Jersey Care Commission

INSPECTION REPORT

Family Nursing & Home Care
Rapid Response and Reablement

Home Care

Le Bas Centre
St Saviours Road
St Helier
JE2 4RP

Inspection Dates
20 October and 7 November 2025

Date Published
22 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 the Rapid Response and Reablement (RRR) service. The home care service is operated by Family Nursing and Home Care (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
Category of care	Other: Rapid Response and Reablement
Maximum number of care hours each week	600
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
None	
Additional information	
None	

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 five days prior. This was to ensure that the Registered Manager would be available during the visit. They were present for the first visit. The Chief Executive Officer (CEO) and the Shift Coordinator were present for the second visit.

The Pharmacist Inspector joined the Regulation Officer for parts of the first day and all of the second day of the inspection.

Inspection information	Detail
Dates and times of this inspection	20 October 08:00 to 12:45 and 14:30 to 18:05 7 November 08:45 to 13:40
Number of areas for improvement from this inspection	One
Number of care hours on the week of inspection	317 hours
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	8 and 13 November 2024 None IRRapidResponseandReablement2024.11.13Final.pdf

3.2 Focus for this inspection

This inspection focused 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 organisation had clear lines of professional and corporate accountability to ensure the effective delivery of the service and care was being delivered in line with the Statement of Purpose.

The team was highly praised by care receivers, who explained that the kind, caring, and patient staff helped them regain independence, avoid a hospital admission, and reassured their loved ones.

Professionals external to the service highlighted that the multidisciplinary team's thorough assessments, administration of intravenous medications, and short-term support packages during periods of ill health were invaluable, preventing hospital admission and enabling people to remain in their homes for treatments and support.

Recruitment and induction practices were appropriate. Staff training met requirements, and a plethora of additional training was available. There was evidence of a robust system for monitoring and ensuring the safety of equipment. Staffing levels and shift times support the delivery of safe care.

During professional discussions, the Regulation Officer noted the team's detailed knowledge of care receivers' conditions, needs and plans of care. Feedback, observation, and care records demonstrated that the staff had a caring, person-centred, and professional approach.

The organisation has been integral to the development and dissemination of island-wide pressure ulcer prevention and management, and it was evident that best practice in this area was embedded in the RRR team.

The organisation has up-to-date policies and procedures in place to enable safe management of medication in the community. Medication assessments and the storage, administration and disposal of medicines were found to be safe and met Standards.

However, as there is no medicines management audit in place, and some entries were found to be absent from care receivers notes, introducing and conducting a medication management audit on a regular basis is an area for improvement.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care Standards were referenced throughout the inspection.[1]

Prior to the inspection, the Commission required the CEO to provide an analysis of the services' strengths, weaknesses, opportunities and threats (SWOT). This was submitted to the Commission on 25 July 2025. Following the submission, the information was reviewed, and on 20 August 2025, two regulation officers undertook an annual conversation with the CEO and Director of Governance and Care (DGC). The discussion focused on the SWOT analysis.

Regulation officers also met with staff from the Human Resource department on 10 September 2025 and with staff from the Education and Development team, as well as the Facilities and Premises Manager, on 15 September 2025. This was to review practices related to the departments across FNHC four registered services.

References to who gathered the information during the inspection may change between 'the Regulation Officer' and 'regulation officers'.

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

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection reports, the Statement of Purpose, and notifications 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, three professionals external to the service, who had agreed to provide feedback, were contacted, and feedback was received from two.

As part of the inspection process, records, including policies, governance reports, care records, staff files, and training records, were examined.

The Regulation Officer met with the Registered Manager between the inspection visits to give feedback on the first inspection day. At the conclusion of the inspection, the Regulation Officer and Pharmacist Inspector provided verbal feedback to the CEO. Written feedback was provided to the Registered Manager on 14 November, which identified an 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.

5.2 Sources of evidence.

New key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Medication policies, risk assessments and administration charts and incidents records Feedback from professional external to the service Care records Staff file including recruitment and induction documentation The FNHC risk register Training records and prospectus Equipment and equipment service records Staff rotas Discussions with the Registered Manager and staff
Is the service effective and responsive	Feedback from professional external to the service Notifications to the Commission The Jersey Island-Wide Pressure Ulcer Prevention and Management Framework 2024 Monthly provider reports Discussion with managers and staff
Is the service caring	Feedback from care receivers and a care receiver's representative Care records Service information leaflets Observation of a clinical meeting and professional discussions
Is the service well-led	Statement of Purpose Examination of the SWOT analysis submitted to the Commission. Discussions with the managers including the CEO, DGC and the Registered Manager and staff in a variety of roles

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Medication Management was reviewed. The organisation has up-to-date policies and procedures in place which cover all areas recommended by the National Institute for Clinical Excellence for managing medicines for adults receiving social care in the community.

The service has a list of critical medicines, where the timing of administration is crucial. If these medicines are given outside of the recommended timeframe, this is reported as an incident. Incidents are reported through the internal reporting system and are investigated by the team with oversight from the Registered Manager.

The service provided the Regulation Officer with a list of medication incidents that had occurred since the last inspection. There were seven incidents. It was positive that none were related to medication being given outside of the required time. It was noted that most incidents occurred before the care receiver's transfer to the service, rather than during their time within the service itself.

The administration of medication is primarily undertaken by nurses, who administer intravenous medications, and there are two non-medical prescribers on the team. The service does not maintain a stock of medications to be administered; these are prescribed on an individual basis.

The organisation has a central medicine fridge for storage, if required. It is kept locked, with access to keys safely managed. The fridge is fitted with a smart probe system that monitors temperature via an online platform. Any interruption to the power supply or deviation from the preset temperature range triggers an automatic notification. Recorded temperatures were within the recommended ranges.

All IV antibiotics administration must be approved by the Health and Community Jersey (HCJ) microbiology team before being prescribed, which is in line with antimicrobial stewardship principles. Professional feedback praised the team and highlighted that the staff's clinical assessments informed prescribing.

There was evidence of medication assessments that outlined responsibilities for ordering, collecting, or disposing of medicines. Medication self-administration is assessed during initial care receiver assessments. During a home visit, the Pharmacist Inspector observed the nurse administering only the IV antibiotics. The care receiver managed the other medicines independently, which was consistent with their initial self-administration assessment.

Administration is recorded on medication administration records (MARs) and in electronic care records. The injectable medicines policy requires staff to record the administration of injectable medicines, including the batch number and expiry date, in care records. However, on review of one care receiver's records, there were two days where this information was not documented. Also, one care receiver's MAR chart had two missing entries, though administration was evidenced in the corresponding care records. The organisation has a robust audit cycle. However, this does not include a medication management audit, which may have highlighted the absence of recording.

There was evidence of safe disposal, and where possible, care receivers are encouraged to dispose of medication waste themselves by returning it to a pharmacy. There was safe disposal of sharps.

As noted, the majority of medication administration is undertaken by nurses. The Registered Manager was advised that if medications were to be administrated by health care assistances (HCAs), the medication training and an annual medication competency assessment must be undertaken, and delegation of the task is to be recorded in the care receiver's notes.

The Pharmacist Inspector and Regulation Officer concluded that overall medication management practices were safe and met Standards. However, as there is no audit in place, introducing and conducting a medication management audit on a regular basis is an area for improvement.

Recruitment and induction practice were reviewed. There was evidence of:

- Interview notes, with the interview being conducted by three appropriate staff.
- A contract of employment, which was signed and dated.
- Safe recruitment checks which had been carried out prior to employment.
- A job description which clearly detailed who the staff member would be reporting to.
- Copies of professional registrations and certificates of achievement.
- A comprehensive induction program.
- End of probation meeting records.

The Regulation Officer was satisfied that the practices met the Standards.

Regulation officers met with staff from the Education and Development department to review adherence to the Standards mandatory training requirements. Records demonstrated that the Standards were met. The department produced a prospectus that details the required training and the frequency of updates. It also highlights a plethora of additional online and face-to-face training that is available to staff.

Regulation officers also met with the Facilities and Premises Manager to review equipment management. A comprehensive register detailed when each item had been serviced and when it required its next servicing. Records showed that, by May 2025, 83% of the organisation's annual services had been completed. They reported meeting regularly with the Registered Manager to review present and future equipment needs and budgeting. Overall, the evidence demonstrated a robust system for monitoring and ensuring the safety of equipment.

Staff rotas were reviewed and discussed with the Registered Manager. The Regulation Officer was satisfied that staffing levels and shift times support safe care delivery.

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.

Feedback from two professionals external to the service was that the team's input had a positive impact. It was described that the administration of IV medications in the community helped avoid a hospital admission and had enabled *"patients to receive important treatment within the comfort of their homes*." It was explained that the team's thorough assessments, administration of IV medications and short-term support package during the period of ill health were invaluable. Both professionals explained that the input from the skilled staff gave them reassurance of the assessments, treatments and support care receivers were receiving in the community.

The RRR service is multidisciplinary and comprises of nurses, HCAs, a social worker, occupational therapists, a physiotherapist, and a therapy assistant. Some staff are employed by FNHC, and others are co-located.

The Registered Manager reported that since the last inspection, two staff employed by HCJ have been co-located into the RRR service. They explained this presents a risk for FNHC, as the organisation does not have complete oversight of the staff's recruitment and management, which is identified on the RRR risk register.

However, staff being co-located into the team is not new, and established practices are in place to mitigate any associated risks. The Registered Manager reported they are involved in recruitment and have regular meetings with the staffs' HCJ team leader. Additionally, HCJ staff can access the FNHC electronic human resource system, as well as the organisation's well-being support services.

Staff who are co-located explained that mandatory training between organisations was aligned rather than duplicated, and day-to-day issues are raised using the RRR service procedures.

The Regulation Officer was informed there had been some challenges with working between the two organisations information technology systems, and that they were able to flag the issues through the established reporting systems. Newly co-located staff explained they had a supportive induction.

The Regulation Officer observed collaborative, multidisciplinary working between RRR service staff, regardless of their employer. This was also voiced by all the staff who gave feedback.

The Regulation Officer was satisfied that the risk was being managed to promote safety.

The service has three intervention levels: level one acute, level two crisis and level three reablement. The Registered Manager and staff explained that referrals to the service had reduced. They reported that level one referrals had been affected by a change in a health service which FNHC does not govern. Additionally, the team reported a low level of referrals and inappropriate referrals to the reablement arm of the service, which they considered may be a consequence of misunderstandings about this element of the service. To increase referrals, the team had delivered talks and produced posters about the RRR services. Also, they had developed an online referral form to enable appropriate referrals for level three intervention.

Notifications to the Commission were reviewed and discussed with the Registered Manager. The majority of notifications related to pressure ulcers grade two or above. The organisation has a team of tissue viability specialists, whose work was integral in the development and dissemination of the Jersey Island-Wide Pressure Ulcer Prevention and Management Framework 2024.

Monthly provider reports indicated that FNHC was proactive in implementing best practice procedures to prevent care receivers from experiencing pressure damage. Investigations are undertaken to determine the cause of any pressure ulcer categorised as grade two or above, and the reports are reviewed by a specialist panel, of which the RRR team leader is a part. Additionally care records demonstrated that best practice was embedded in the RRR staff's practice.

The Regulation Officer concluded that notifications were being placed as required in the Home Care Standards and that work related to pressure area prevention and management was an area of good practice.

The Regulation Officer was informed that there has been only one informal complaint since the last inspection. There was evidence that this was managed appropriately and promptly. Additionally, there was evidence that the organisation has a system in place which enables complaints to be made and reviewed professionally.

Is the service caring?

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

Feedback from care receivers and a care receiver representative highly praised the staff team. Staff were described as kind, caring and patient. Feedback highlighted how the teams input helped them regain independence, avoid a hospital admission and reassured their loved ones.

A care receiver said:

They really, really made a difference to me they went over and above for me. Their support was excellent and helped me make a good recovery.

Care receivers said that the plan of care was agreed with them. One care receiver made direct reference to the part of the care records which remains in care receivers' homes; *"I had my yellow folder at home".* Along with a record of care, the folder also contains information leaflets about the service. The leaflets describe staff roles and how they can help; there was space for goals to be written. The leaflets give information about what happens when you are discharged from the service. The information is clear and reflects the service provision and ethos.

There is no cost to care receivers for the RRR service, and feedback from care receivers indicated that they found it to be supportive and helpful.

The electronic care records were reviewed. There was a clear flow of information from referral, assessment, agreed plan of care, intervention and review. Records demonstrated consent for care had been obtained, and that capacity to consent had been assessed. There were detailed holistic assessments, with staff's clinical skills being particularly evident in the physical assessment, and a person-centred, respectful approach being demonstrated through how care was planned and agreed upon with care receivers.

Nationally recognised assessment tools were used to measure levels of frailty, critical health, and emotional well-being. Ongoing assessments reflected the type of support being delivered. Therefore, when the focus was reablement and being led by a therapist, a therapy assessment tool was used. There was evidence of robust professional discussions with external professionals, which was also observed by the Regulation Officer during the inspection.

The Regulation Officer observed the team's morning multi-disciplinary meeting and reviewed the handover sheet used for the meeting. The meeting was chaired by the Shift Coordinator, and all staff participated in discussions. Staff demonstrated a detailed knowledge of care receivers' conditions, needs and plans of care. They spoke respectfully about care receivers and their families. The meeting was succinct and clearly outlined the day's care delivery.

The Regulation Officer concluded that feedback, observation and care records demonstrated a caring, person-centred, professional approach.

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 organisation has clear lines of professional and corporate accountability to ensure the effective delivery of the service. The service Statement of Purpose was reviewed and discussed with the Registered Manager. The document outlines clear aims and objectives, and the service ethos is based upon a therapeutic model. Care was being delivered in line with the Statement of Purpose.

The Registered Manager is registered to manage both the RRR and the District Nursing Service. Within FNHC these are now recognised as departments within the umbrella of adult services, which the Frailty Team and Tissue Viability Team work across. It was acknowledged that the services could be registered as one service with the Commission, and it was agreed that this would be explored in the coming months.

During the annual conversation, regulation officers were informed that HCAs would be working across all FNHC adult services. The changes were discussed in more detail with the Registered Manager during the inspection, who explained that the changes aim to enable more staff to be available to care in a range of ways, responding promptly to care needs. A new information technology system was being phased into the services to support this. They explained that the exact ways in which it will affect staff day-to-day is being worked through at present.

Additionally, they spoke openly about having reflected on how the changes had been communicated with staff and had recognised that this could have been managed more sensitively. As a result of the reflection, they took steps to improve communication, including undertaking one-to-one discussions with each team member to offer an opportunity for any questions or concerns to be raised.

The Regulation Officer received feedback from the staff in RRR service that the initial news of the changes was challenging to digest and had a negative impact on team morale. Some expressed that this was now improving. However, the rationale for the changes and how they would be implemented remained unclear to many staff members.

During the final inspection day, the Regulation Officer and Pharmacist Inspector provided verbal feedback to the CEO, discussing the changes and feedback. All acknowledged that implementing change can be a challenging process. The Regulation Officer expressed concern that skilled, committed staff may not feel valued, and the opportunity to work with staff on how best to implement the changes may be missed. The CEO acknowledged this and advised that they aimed to address the issue to ensure the positive culture they value is not lost.

What care receivers and a care receiver's representative said:

The views of professionals:

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 6.8, appendix 8 Regulation 14 **To be completed:** by 06/02/2026	The Registered person must ensure there are effective systems in place to audit all aspects of the management of medicines.
	Response by the Registered Provider: Medication audit to be undertaken across adult services in 2026.

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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