INSPECTION REPORT

Family Nursing and Home Care

Home Care Service

Le Bas Centre
St Saviours Road
St Helier
JE2 4RP

Inspection Dates
10 September, 8 and 9 October 2025

Date Published
8 December 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 (FNHC) Home Care service. The service is operated by FNHC and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Home Care Service
Mandatory Conditions of Registration	
Type of care	Personal care and personal support
Categories of care	Adult 60+ Other: FNHC do not deliver specialist support services, but care receivers will have a range of conditions
Maximum number of care hours each week	600
Age range of care receivers	18 and above
Discretionary Conditions of Registration	
None	
Additional information	
Two regulation officers met with the Chief Executive Officer and Director of Governance and Care, on the 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.' The Commission received a copy of the service's updated Statement of Purpose in August 2025.	

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration required under the Law. The Regulation Officer 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 six days before the inspection. This was to ensure that the Registered Manager would be available during the visit.

The service's Statement of Purpose refers to individuals receiving support as clients; therefore, the same terminology will be used throughout this report.

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

Inspection information	Detail
Dates and times of this inspection	10 September 2025 08:30-16:30 08 October 2025 09:00-17:45 09 October 2025 08:00-13:00
Number of areas for improvement from this inspection	One
Number of care hours on the week of inspection	194
Date of previous inspection Areas for improvement noted in 2024. Link to the previous inspection report	04 July 2024 None IR-FNHC-Home-Care-20240912-Final.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 Regulation Officer witnessed clients being treated with dignity and respect and in receipt of kind and compassionate care.

The staff team is well-supported by the senior staff and the Registered Manager, and all the staff spoken to as part of the inspection process shared, they are happy in their work. The service is flexible and adapts to the needs of its clients and to other adult services within FNHC.

The Registered Manager recognises that the governance structure within FNHC supports them and the team to have the skills and knowledge to provide person-centred care. This is a key strength of the service.

Regular meetings are held to share best practices and drive quality improvement initiatives, including discussions on policies, audit activities, and staff training. The service maintains a suite of policies that are regularly reviewed and easily accessible to the staff team.

FNHC has a suite of regularly reviewed policies that are accessible to the staff team and there is good compliance with statutory and mandatory training requirements within the Home Care service.

Audit activities currently occur informally during spot checks conducted by a senior carer while care is being delivered in the client's home. The findings are not consolidated to provide an overall assessment or to identify actions for improvement. Consequently, the introduction of regular medication audits has been identified as a key area for development to monitor compliance and ensure safe practice.

The service regularly receive compliments directly that are not logged on the central compliments and complaints platform but are shared with the staff team. Complaints are logged, and the complaints policy is followed.

The rota was reviewed, and it is positive that staff have set protected days off and do not exceed their contracted hours. The staff consulted provided positive feedback on their work-life balance and job satisfaction.

During the inspection the staff team evidenced that it is dedicated to providing safe, kind, and compassionate care while promoting client independence. It was evident that there is good teamwork, with staff supporting one another.

Professional feedback:

They offer very supportive and professional person-centred care, and I highly recommend them.

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 and notifications of incidents.

The Regulation Officer gathered feedback from two care receivers and two 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 and staff observation notes made during spot checks were examined.

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager. An initial feedback email was sent on the ninth of October, and a second email and phone call was made on the sixth of November confirming one area for improvement.

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.

[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 and skills competency assessment document Medication competency checklist Policies and procedures Employee handbook Training matrix Education and development prospectus for adult services Staff feedback Care records Risk assessments Staff rotas Monthly reports Staff observation notes
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 Statement of purpose Notifications Standard operating procedures, Team meetings

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The service underwent an internal review earlier this year, during which a decision was made to pause recruitment. As a result, no new staff members have joined the team since the previous inspection. Consequently, the Regulation Officer was unable to review new employee files to assess safe recruitment and induction practices.

However, two Regulation Officers reviewed recruitment, induction, and competency documentation across the three other FNHC services and found that staff were safely recruited and well supported through a robust induction process.

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 (DBS) certificate.

The recruitment paperwork, induction books, and competency checklists were stored in both paper files and digital files. At the time of inspection, a Human Resources (HR) representative indicated that they would consider using a single 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.

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

FNHC supports continuing professional development, and it is positive that a budget is available for staff to undertake postgraduate education.

FNHC have their own education department, and the education team possesses a range of knowledge and publishes an education and development prospectus, offering both face-to-face and online training. Until the new training portal is accessible to staff, they receive a monthly email informing them of the training they need to book onto, which evidences that there is close monitoring of 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), as featured in the nutrition guidelines.

Two senior healthcare assistants who have undergone instruction on how to deliver training, provide the safe moving and handling training. One of the senior healthcare assistants shared how grateful they were for having been given the opportunity to receive the training and that with this knowledge, they feel confident in advocating for their clients' needs.

All staff attend internal annual safeguarding updates as well as regular mandatory safeguarding training provided by an external agency. There is a safeguarding policy, and understanding safeguarding is part of the staff competency assessments and spot checks. During feedback, one carer shared a case where they had escalated safeguarding concerns appropriately and emphasised the importance of their professional curiosity. Staff training and the educational opportunities offered are an area of good practice.

A blank copy of the induction and skills competency assessment document was reviewed. The Registered Manager explained that new carers complete a period of shadowing an experienced colleague before being supervised and assessed as competent to carry out required tasks independently. Mandatory and statutory training is completed during the induction, allowing carers time to become familiar with clients and their individual needs.

During the inspection, the Regulation Officer recommended that the current annual medicines competency assessment process be strengthened and standardised.

This should include carers demonstrating their understanding of the actions to take in the event of a medication error, familiarity with the Medicines Policy, and the practical and documentation skills required to ensure the safety of care receivers.

As part of the inspection, the Regulation Officer accompanied a carer on home visits. Safe medication practices were observed, with the carer showing good knowledge of the medicines being administered and communicating effectively with the client about their treatment.

The Registered Manager explained that unused medication is returned to the office along with the medication administration record (MAR), which is then checked for completeness. Where any omissions or errors are identified, feedback is provided to the carer to encourage reflection and improvement, and further medicines management training is arranged if necessary. In the event of a medication error, the Regulation Officer was informed that there is a clear escalation process in place to safeguard the client, including internal reporting and notification to the Commission.

A formal management of medication audit tool is not currently in use. The introduction of regular medication audits to monitor and ensure compliance with safe practice has therefore been identified as an area for improvement.

Staff rotas were reviewed as part of the inspection process and showed that staff work a two-week fixed rolling rota, which accommodates flexible working arrangements. The Registered Manager explained that staff do not work beyond their contracted hours and are rarely asked to cover additional shifts - a finding supported by staff feedback.

There is flexibility within the rota to meet clients' needs and to assist other FNHC adult services when required. For example, when a client was prescribed antibiotics and required an additional home visit for medication administration, this was easily accommodated.

A new initiative has also been introduced to upskill staff by enabling them to observe and shadow colleagues in the two other FNHC adult services when the rota allows.

This provides valuable opportunities for professional growth and personal development, potentially leading to future career progression within FNHC. One staff member commented, *"I am given all the opportunities I ask for and more, and the tools and resources to do the job with confidence and knowledge."*

The Home Care team can also support one of the adult teams with visits, either by accompanying the nurses or, where appropriate, attending in their place. Staff spoke positively about this initiative, highlighting how it enhances their knowledge, such as in staging pressure ulcers and applying best practice in wound care.

Staff morale within the team appeared high, and the Registered Manager shared that collaboration with other adult services promotes inclusivity while reducing the isolation often associated with lone working.

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.

The Regulation Officer reviewed a sample of written agreements that included the terms and conditions of the contract, setting out what the client can expect from the service and what staff can expect from the client. The signed and dated written agreements included the fees and instructions on how to end the contract. A 'welcome to the service' information leaflet is provided to the clients in an easy read format, and demonstrates the service is considerate of individual needs.

The carers have handheld devices that they use to clock in for a visit and again when they leave, which evidences the length of the visit and informs the billing system, as well as identifying their movements and ensuring they are safe.

Following the initial assessment, the team leaders produce a care plan and risk assessments for the client, which are reviewed at least every six months and are accessible both in the home and to the senior management team in the office.

Examples of collaborative working were shared, including instances where care packages are reviewed jointly with the client and social worker to adjust the level of support, either reducing the number of visits when less assistance is needed or increasing the care package when additional support is required.

Senior carers carry out quarterly spot checks in the home environment, observing carers while they work with clients. Evidence showed that a carer adapted their communication to meet an individual client needs and delivered person-centred care. A review of a sample of spot checks, which included observation of manual handling techniques and respect for clients' rights and choices, was completed effectively and provided clients with an opportunity to give feedback. During a shadow visit with one carer, the Regulation Officer observed that the client's choices were respected and that they were treated with dignity, respect, and kindness.

The staff team are not allocated specific clients, and it was clear during the shadow visits undertaken by the Regulation Officer that the carer knew their clients well and had a professional relationship.

FNHC have an escalation process that is documented within the policy and can be enacted by any of the four services to ensure continuity of a safe service for the clients and staff. The Regulation Officer, during an inspection of another FNHC service this year, attended a huddle where senior staff for adult services met to share the number of client visits and the number of staff available to meet the demand over a weekend.

FNHC Home Care services will, where possible, assist their colleagues in these services when they escalate the need for additional support. An example of this is where a carer has helped a district nurse in a busy clinic by measuring the patient's legs for support stockings.

During the inspection, a team's link message was received by the Registered Manager from another FNHC service seeking support, and this was actioned immediately. The Home Care service is adaptable and works well in conjunction with the adult FNHC services to provide timely, responsive care to clients.

Is the service caring?

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

Care plans and risk assessments were reviewed during the inspection, and the electronic care record system evidenced crucial personal information as well as the assessed needs of the client. Risk assessments align with care plans, such as a diabetic risk assessment and its associated action plan. A paper copy of this is kept at home within the care records. Care records can also be accessed by carers using a handheld device, where they create electronic care records and write a summary of the care provided that is left in the home for the client and their representatives to refer to. Photographs of skin damage can be taken on the device and uploaded into the care record, allowing for comparison and measuring improvement. During the inspection, a carer escalated their concern about a client's wound, and a photograph was obtained. Advice was sought from a senior carer and the Registered Manager. A senior carer also conducted a home visit later the same day to ensure there had been no deterioration. This demonstrates that the service has the flexibility to adapt to the needs of its clients, and staff feel comfortable escalating concerns and receive the necessary support.

A professional shared:

FNHC appear to provide personalised care plans and were open to changing care approaches to best fit with the client's needs, for example focus on goal setting compared to a more hands-on approach.

A sample of risk assessments was seen, and all had been reviewed within the last six months.

During the initial home visit, a fire risk assessment is conducted. In one client's file, it was noted that smoke detectors were needed, and adaptations were made to accommodate a client's hearing impairment needs. The Home Care staff co-ordinated with the fire and rescue service to ensure the smoke detectors were installed.

Included in the risk assessments are behavioural plans which can include circumstances where a carer is to extract themselves from the property for their personal safety and escalate the incident.

Carers support clients in many ways, including meal preparation, attending appointments, and grocery shopping. Where required, personal care is provided, and clients are assisted with their activities of daily living. Many clients require support to take their medications at the correct time, and the majority of carers have a medication qualification and are able to provide the support.

There are currently no delegated tasks being undertaken by the carers, but it is being considered for the future. There is a practice development nurse within FNHC who will work with the Registered Manager to determine which tasks best meet the clients' needs and collaborate with carers to deliver training and assess competency.

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.

Every Friday, the rotas are shared with the clients via email or phone call. This contact provides an opportunity for clients to give any feedback. During a home visit, a client shared the rota they receive weekly with the Regulation Officer, and it was clear which carer would be visiting at what time each day. This is a valuable resource for clients, and they spoke highly of all the staff who support them.

The regulation officers met with the Director of Governance and Care, who shared that the organisation has changed the way it deals with complaints and seeks early resolution. The staff team manages informal complaints and, when required, escalates them to the senior management team, who will meet with the complainant to seek a satisfactory resolution.

The Registered Manager attends monthly head of service meetings, where information is shared across all services. This includes any learning and actions from complaints received, the introduction of new policies, and an opportunity to seek guidance and support from one another, which the Registered Manager is grateful for.

The Registered Manager recognised during the inspection that compliments are captured and recorded on the spot check paperwork but not collated as part of the wider governance processes. The Registered Manager intends to rectify this. Positive feedback is shared within the team, as confirmed by staff. The organisation has a quick response (QR) code that clients and families can use to provide feedback and other mechanisms if required. There are also opportunities for the clients to give feedback during the spot check when the senior carer attends the home.

Bi-monthly team meetings are held on alternate mornings and afternoons, allowing all staff to attend at least one.

The meetings have become more formal since the last inspection, and everyone who attends has the opportunity to speak at the end of the meeting to raise awareness or share any concerns such as safeguarding. Learning from outcomes of safeguarding meetings are shared with the team and information used to update care plans and risk assessments.

It was acknowledged by one carer that a recent increase in the annual leave entitlement and the paid hourly rate increase for the Home Care service, to align with the carers of other FNHC services, was well received. Whilst the majority of the carers working within the Home Care service have done so for several years, this could help retain staff. One carer acknowledged, *"I am paid fairly and wouldn't move to another agency even if they pay more, as I am so happy here*."

Part of the inspection process included discussing the notifications inputted by the service to the Commission. The number of notifications was low, indicative of the size of the service. There were no concerning themes and there was evidence that an incident had been well investigated with a satisfactory resolution for the family and carers. Notifications are included in the monthly provider reports. During this inspection, the Registered Manager shared that FNHC has a reflective learning culture, rather than apportioning blame, which was corroborated by the carers who provided feedback.

The organisation has a suite of policies and information leaflets, and the medication policy and standard operating procedure are currently under review by the Registered Manager. Staff are encouraged to access the guidelines electronically to ensure the most up-to-date version is being referred to. A carer shared that they receive emails to inform them of any policy updates.

The service has a clear organisational structure chart and is fortunate to have a deputy manager who holds a level five qualification in Leadership and Management for Adult Care and is well-versed in the service. In the unforeseen absence of the Registered Manager, the service will continue business as usual with support from the Operation Lead. Both the Registered Manager and the Deputy Manager work in a supernumerary capacity, and in the event of an unforeseen absence of carers, will conduct home visits and provide care.

A contingency plan was requested that outlines how the service will be managed in the event of the unforeseen absence of the manager, ensuring business continuity. The escalation policy was provided which is not explicit in this circumstance, and it is recommended that the plan be updated accordingly and made accessible to the staff team.

The Regulation Officer observed evidence of quarterly supervision sessions being held, which was confirmed by carers as being useful. Topics covered include challenges and achievements in the workplace. Training was provided to all staff, so they knew what to expect when attending their supervision sessions and to supervisors on how to facilitate them. On occasion, group supervision is delivered during staff meetings.

A recurring theme for some staff is that they feel they are working in isolation and unable to apply certain skills, as these are not needed for the current health needs of their client portfolio. This issue has been addressed through the introduction of collaborative working across the FNHC adult services.

Appraisals are also conducted annually, and the carer meets with the Registered Manager at the beginning and end of the year to set the objectives and ensure they have been completed. During the year, two review meetings are held with the deputy manager to monitor progress.

Carers are welcome to drop into the office at any time to speak with senior staff, and the Registered Manager maintains an open-door policy. The senior carers, Deputy Manager, and Registered Manager provide an on-call, out-of-hours service for carers to access should they have any concerns. A carer confirmed that there is always a senior staff member available at the end of the phone.

A sample of monthly provider reports was reviewed, and all referenced a policy being written for ‘just in case there is no response.’ Whilst on a home visit, the carer and client shared how this policy was enacted when the carer was unable to contact the client after calling at the home for a planned visit. It is reassuring that the pathway was followed and resulted in locating the client, who subsequently returned home. This was introduced in response to learning from an incident external to the service.

It was shared that care records are reviewed for completeness and to ensure they meet standards; however, there is no formal record-keeping audit tool that is completed and can be used to evidence compliance or drive improvement. The competency document includes a record-keeping assessment, which could be adapted to incorporate a formal record-keeping tool that is completed regularly.

Staff wellbeing is an area of focus at 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 had been held, and an annual staff survey conducted, and the Senior Leadership team are working to address areas identified for improvement. FNHC evidenced that it is an organisation that focuses on valuing its staff.

Sustaining Resilience at Work (StRaW) and Trauma Risk Management (TRiM) peer facilitators are available for staff to access.

During the inspection FNHC advised that they had 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, enabling them to develop long-term plans that benefit the community.

During the inspection process feedback was received regarding the Registered Manager from carers and professionals and included, "*Xxx is very supportive, very fair, ensures a work/life balance, has a great understanding and wealth of knowledge in particular capacity and safeguarding and has taught me a lot!"*

Client feedback included-

All the carers are just lovely, and all are so wonderful.

So lucky to have such wonderful care.

Do so much for me, couldn't be nicer. I couldn't praise them highly enough.

IMPROVEMENT PLAN

There is 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 6.8 Regulation 14 **To be completed:** by 31/01/2026	A management of medicine audit is to be introduced and conducted on a regular basis.
	Response by the Registered Provider: In response to your recommendation and identified area of improvement, we have reviewed our current medication competency document for non-registered staff, which is currently awaiting ratification. We will also be conducting a medication audit in Homecare in January 2026 and will produce a report outlining our findings.

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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