback
	Professional feedback
	Monthly reports
Is the service caring	Staff wellbeing
	Care receiver representative feedback
	Care receiver feedback
	Monthly reports Care records
Is the service well-led	Organisational chart
	Care receiver information
	Training matrix
	Policies and procedures
	Statement of purpose
	Notifications

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

On average, the service has 190 contacts a day with patients. This consists of home visits and clinic attendances. Three district nursing teams cover the central, east and west of the island, and as they are small teams, where possible provide continuity of care. The service has seen a rise in demand with a 12 per cent increase in referrals received over the last year. The surge in demand and the difficulty experienced in recruiting suitably skilled staff has led to the district nursing team and another FNHC adult service working more collaboratively to meet the needs of the patients. Four new staff members have been recruited into the district nursing team since the last inspection, and seven have left.

A sample of staff rotas was reviewed and demonstrated compliance with the Standards. Rotas are planned over four weeks and provided eight weeks in advance. Staff either work in the clinic or conduct home visits. The senior staff have rostered management days, and staff work one weekend in four, providing them with a good work/life balance. A bank staff member supports the allocation of twilight shifts, and nurse specialists carry out occasional extra shifts to support the service. During feedback, staff shared they are happy with their work.

The specialist nurses, team leads, and the Registered Manager work effectively to ensure referrals received are prioritised according to need. There is a duty coordinator allocated each day to receive urgent referrals, and there was evidence in care plans of referrals received late in the day and a home visit arranged for the same evening, demonstrating flexibility within the service and prioritising the needs of the patient.

A Regulation Officer attended a daily huddle where a representative from each district nurse team was present to discuss any anticipated challenges over the coming weekend, such as staff absence and the number of home visits, to advance plan and, where possible, avoid delaying visits.

The meeting was led by the Registered Manager, who was on call for the weekend, and reiterated that they could be contacted at any time for support. It was evident that the teams work well at supporting each other to meet the needs of their patients.

Professional feedback:

Their commitment to providing the best service to their clients, and to be the best leader they can be is matched by their willingness to learn, develop and to be open to new ways of thinking.

It was positive that missed visits are monitored, and there is a system in place to ensure that timed medications are not missed. Specific nursing tasks can be delayed to the following days, and the patient information leaflet informs patients that, on occasion, there may need to be a change of day for their home visit. The patient information leaflet is currently under review and sets out what the service can provide, and patients can expect, promoting self-care and working in partnership with the patient until they feel confident and competent to manage their own care where possible.

On the first day of the inspection, the Regulation Officers reviewed a sample of staff files, focusing on recruitment processes, the induction programme, and competency assessments.

The staff files were well organised and included all the information required to support safe recruitment practices, such as references and a Disclosure and Barring Service certificate.

The Registered Manager explained that they lead the recruitment of specialist roles, and the team leaders have been trained to conduct interviews. There was evidence of at least three interviewers on the panel, and it was explained that this is for the development of staff to be able to conduct interviews. Competence-based questions are used to assess the candidate's attitudes, values and understanding of issues, including safeguarding. It was suggested adding the interviewer's name to the interview paperwork as the regulation officers were unable to determine who had completed the interview assessment sheet.

All the documentation required to satisfy the regulation officers of safe recruitment was stored in part in a paper file and in a digital format, and at the time of inspection, a human resource representative shared that they would consider using one system.

Staff are provided with an employee handbook that includes information staff will need to refer to, such as policies and contractual terms and conditions.

There has been the addition of a four-week supernumerary period to the staff induction process since the previous inspection. The process is supportive of new colleagues, and when followed, will ensure they are competent and confident in their district nursing practice by the end of their induction. The induction booklet includes a prepopulated timetable of shadowing experiences and opportunities to observe practice. The inductee is aligned with a mentor whom they go to for support. There were minutes of induction meeting records held with a new employee and an end-of-probation review meeting. It is positive that the organisation asks for feedback on the induction process from new employees at the end of their induction, so that improvements can be made and demonstrates a willingness to listen, learn and improve. Evidence of an exit interview included that their induction was "perfect, really good."

Senior healthcare assistants and nurses are required to complete a Professional Portfolio and Skills Passport (competency record) during their induction to demonstrate they have the necessary skills to provide safe and effective care including diabetes care, compression bandaging, and catheterisation.

Additionally, a competency booklet for palliative care supports staff in developing confidence and knowledge in areas such as symptom management.

A self-assessment tool was completed in all the records reviewed; however, the competency assessments had not been completed and signed off by a senior member of staff, to confirm competency. The Registered Manager acknowledged this during the inspection and plans to address it with the team.

Completion and formal sign-off of competency assessments is identified as an area for improvement.

A practice development nurse delivers training for delegable tasks such as administering insulin, and evidence of related competency assessments was seen.

The service is currently introducing new information technology systems, and there will be a digital platform giving members of staff access to their individual training records. As well as the core mandatory and statutory training, there is an offer of essential training for the role. There was evidence of good compliance with staff attending mandatory and statutory training.

FNHC supports continuing professional development, and it is encouraging that a budget is available for staff to undertake postgraduate education. Currently, seven staff members are engaged in postgraduate study; however, at the time of inspection, the District Nursing service is unable to accommodate additional staff in postgraduate programmes until further recruitment has taken place.

The education team produces an education and development prospectus and manages an online booking system. Training is delivered both in person by knowledgeable trainers and through online modules. Until the new training portal becomes available for direct booking, staff receive email reminders to book the required training, demonstrating close monitoring of training compliance. Since the last inspection, one example of training introduced for staff is nutritional training, which incorporates the use of the Malnutrition Universal Screening Tool (MUST) that features in the nutrition guideline.

Staff training and education opportunities are an area of good practice.

During the inspection, the Regulation Officer reviewed a sample of recorded supervision sessions. All supervisors are trained to do the role before conducting quarterly supervision with staff.

There is internal reporting regarding compliance with supervision and appraisals and at the time of the inspection the service was 88 per cent compliant. The Registered Manager attributed this to staff leaving the service, resulting in the remaining staff covering patient contacts and being unavailable to attend their supervision. The supervision session allows staff to share any challenges they may be facing, identify any training needs and reflect on their practice. Staff shared they have access to regular supervision and appraisal and described feeling comfortable raising concerns.

Is the service effective and responsive?

Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

During the inspection, the Regulation Officer observed a district nurse interacting with patients, and the nurse spoke positively about the job satisfaction they get from their role. One care receiver described their care as a collaborative process, feeling actively involved in making informed decisions. They expressed confidence in the care they received and felt that their opinions were both respected and valued.



The Regulation Officer observed patients treated with dignity and respect, and consent obtained before any procedures were carried out. Infection prevention and control practices were adhered to, and interactions included light-hearted conversations that patients clearly enjoyed. The district nurse met a patient previously unknown to them and the interaction was kind and compassionate. The district nurse sensitively enquired about their wellbeing, while also taking time to learn about the individual's hobbies and interests.

On entering care homes, it is expected that the nurse enquires as to the well-being of each individual from the care home staff or accesses their records to be aware of their current physical health and well-being. The nurse was evidently known to the staff and informed of which room number to go to. It is recommended that the nurse obtain a verbal handover on the patients they are about to visit to understand, for example, any new transmission of infection risks. Following the provision of care, records were made in the home's record-keeping system and in the service records. A care receiver shared feedback that the nurses are excellent and are open and honest, and if the nurse has concerns, they will escalate to their managers.

During the inspection, an example was provided of a nurse who escalated a concern about an external professional, advocating effectively in the best interests of the patient.

Feedback shared by a professional external to the service included care records not always being completed in a timely manner, practice issues identified, and late referrals received, which the Regulation Officer requested they share with the Registered Manager, so they can address the concerns. The Regulation Officer informed the Registered Manager of the feedback received.

Professional feedback received:

The input from the team was essential and always supportive and person centred, engaging with staff and listening to staff that are with the residents 24 hours a day.

This year, the Tissue Viability Team successfully relaunched the island-wide pressure ulcer strategy, encouraging best practice and collaborative working. The District Nursing service offers a variety of patient information leaflets, including one specifically on pressure ulcer prevention, and these leaflets are regularly reviewed and updated.

A pilot study is underway to increase awareness among referring health care professionals about the information needed in referrals. This reflects a proactive approach to improving service delivery through collaboration with health and social care professionals.

All staff can submit an incident form via a portal, which the team leads investigate and instigate any required action. The Registered Manager has overall accountability and signs off as completed. Any serious incidents are discussed at the huddle and disseminated to the staff team during handover, promoting shared learning. Incidents, notifications to the Commission, compliments and complaints are part of the monthly performance report, which is shared with the committee for scrutiny.

Is the service caring?

Care is respectful, compassionate, and dignified. Care meets people's unique needs.

Electronic care records and risk assessments were reviewed during the inspection. Patient demographics, medical history, and relevant documents, such as referrals to general practitioners and 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms, were present. Care records were written for each patient contact, including the date, time of entry, and the name of the healthcare professional attending the patient. For each patient, their level of understanding is ascertained, allowing nurses to tailor their approach to the individual.

Activities of daily living are assessed as part of the initial holistic needs assessment, including sight, hearing, skin and emotional support. Risk assessments were regularly reviewed and, where necessary, at each contact. An example of a risk assessment is the 'Rockwood Frailty Assessment', and a score of four to seven results in a referral from the district nurses to the recently formed Frailty team for more targeted support. All the district nursing staff have received training in how to complete the assessment. A Pressure Ulcer Risk Primary and Secondary Evaluation Tool, known as PURPOSE T, is also completed, and interventions are suggested, such as a pressure-relieving mattress.

It is positive that the patient voice was evident in the care records, and the district nursing service effectively met the needs, choices, and preferences of patients during end-of-life care. The regulation officers reviewed evidence of skilled end-of-life care, which included symptom management.

Where other agencies were involved in the patient's care and support, this was documented, and there was evidence of good communication.

The staff team are supportive of each other and are provided with sustaining resilience at work (StRaW) support as well as access to trauma risk management (TRiM) practitioners.

Staff are encouraged to share difficult situations and experiences during their supervision and at huddles, and safeguarding concerns are shared with staff during handovers. Staff attend mandatory safeguarding training and annual in-house safeguarding training and are aware of the process for raising a safeguarding concern. Learning from one safeguarding case was shared by a staff member during the inspection.

Is the service well led?

The leadership, management and governance of the organisation assures delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

The Registered Manager has oversight of the teams and has 13 staff directly reporting to them. They recognise this is a large cohort of staff and are considering how reporting lines can be managed more efficiently. An organisation structure chart was provided within the Statement of Purpose.

The Registered Manager is proactive in succession planning for roles and supporting staff to be suitably skilled for promotional opportunities. The Registered Manager speaks highly of their staff team and the collaborative working within it, and staff and a professional external to the service reported they are approachable and available to provide support and guidance.

I would never hesitate to contact Xxx (Registered Manager) to discuss any issue, and sometimes even for advice on how this works in the community. The regulation officers met with the Director of Governance and Care, who shared that the organisation has changed the way they handle complaints and seek early resolution. There has been one complaint made to the service since the last inspection, and the learning and action taken were shared with the staff team.

The staff manage informal complaints and, when required, escalates them to the senior management team, who will meet with the complainant to seek a satisfactory resolution. Several compliments have been received, including from health care professionals outside of the organisation. The organisation has a quick response (QR) code that patients and families can use to provide feedback and other mechanisms if required.

Monthly team meetings are scheduled, but do not always take place, and FNHC holds all staff meetings quarterly. There are regular senior management team meetings where challenges and innovations are shared.

Staff wellbeing is a strength of FNHC, and events are held throughout the year for staff to attend. There is an annual award ceremony where staff are recognised for their achievements and a fun sports day. During the annual conversation, it was shared that a 'You said, we did' listening event for staff feedback was held, and actions taken in response to the feedback were shared. There was evidence that FNHC is an organisation that values its staff.

The service is planning to implement scheduling software that aligns staff competencies with patient needs and schedules visits based on patient requirements and postcode. This will eliminate the need for senior staff to manually arrange appointments, freeing up additional time for management duties.

Another digital platform that has been introduced provides staff with access to their training and has a page where staff accomplishments can be celebrated across the organisation.

A comprehensive suite of policies and standard operating procedures (SOPs) was provided as part of the inspection process. The safer recruitment policy is currently under review, and a list of policies approved each month is recorded within the monthly report.

The nursing team follows a patient pathway SOP, which sets out the daily staff handover process to support safe nursing care, effective communication, and explicit agreement on plans and actions. Since the last inspection, a lower limb treatment and management pathway has been developed, reflecting the service's current focus on lower limb care.

Doppler procedures may be carried out, and all related equipment, including the Doppler device, is maintained in line with a robust annual servicing schedule.

A review of the monthly reports showed they include feedback from people receiving care, their representatives, staff, and health and social care professionals.

Complaints and compliments are also summarised within these reports.

The 2024 staff survey was included in one of the monthly reports, and one staff member fed back, "We are an organisation of caring professionals, and I can honestly say that in my 20-year career, FNHC is the only organisation where I have experienced care professionals showing kindness towards each other, as well as its service users." Fewer staff responded to the survey in 2024 than in 2023, and the senior management team are reviewing the feedback.

Several audits are conducted during the year and recognise good compliance and practice, as well as identifying actions required, with evidence of the work being undertaken to address actions shared with the regulation officers.

There has been the introduction of a frailty service to patients currently within the care of FNHC adult services. The District Nursing staff use a tool to assess the patient's illnesses, function and cognition to generate a frailty score and refer to the frailty team, patients with a score between four and seven. Measures are implemented to reduce the likelihood of falls and prevent non-planned hospitalisation.

The Frailty team provided positive feedback regarding that they have "Time to spend (with patients), it is a luxury (when compared to the same service provided in another healthcare jurisdiction)."

It is positive that FNHC has been awarded a five-year contract with the Government of Jersey, replacing the previous annual agreements. This provides the senior management team with financial stability and enables them to develop long-term plans that will benefit the community.

IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

Area for Improvement 1

Ref: Standard 3

Regulation 17

To be completed: by 31 December 2025

Evidence of completed competency assessments with the assessors sign off will be kept in the nurse's personnel files.

Response by the Registered Provider:

FNHC have developed a competency framework for each grade /role across adult and child and family services during 2025.

The practice development lead has worked across all teams in adult services to support consistency of competency assessment and documentation.

Each service has identified the competencies required to deliver safe care and training and standards have been identified to support the assessment of competency.

Staff are encouraged to bring their competency and skills passport to their quarterly supervision.

This will be added to the supervision documentation on HR system to provide evidence that competencies have been discussed and assessed 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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