Jersey Care Commission

INSPECTION REPORT

Family Nursing and Home Care

Rapid Response and Reablement
District Nursing
Home Care
Child and Family Community Nursing

Le Bas Centre
St Saviours Road
St Helier
JE2 4RP

Inspection Dates
1,5,15,16,24,25 & 29 June
1,8,10 July 2026

Date Published
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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). As part of a pilot approach being undertaken this year, a single inspection report has been produced to capture the delivery of four integrated services:

Home Care Service

The service describes itself as a charitable, not-for-profit home care provider operating island-wide from its base at Le Bas Centre. It states that it delivers person-centred care and support to adults living in their own homes, with care planned around individuals' preferences, goals and desired outcomes. The service reports that it is led by a registered manager and deputy manager holding relevant leadership qualifications, supported by two senior health care assistants (SHCAS) and a team of health care assistants (HCAs), many of whom hold RQF Level 2 or Level 3 qualifications. It states that specialist clinical support is available from nurses and other healthcare professionals where required, and that any clinical tasks undertaken by care staff are subject to formal delegation, training and competency assessment.

Rapid Response and Reablement Service

Rapid Response and Reablement Team (RRRT) describes itself as a multidisciplinary, person-centred service providing timely nursing care, rehabilitation and reablement support to adults within their own homes. The service aims to prevent avoidable hospital admissions, facilitate timely discharge from hospital and support people to remain independent in their own homes for as long as possible.

District Nursing Service

The District Nursing Service provides nursing care and treatment to adults in their own homes, helping them remain independent and avoid unnecessary hospital admissions wherever possible. They work closely with patients, families, and other healthcare professionals to assess needs, develop personalised care plans, support recovery, and promote self-management. The service aims to empower individuals to maintain their health, wellbeing, and independence while ensuring safe, high-quality care.

Child and Family Service

The Child and Family service is made up of health visitors, school nurses and the children's community nursing team and Baby Steps which has midwives within the team. All the teams are supported by HCAs, baby step facilitators, paediatric care workers and nursery nurses. Some of the health visitors and nurses have specialist qualification in mental health, palliative care, Maternal Early Childhood Sustained Home Visiting programme (MECSH) and Baby Friendly breastfeeding support. The services provided range from being universal, targeted or specialist. The overarching objective of the service is to enable all children and families to achieve their optimum health and well-being.

These services are operated by FNHC and have three registered managers in place, with one registered manager having responsibility for two of the services.

Registration Details	Detail			
Type of regulated activity	Nursing, Personal care and Personal support			
Mandatory Conditions of Registration				
Categories of care	**Home Care**	**District Nursing**	**RRRT**	**Child and Family Service**
	Adult 60 + and other: FNHC do not deliver specialist support services, but care receivers will have a range of conditions	Other: Nursing care to adults 18+ with a range of conditions (not children)	Other: Rapid Response and Reablement	Children and young people (0-18)
Maximum number of care hours each week	**Home Care**	**District Nursing**	**RRRT**	**Child and Family Service**
	600	2249	600	2249
Maximum number of hours for nursing care	**Home Care**	**District Nursing**	**RRRT**	**Child and Family Service**
	0	2249	600	2249
Age range of care receivers	**Home Care**	**District Nursing**	**RRRT**	**Child and Family Service**
	18 years and above	18 years and above	18 years and above	Pre-birth-18 years
Discretionary Conditions of Registration				
None				
Additional information				
Each service provided an updated Statement of Purpose during the inspection period.				

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

3. ABOUT THE INSPECTION

3.1 Inspection Details

The four inspections were announced, and each service was provided with no more than seven days' notice of the inspection visit. Advance notice was given to ensure that the Registered Managers were available to support the inspection process and provide access to the required information.

These inspections were undertaken across Home Care, District Nursing, Rapid Response and Reablement Team (RRRT), and Child and Family Services. Where findings and evidence were common across all four services, they are presented at the beginning of each section of this report to avoid repetition and provide an overview of organisation-wide arrangements. The report then considers each service individually, highlighting service-specific findings, evidence and outcomes.

One Regulation Officer undertook the inspection of the District Nursing and Child and Family Services, while a second Regulation Officer undertook the inspection of the Rapid Response and Reablement and Home Care Services.

Number of care hours on the week of inspection	Home Care	District Nursing	RRRT	Child and Family Service
	111. 55	1366	256	1412
Dates of inspections	**Home Care**	**District Nursing**	**RRRT**	**Child and Family Service**
	1 June 2026 5 June 2026 8 July 2026 10 July 2026	1 June 2026 5 June 2026 15 June 2026 16 June 2026	1 June 2026 5 June 2026 24 June 2026 29 June 2026	1 June 2026 5 June 2026 25 June 2026 29 June 2026 1 July 2026

Number of areas for improvement from this inspection	**Home Care**	**District Nursing**	**Rapid Response Reablement Team**	**Child and Family Service**
	One	One	Four	Two

Date of previous inspection	**Home Care**	**District Nursing**	**RRRT**	**Child and Family Service**
	10 September, 8 and 9 October 2025	10, 12 & 15 September 2025	20 October and 7 November 2025	22, 24 and 25 September 2025
Areas for improvement noted at the last inspection	**Home Care**	**District Nursing**	**RRRT**	**Child and Family Service**
	One	One	One	One
Link to the previous inspection report	**Home Care**	**District Nursing**	**Rapid Response Reablement Team**	**Child and Family Service**
	RPT_20251009.pdf	RPT_20250915.pdf	RPT_20251107-1.pdf	RPT_20250925.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection, as well as these specific 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, four areas for improvement were identified across the four services. Improvement plans were submitted to the Commission by the Registered Provider, detailing the actions that would be taken to address each area for improvement.

Progress against the areas for improvement was reviewed during this inspection. The improvement plans were discussed, and it was positive to note that three of the four improvements had been made.

Home Care Service – Medicines Management

At the previous inspection, the Home Care Service was required to introduce and undertake regular audits of medicines management. During this inspection, the service was able to provide evidence that a medicines management audit had been completed, together with a report outlining the findings. This demonstrated that action had been taken to address the area for improvement identified at the previous inspection. The Registered Manager also advised that a new auditing system is being introduced, which will further support the auditing and oversight of medicines management within the service. Therefore, this area for improvement has been met.

Rapid Response and Reablement Service – Medicines Management

At the previous inspection, the Rapid Response and Reablement Service was required to ensure that effective systems were in place to audit all aspects of medicines management. During this inspection, evidence was not available to demonstrate that the planned medicines audit had been completed. The Registered Manager advised that the service had deferred implementation of the audit pending the introduction of the new auditing system, which is intended to support medicines auditing across adult services. While the Commission acknowledges the planned introduction of this system, there was no evidence at the time of inspection to demonstrate that the area for improvement had been addressed. Therefore, this will remain an area for improvement until evidence can be provided that effective medicines audits are being undertaken.

District Nursing Service – Competency Assessments

The area for improvement identified at the previous inspection was explored, and a sample of competency assessments was reviewed. There was evidence of improvement, with competency assessments appropriately completed, including evidence of assessor sign-off.

Child and Family Service – Personal Plans

The service demonstrated a child-centred approach to care delivery. Observations and care record reviews showed that care planning reflected the individual needs of children and young people, and that efforts were made to ensure the voice of the child was considered in decision-making and care provision.

4. 2 Observations and overall findings from this inspection

Family Nursing & Home Care (FNHC) describes its values as being centred on kindness, dignity, respect, collaboration and innovation. During the inspection, Regulation Officers observed practices across all four services that were consistent with these stated values.

Recruitment, induction and workforce development arrangements were established across the organisation. Safe recruitment processes were in place, supported by a structured induction programme and mandatory training arrangements. Staff described a range of wellbeing initiatives and support mechanisms available to them.

Governance systems were in place across the organisation, providing oversight of service delivery, risk management and quality assurance activities. Safeguarding processes were embedded within practice, supported by a designated safeguarding lead and partnership working with other agencies. Care records, risk assessments and medication records reviewed during the inspection were generally completed to an appropriate standard and reflected individual needs. Referral and triage processes supported the timely allocation of care, and a range of electronic systems were used to support care planning, workforce scheduling and staff training.

Arrangements were in place to monitor health and safety compliance, including routine internal inspections and external audits.

It is recommended that medication management arrangements are strengthened through the introduction of PRN (when required) medication protocols and the inclusion of clearer guidance within the revised Medication Management Policy.

Areas for improvement were identified. Across all four services, monthly monitoring reports were completed by Registered Managers rather than the Registered Provider, despite the Standards requiring provider-level oversight of each registered service.

Home Care Service

The Home Care Service had systems in place to support safeguarding, communication and incident reporting. Staffing levels were sufficient to meet current demand, and care receivers were involved in the planning and review of their care. Staff demonstrated an understanding of professional boundaries, confidentiality, equality and dignity. Systems were in place to support rota management, on-call arrangements and communication with care receivers regarding scheduled visits.

Rapid Response and Reablement Service

Assessments and care plans were completed electronically and reviewed regularly. Multidisciplinary meetings, handovers and shared records supported the coordination of care and information sharing. The inspection identified some duplication of record keeping for therapy staff working across organisations and noted the absence of a formal agreement governing these arrangements. Improvements were identified, in relation to the oversight of mandatory training compliance and the consistency of supervision arrangements across staff groups. However, medication audits remain an area for improvement.

District Nursing Service

The District Nursing Service provided care that was tailored to individual needs and focused on promoting independence and supporting positive outcomes. Referral and triage processes supported timely assessments and interventions, including for patients with urgent or end-of-life care needs. Staffing levels had improved since the previous inspection, and evidence reviewed indicated improvement in competency assessment processes. Staff reported that managers were approachable and supportive. The service continues to experience increasing demand and has introduced supported self-care initiatives in response.

Child and Family Service

The Child and Family Service provided care and support to children, young people and their families that was tailored to individual needs and delivered in partnership with families and other professionals. Staff used a range of communication approaches to support children and young people to participate in decisions about their care. The service maintained a stable workforce and had introduced initiatives aimed at further developing service delivery, including the development of a non-medical prescribing role. An area for improvement was identified in relation to management supervision compliance. Overall, the inspection found evidence of collaborative working and a focus on meeting the needs of children, young people and families.

5. INSPECTION PROCESS

1. 1 How the inspection was undertaken

The Home Care and Support in the Community and Child and Family Community Nursing Standards were referenced throughout the inspection.[1]

Prior to the inspection, all information held by the Commission in relation to the services was reviewed. This included previous inspection reports, Statements of Purpose and notifications submitted to the Commission.

The Regulation Officers gathered feedback from twelve care receivers and three representatives. Discussions were also held with managers and staff working within each of the services. In addition, feedback was obtained from six professionals external to the organisation. As part of the inspection process, the Regulation Officers reviewed a range of documentation, including policies and procedures, care records, incidents, complaints, quality assurance information and governance records. Information gathered from these sources was used to assess compliance with the relevant legislation, regulations and standards.

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

Prior to the inspection, the Commission also requested that the Chief Executive Officer (CEO) provide an analysis of the services' strengths, weaknesses, opportunities and threats (SWOT). This was submitted to the Commission on 01 May 2026. Following the submission, the information was reviewed, and, on 05 June 2026, two Regulation Officers undertook an annual conversation with the CEO and Director of Governance and Care. The discussion focused on the SWOT analysis.

At the conclusion of the inspection, verbal feedback was provided to the Registered Managers. Any identified areas for improvement were subsequently confirmed in writing, together with details of the actions required to demonstrate that improvements had been made. This report presents the Commission's findings and observations from the inspection. Throughout the report, areas of positive practice are highlighted, alongside opportunities where practice could be strengthened or further developed. Where improvements are required, these are detailed within the report and supported by an improvement plan.

5. 2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	**Evidence Reviewed**
Home Care Service – Medicines Management	Audit of Medication
Rapid Response and Reablement Service – Medicines Management	No evidence available during inspection
District Nursing Service – Competency Assessments	Competency assessments
Child and Family Service- Personal Plans	Personal plans, observation of care planning, documentation in child health record.
Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Medication policies Risk assessments and documentation Certificates for staff Sample of rotas Training matrix including medications and medication competency Sample of recruitment files Induction and competency documentation Observation multidisciplinary meeting Observation of a team lead huddle for adult services

Is the service effective and responsive	Induction records Supervision and clinical supervision records Review of staff files Monthly reports Review of care receivers' care plans Review of leaflets and an engagement letter Review of risk assessments
Is the service caring	Review of care plans Sample of daily care records Feedback from care receivers, relatives, staff and professionals Observations
Is the service well-led	Annual conversation meeting Statement of Purpose Monthly Provider reports Review of staff files Feedback from professionals Meeting minutes Policies Complaints and Compliments Audits

1. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Across the services inspected, systems and processes are in place to support the safety of people receiving care. These included arrangements for safeguarding, recruitment, staff training, incident management and the management and maintenance of clinical equipment. Safeguarding procedures were supported by organisational policies, supervision arrangements and established escalation pathways. Staff demonstrated an understanding of their safeguarding responsibilities and were able to describe the actions they would take if concerns were identified.

The organisation has a well-established Human Resources department that effectively supports leaders in ensuring safe recruitment practices. Evidence of compliance with recruitment standards was observed. In one instance, a Disclosure and Barring Service check had been delayed at stage four of the vetting process, a comprehensive risk assessment had been completed, enabling the individual to commence induction and attend training, while appropriately restricting patient contact until clearance was received.

Systems were in place to monitor staff induction, and a programme is in place for new staff, including a planned period of shadowing, familiarisation with digital systems and organisational policies, and attendance at mandatory and statutory training. Training compliance is tracked electronically, providing managers with oversight of staff learning and competency. Since the previous inspection, the organisation had enhanced its learning and development system, enabling staff to access their own training records, monitor compliance requirements and book additional training directly through the online platform. A competency framework had also been introduced across the services to strengthen assurance regarding staff knowledge, skills and competence. Leaders advised that this had improved consistency in evidencing competency and promoting accountability within individual roles.

The organisation has established arrangements for the management and maintenance of equipment. Clinical equipment is centrally coordinated and subject to routine testing, servicing and calibration to ensure it remains safe and fit for purpose. One staff member reported that they were provided with all necessary equipment on their first day of employment and described the facilities management team as highly supportive and knowledgeable. A programme of internal site inspections is conducted every six months, with annual inspections undertaken by external contractors.

Electronic systems are also used to support workforce deployment, incident reporting, workload management and operational oversight across the services.

Throughout 2025, the service received significantly more compliments than complaints, with 164 compliments compared with 44 complaints.

Compliments received reflected consistently positive experiences across the organisation, with feedback highlighting staff as caring, kind, professional, supportive and responsive. Individuals and families frequently praised the compassion shown by staff, the quality of care provided, and the positive impact services had during periods of illness, recovery and family support.

A review of the complaints data identified that the majority of concerns were resolved at an early stage through discussion, clarification and prompt engagement, with only a small number requiring formal investigation. Complaints were predominantly received within the District Nursing Service and commonly related to communication and service delivery expectations. Investigation of the formal complaints found that care and decision-making were appropriate and that systems and risk management processes had operated effectively to prevent harm. Learning from complaints focused on strengthening communication and reinforcing shared care planning and self-management approaches where appropriate. Overall, the evidence demonstrated a responsive approach to complaint handling, with concerns used to inform service learning and quality improvement.

Home Care Service

A review of information held by the Commission prior to the inspection identified that there had been no safeguarding notifications relating to the Home Care Service since the previous inspection.

Care receivers' needs are discussed during daily morning meetings, discussions with SHCAs confirmed regular communication with HCA to ensure that any concerns, changes in circumstances or monitoring requirements are shared appropriately. The service had not received any complaints since the previous inspection, and there were no complaints recorded by the Commission. The service demonstrated sufficient staffing capacity to meet current demand.

A review of medicines competency assessments and discussions with the Registered Manager confirmed that scenario-based assessments are used to evaluate staff competence in medicines management. The Registered Manager also described how a mobile phone application supports staff in reporting of incidents, accidents and near misses, enabling senior staff to receive alerts and respond promptly where required.

Rapid Response and Reablement Service

The service had appropriately notified the Commission of incidents relating to skin integrity concerns affecting care receivers. Information provided during the inspection demonstrated that the service currently had sufficient staffing capacity to meet demand.

The Regulation Officer observed a multidisciplinary team meeting during the inspection, where safeguarding concerns formed part of routine discussions and were considered alongside the needs of people receiving care. The Registered Manager also described daily afternoon huddles, during which safeguarding matters, incidents and other operational concerns are reviewed.

Staff have access to electronic systems via mobile devices and laptops, enabling them to access care information and record incidents, accidents and concerns in a timely manner. The Registered Manager advised that staff can also seek advice and support from the manager on call when required.

District Nursing Service

Recruitment had previously presented as a challenge to the service; however, the service has since been able to over-recruit, providing resilience against unplanned absences and supporting staff wellbeing. One staff member reported that staffing levels now enable them to take regular breaks. The current rota incorporates an effective mix of experienced staff, ensuring that the needs of patients are met, while staff working hours remain within acceptable limits.

The introduction of a digital scheduling system has further strengthened service delivery. This system allocates visits based on staff competencies, geographic location, and workload considerations, including time for reviewing care plans, travel, breaks, and handovers. Combined with improved staffing levels, this reduces the likelihood of missed breaks and supports safe and efficient care delivery.

A review of induction and probation processes identified tailored support for staff requiring additional guidance. This reflects a supportive and inclusive working environment.

The staff team was found to be appropriately skilled and competent. In addition to mandatory training, specialist training is provided in line with patient needs. A current challenge for the service is identifying accessible district nursing degree programmes for staff based on the island. The Regulation Officer was informed this measure is in response to recruitment challenges faced that are compounded by a national shortage of qualified district nurses. In recognition of this issue the organisation is working towards developing local solutions to support staff in obtaining this qualification.

During inspection visits, the Regulation Officer observed the safe administration of insulin. Documentation, including medication records, authorisation sheets and insulin administration records, were appropriately completed.

In response to increasing demand, the service has introduced a model that promotes supported self-care where clinically appropriate. Patients are encouraged to develop skills such as blood glucose monitoring and insulin administration, with decreasing levels of staff input as confidence increases. This approach promotes independence while enabling staff capacity to be directed towards patients with greater need.

Review of care records also highlighted proactive clinical practice concerning medication. In one instance, a nurse identified that medication had been prescribed on an incorrect chart and promptly requested that it be transferred to the appropriate anticipatory prescribing chart, ensuring timely and safe administration.

Staff demonstrated a clear understanding of safeguarding responsibilities. Concerns are appropriately escalated, discussed at team handovers and daily service huddles, and formally notified where indicated. The Registered Manager was recognised as knowledgeable in this area, and evidence confirmed that safeguarding concerns are identified and managed appropriately.

Child and Family Service

The service adopts a proactive approach to ensuring children and families receive the right support at the right time. This was evidenced when the Regulation Officer shadowed a Children's Community Nurse who demonstrated kindness and compassion while supporting a parent and child. The nurse planned to attend a health appointment to advocate on behalf of the child, gain an up-to-date understanding of their health needs, and ensure care was appropriately adapted and accurately reflected within the child's records.

Staff are suitably skilled and well supported to develop specialist expertise, enhancing the quality of care provided.

Risk assessments reviewed within care records were clear, informative and detailed the measures required to manage identified risks effectively.

A sample of Medication Administration Records (MARs) were reviewed and found to be completed appropriately.

FNHC has a dedicated Safeguarding Lead who is valued by the team. The Regulation Officer received consistently positive feedback regarding the Safeguarding Lead, with staff highlighting the value of safeguarding supervision, support with record keeping, and their accessibility for advice and guidance.

The Registered Manager acknowledged the importance of balancing the delivery of care with the increasing demands associated with safeguarding responsibilities. Staff feedback gathered through the previous year's staff survey, and inspection discussions, indicated a need for additional support in managing safeguarding duties.

The introduction of the new scheduling system will enable the service to monitor the time spent on safeguarding activities and assess whether additional resources are required.

Team leads are supported to attend leadership and coaching programmes, with one describing the training as particularly beneficial. School nurses and health visitors have access to specialist online learning opportunities funded by the service. Community children's nursing staff also receive specialist training from national children's hospitals to support child-specific treatments and therapies.

Virtual multidisciplinary team (MDT) meetings are held for children with complex health and care needs to develop tailored care packages, including symptom management plans. In addition, nurses attend weekly on-island MDT meetings held for children in receipt of palliative care. These arrangements demonstrate the service's responsiveness to individual needs and were reflected in care records.

Since the last inspection, one member of staff has left the service, and two new staff members have been recruited. While the Registered Manager reported challenges in recruiting school nurses and health visitors, the service is currently operating at full establishment. A staff member who had joined the service since the last inspection described their induction as positive and effective in preparing them for their role.

Staffing numbers and required skill mixes are determined for each team, removing the need for a dependency tool. The scheduling system matches staff qualifications and competencies to individual care needs, ensuring appropriate allocation of care. The system also supports efficient workforce deployment by planning staff travel routes across the Island, promoting an equitable distribution of workload.

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.

All four services had comprehensive Statements of Purpose which clearly outlined the services provided and the scope within which care and support is delivered. The documents accurately reflected current service provision and provided clear information for people who use the services and other stakeholders.

Across all four services, information was available in formats that could be adapted to meet individual communication and accessibility needs. Registered Managers described a range of measures that could be implemented where required, including the use of larger print and pictorial formats. Patient information leaflets were available in multiple languages, and external translation services are accessed to support effective communication with care receivers and their representatives.

Home Care Service

The service demonstrated a person-centred approach to care planning and delivery. Staff provided examples of adapting information and support to meet individual needs. For example, visual prompts had been developed for one care receiver who benefited from additional support in understanding who would be visiting their home. This included the use of colour-coded information linked to staff uniforms and scheduled visit times.

A review of assessments and care plans demonstrated that they contained detailed information regarding individuals' needs and the support required to meet them. The service provided examples of working collaboratively with external agencies to support people with complex needs to remain safely in their own homes. One example included joint working with the Fire and Rescue Service, pharmacy professionals and Andium housing to develop risk assessments, safety plans and environmental adaptations that supported the individual's preferences while managing identified risks.

Care receivers are provided with a folder containing information about the service, relevant health promotion information and copies of their care plans. Care plans are updated as required, with revised versions replacing superseded documents in the home. Where appropriate and with consent, care plans can also be shared electronically with care receivers or family members. The service also provides additional resources and information, including health promotion guidance such as the NHS ‘Get Up and Go’ initiative, to support individuals to maintain their health and wellbeing.

Rapid Response and Reablement Service

Staff explained that, once an individual is accepted into the service, they are provided with a folder containing information about the service, including details of the support available and how to raise a complaint. Where appropriate, additional information leaflets are included to support individual needs, such as guidance relating to pressure ulcer prevention and management of diabetes care.

Initial assessments are completed either directly onto the electronic system or on a laptop while meeting with the care receiver. Information from assessments informs the development of care plans, which are reviewed and updated as individuals’ needs change. Assessments across adult services are being streamlined to ensure consistency and reducing duplication and improving efficiency when a patient transfers across the service. Whilst copies of assessments are not routinely provided to care receiver's, these can be made available on request.

The Regulation Officer observed the morning multidisciplinary team meeting, during which therapists and nurses reviewed and updated care plans and care records to reflect people's current needs. Staff are provided with handover information that summarises key and up-to-date information about care receivers to support continuity of care and responsive service delivery. Care records are updated electronically following visits, ensuring that current information is available to other staff involved in providing support.

District Nursing Service

Communication within the service is effective. The Regulation Officer observed a daily adult services ‘huddle’, during which caseloads were reviewed, and forward planning was undertaken to address potential staffing pressures. This supports continuity and quality of care delivery.

Patients referred to the District Nursing Service are provided, at the initial visit, with written information outlining what they can expect. For individuals with additional communication needs, staff adopt a range of approaches, including the use of visual aids such as whiteboards and adjustments to support those with visual or hearing impairments.

During observed home visits, staff demonstrated a person-centred approach to communication. For example, a nurse positioned themselves at the same height as a patient to ensure they remained within the patient’s visual field and could be clearly seen and heard. This supported effective communication and consent processes. The nurse provided reassurance regarding wound healing progress and clearly explained potential next steps should improvement not continue. Patients were encouraged and supported in a compassionate manner, with recognition of the emotional impact of reduced mobility and social isolation. One patient expressed how important it was to recover, as they were currently isolated in their home due to reduced mobility.

Promoting independence is a key principle of the service. One example shared with the Regulation Officer was when a patient expressed a wish to travel off island with the support of a carer. A district nurse supported this goal by delegating an appropriate clinical task to the carer, providing education and completing a competency assessment to ensure the task could be performed safely.

A holistic needs assessment is completed for all patients, informing the development of person-centred care plans and associated risk assessments. These are dynamic documents, regularly reviewed and updated in line with patient needs.

Care included regular review of symptom management, mouth care and skin integrity, and evidence showed that staff sought senior clinical advice when required.

Review of care records demonstrated that the referral and triage system operates effectively, with appropriate prioritisation of patients with urgent or end-of-life needs. In one case, a referral received later in the day resulted in a same-day visit, during which a holistic assessment was completed to inform care planning and establish visit frequency. Families are provided with relevant written information, including contact details for the service.

Patients receive a range of informative leaflets and information packs on entry to the service. These include details about the role and responsibilities of the FNHC District Nursing teams. Examples reviewed included guidance on preventing pressure ulcers and information about the District Nursing service, explaining where and by whom care will be delivered. Information is also provided on the service's approach to promoting supported self-care, enabling patients to work in partnership with staff until they feel confident to manage aspects of their own care.

The service is currently participating in an innovative pilot scheme that allows patients to submit health and wellbeing information remotely for review. This provides valuable additional information for clinicians when visiting patient's or seeing them in clinic.

In response to previously identified issues with the quality of referral information received, the service introduced the role of a Transfer of Care Liaison Nurse. This role has had a positive impact, with improvements noted in the completeness and quality of referrals. The Regulation Officer was informed that feedback has been positive, particularly regarding the support and education provided to referrers on appropriate referral processes.

Child and Family Service

The care provided is holistic, compassionate, and responsive to the needs of children and their families. During a home visit observed by the Regulation Officer, a nurse arranged to support the wider family network by arranging a visit to a relative's home to teach and support them to use equipment for symptom-management, enabling respite care to be provided and benefiting both the child and their parents. At another home visit, a nurse identified a suitable intervention for the child and with parental agreement, returned later that day to provide training on the safe use of the equipment. These observations demonstrated the responsiveness and flexibility of the Children's Community Nursing team.

Care provision reflects a holistic approach, with physical, emotional, psychological, and social needs all considered. Children, young people, and their families are signposted to appropriate services when additional support is identified.

Staff work collaboratively with partner agencies and regularly attend multidisciplinary meetings, including 'Team Around the Child' meetings, to advocate for children and young people. This helps ensure their health needs are recognised and addressed, with safety and wellbeing central to planning and decision-making.

The value of the duty Health Visitor role is well recognised, and this approach has recently been adopted within the School Nursing Team. The duty practitioner is directly accessible to children, young people and families, providing advice, responding to queries and arranging clinic or home visits where required. The role also enables timely attendance at short-notice meetings, reduces disruption to planned workloads and provides additional resilience during periods of unplanned staff absence.

Staff use effective, age-appropriate communication methods, including picture boards, eye-gaze technology and easy-read materials, to ensure children and young people's voices are heard.

The service has standardised resources across community clinic locations to ensure consistent provision. This means each clinic offers children the same range of toys and activities, supporting a consistent and equitable experience.

Is the service caring?

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

Throughout the inspection process, the Regulation Officers reviewed care records, observed care delivery and sought feedback from care receivers and stakeholders. These activities provided assurance that care receivers were treated with dignity, respect and compassion. Care was observed to be person-centred and responsive to individual needs, with care planning and service delivery reflecting people's preferences, circumstances and assessed requirements.

The organisation promotes a culture of mutual respect. Staff are expected to recognise and respond appropriately to patients' cultural and religious needs, while the organisation also takes a clear stance against discrimination towards staff. Patients are provided with information outlining expected standards of behaviour. Where concerns arise, the organisation takes appropriate action, including direct communication with patients and, where necessary, arrange alternative care arrangements. This demonstrates a commitment to ensuring staff are treated with dignity and respect.

Home Care Service

A review of care records demonstrated that the service takes a holistic approach to care planning. Personal plans reflected individuals' assessed needs, preferences, goals and desired outcomes. Discussions with Senior Care Assistants provided several examples of person-centred care delivery, where support had been adapted to meet the unique circumstances of care receivers.

As part of the wider FNHC organisation, the service works collaboratively with other teams to support continuity of care and maximise available skills across the workforce. The Registered Manager described an ongoing programme of workforce development aimed at increasing shared competencies across the Home Care and Rapid Response and Reablement Services.

This includes opportunities for staff to shadow colleagues and develop additional skills to enhance service resilience, workforce flexibility and responsiveness to changing care needs. The Registered Manager advised that this work is being implemented gradually to support staff development and ensure that care receivers continue to receive care from appropriately skilled staff.

The service demonstrated an understanding of the importance of maintaining professional boundaries and managing potential conflicts of interest within a small island community. The Registered Manager provided examples of how potential conflicts are identified and managed where staff may know individuals referred to the service.

Staff were able to describe how privacy, dignity and confidentiality are maintained when delivering care and during the sharing of information. This included arrangements for conducting handovers, maintaining secure records and discussing care information appropriately. The service also demonstrated a clear approach to promoting equality and protecting staff from discrimination. Examples were provided of occasions where policies and procedures had been used to address unacceptable behaviour towards staff and reinforce expected standards of conduct.

Rapid Response and Reablement Service

The service is commissioned to provide support for a period of up to six weeks. During this time, the focus is on supporting people to regain or maximise their independence through a reablement approach. Staff work alongside care receivers to achieve goals that enable them to return to their previous level of functioning wherever possible, reducing reliance on ongoing support. Where longer-term assistance is required, the service works with individuals and partner agencies to ensure appropriate arrangements are in place following discharge. Staff advised that, in some circumstances, involvement may continue beyond the six-week period where additional support is required to achieve safe and effective outcomes.

The inspection identified that a number of electronic systems are used across the service for clinical records, governance processes, scheduling, workforce management and training. Occupational therapists and physiotherapists working within the team are employed by Health Care Jersey (HCJ) and are therefore required to access both HCJ systems and FNHC systems. Staff advised that this can result in information being recorded in more than one system to ensure records are accessible to both organisations. Whilst staff recognised the importance of maintaining accurate records and facilitating information sharing, they described the duplication of data entry as time-consuming and indicated that reducing this duplication would improve efficiency.

A therapist demonstrated the electronic systems used within the service, including the discharge summary process and mobile scheduling application. The therapist explained that clinical records are generally documented using the recognised SOAP framework (Subjective, Objective, Assessment and Plan). This structured approach supports consistent recording of information, clinical reasoning and planned interventions and assists effective communication across the multidisciplinary team.

Throughout discussions and observations undertaken during the inspection, effective information sharing between professionals formed a routine part of service delivery. Daily in person handovers, multidisciplinary discussions and electronic record systems were used to communicate changes in people's needs and coordinate care. The Regulation Officer attended the service's multidisciplinary team meeting where professionals demonstrated a detailed knowledge of the individuals receiving support. Discussions reflected a person-centred approach, with staff carefully considering people's circumstances, progress, goals and risks. There was clear evidence of collaborative working, professional respect and a shared commitment to delivering compassionate care and achieving the best possible outcomes for the people using the service.

District Nursing Service

A review of patient care records, alongside observed interactions between a District Nurse and patients, demonstrated that care is delivered with dignity, respect and compassion.

FNHC demonstrates a strong commitment to promoting person-centred care and supporting patients to maintain their independence. The service recognises the importance of focusing on prevention and early intervention. An example of this was observed in a clinic waiting area, where a member of the District Nursing team had created and displayed a visual health promotion message.

Care records reviewed were consistently person-centred. Each patient's primary need was clearly identified, with an individualised package of care developed to support recovery or to provide compassionate and dignified palliative care. Care planning reflected patients' preferences and choices, including their preferred place of death, which was clearly documented and respected.

During home visits observed by the Regulation Officer, nurses demonstrated professionalism. Patients were familiar with the nurses from previous visits, reflecting continuity of care. Clear explanations were provided regarding the care to be delivered during the visit, along with plans for ongoing care.

Consent was appropriately sought prior to all interventions, including intimate care, and patients' decisions were respected where consent was declined. Interactions between staff and patients were warm and personable, indicating that staff had taken time to develop meaningful relationships during previous visits.

Feedback from patients indicated appreciation for the home visiting service; however, some expressed that waiting at home for visits could impact their ability to participate in community activities. Patients noted that attending scheduled clinic appointments, when mobile, offered greater flexibility.

The Registered Manager advised that the service seeks to accommodate patient needs where possible, including offering flexibility in visit timing, particularly for those in employment. Information provided to patients outlines that, on occasion, visits may be delayed or rescheduled to prioritise patients with more urgent clinical needs. A triage system supports this process, and the scheduling system includes safeguards to ensure that no patient is repeatedly disadvantaged by missed visits.

A significant proportion of visits involve blood glucose monitoring and insulin administration. These tasks are also delegated to trained SHCAs, reflecting their time-sensitive nature. While there has been progress in supporting some patients to self-manage their diabetes, staff reported ongoing challenges due to patient reluctance.

A visit to a clinic setting where District Nurses provide daily services demonstrated a well-considered and accessible environment. Clear signage with large font was displayed throughout the premises to support patients with visual impairments, and lift access was available for those with reduced mobility. Signage directed patients to designated waiting areas outside clinic rooms, enabling those with hearing impairments to either hear their name being called or be approached directly by staff. In addition, the names and roles of staff working in the clinic were clearly displayed.

Child and Family Service

A review of care records found clear evidence that the voice of the child is central to care planning and delivery. The views of children, their families, and relevant professionals were routinely sought and reflected within care plans and records. Health assessments capturing the child's voice are used to support advocacy on their behalf during strategy meetings.

Staff consistently prioritised the best interests of children and young people. Information was provided in a manner appropriate to the child's age, understanding, and circumstances, as well as to their family. The Regulation Officer was given an example of where, one young person's wishes were respected when they declined an aspect of their care.

Staff worked collaboratively with them to identify an alternative approach that ensured the required care was delivered while maintaining their autonomy and dignity.

Risk assessments reviewed within care records were clear, informative, and detailed how identified risks should be managed. Care records were generally completed promptly following visits observed by the Regulation Officer. One exception was identified and immediately raised with the Registered Manager, who took prompt action to ensure the record was updated to accurately reflect the care provided.

The care observed was consistently compassionate, respectful, and person-centred. Staff demonstrated a detailed understanding of the children and families they supported and were knowledgeable about the services and interventions available to meet their needs. Care plans and records were maintained to ensure continuity of care and provide clear guidance for all staff involved, reducing the risk of inconsistent advice or practice.

During a home visit to support a new mother with infant feeding, the Regulation Officer observed sensitive questioning and active listening, contributing to the development an agreed plan of care, which was clearly documented in the child's health record. This helped ensure consistency of advice across healthcare professionals. On another visit, a nurse demonstrated skill and compassion during a conversation with a parent, showing empathy and insight into the challenges faced by the family.

Records also evidenced nurses and midwives maintaining contact with families while children were receiving treatment off-Island, providing reassurance and support during what can be a challenging period. It was evident that many families receive co-ordinated support from multiple teams within the Child and Family Service.

The service achieved Baby Friendly Initiative Stage Three accreditation during the previous year. The lead practitioner continues to work collaboratively with partner organisations to promote consistent health messages and evidence-based practice. The service has also expanded clinic capacity to provide breastfeeding peer-support sessions on four mornings each week at accessible locations across the Island, improving inclusivity for families regardless of transport or mobility needs.

The skill mix within the School Nursing Team reflects the needs of the population it serves. Two school nurses hold specialist mental health qualifications. An example was provided of a school nurse engaging a young person through an activity of their choice to build trust and encourage open discussion about any concerns or anxieties. By developing these relationships, nurses are well placed to advocate effectively for young people and ensure their views are represented during meetings and care planning processes.

Care plans were informed by contributions from the child, their parents or guardians, teachers, and relevant multidisciplinary professionals. Records included information about preferred communication methods and the environments in which children were most comfortable engaging, supporting the delivery of personalised care.

Continuity of care is prioritised, particularly where children require targeted or specialist interventions, such as those receiving support through the MECSH. While continuity cannot always be guaranteed within universal services such as Health Visiting, School Nurses are allocated to specific schools, enabling them to develop strong relationships with children and young people over time and fostering trust and engagement.

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 maintains a well-established governance framework, with effective oversight provided by the senior management team. Governance arrangements were found to be robust, demonstrating clear accountability, effective monitoring, and strong leadership across the service, and represent a key strength of the organisation. Information gathered during the inspection, including the Annual Conversation with senior leaders, identified an organisational focus on maintaining an open culture, supporting staff wellbeing and promoting learning from feedback. Senior leaders reported that complaints and incidents of clinical harm remained low and described a range of mechanisms used to engage with staff and support organisational learning.

A range of staff wellbeing initiatives are available across the organisation, including access to a dedicated wellbeing room, peer-support programmes, private healthcare benefits and organised staff events. Additional support is available through programmes designed to assist staff following traumatic incidents or challenging experiences. Staff reported that opportunities are available to discuss wellbeing, professional development and any concerns through both formal and informal channels.

The Chief Executive Officer holds regular staff meetings to communicate organisational developments and obtain feedback from staff. Leaders acknowledged that the introduction of several new systems and service changes had generated mixed feedback from some staff groups. However, they described ongoing efforts to engage staff throughout periods of change and to balance staff wellbeing with operational requirements and service demand.

Annual staff survey results were reviewed during the inspection. Whilst response rates had reduced compared to previous years, leaders had analysed the findings and acknowledged that organisational change and the implementation of new systems may have negatively influenced staff perceptions during the reporting period. This was reflected in feedback received by staff during the inspection process.

Staff contribute to governance processes through participation in audits, complaint management and compliance with organisational policies and procedures. Audit activity forms part of the organisation's quality assurance framework. Service-specific and organisation-wide audits are undertaken, with outcomes reviewed by senior leaders and findings shared with staff through team meetings and improvement plans. Examples reviewed during the inspection demonstrated that learning arising from audits, incidents and complaints was communicated across teams and used to inform service improvements.

There is a suite of regularly reviewed policies accessible to staff. The Safer Recruitment Policy and the Medicines Policy are currently under review. The existing Medicines policy does not include guidance on 'when required' (PRN) protocols. Although PRN medicines may not be relevant across all services, one Registered Manager identified a potential need within their service. Consideration should therefore be given to including PRN protocols within the revised Medicines Policy to ensure clear and consistent guidance. The Lone Worker policy was reviewed this year and there is a safety plan for each of the four services within FNHC.

Across all four services, it was identified that monthly monitoring reports were being completed by the Registered Managers rather than the Registered Provider. The reports reviewed were detailed and demonstrated effective oversight of service performance, including the monitoring of incidents, complaints, staffing, training, and quality assurance activities. The organisation also demonstrated robust governance arrangements and enhanced oversight through recently introduced electronic systems. However, the Standards require provider-level monitoring of each registered service. This has therefore been identified as an area for improvement to ensure monthly provider reports are completed by the Registered Provider.

Home Care Service

The Registered Manager described the organisation's governance arrangements as providing a strong framework for oversight, accountability and service development. The service was able to demonstrate how local governance processes contribute to wider organisational governance and quality assurance arrangements.

The Regulation Officer reviewed supervision records and found these to be up to date, with evidence that staff were receiving regular supervision in line with organisational expectations and Commissions standards. Supervision records demonstrated opportunities for staff to discuss their practice, wellbeing and professional development.

Responsibility for rota management and scheduling is shared between the Deputy Manager and Senior Care Staff, who oversee the allocation of visits and deployment of staff. The on-call function is also shared between the Deputy Manager and Senior Care Staff on a rotational basis, with the Registered Manager available to provide additional support in exceptional circumstances.

Care receivers are provided with copies of their rotas and can receive these either electronically or in paper format, depending on their preference. This supports people to understand who will be providing their care and when visits are scheduled.

Rapid Response and Reablement Service

The organisation provides a comprehensive programme of mandatory, role-specific and specialist training to support staff in their roles. Training records demonstrated good overall compliance across the service. However, gaps were identified in the completion of some mandatory training subjects, including infection prevention and control and basic life support. Given the importance of these subjects to safe service delivery, oversight of mandatory training compliance requires further strengthening. This has been identified as an area for improvement.

The Registered Manager reported improvements in the quality of referrals received following collaborative work with HCJ to develop a joint referral document. This was reported to have improved the quality and consistency of information provided at the point of referral.

The service operates a flexible workforce model to respond to fluctuating demand. Staffing availability is monitored by Team Leads, who oversee rota management and deployment. Electronic systems provide oversight of referrals, response times and service activity, supporting operational monitoring and performance reporting.

A review of supervision records identified variation in completion rates across staff groups. Whilst supervision for registered and senior staff was generally taking place as planned, lower completion rates were identified for HCAs. The Registered Manager acknowledged this and advised that a range of service changes had impacted staff during the reporting period. As regular supervision is an important component of staff support, development and oversight, this has been identified as an area for improvement.

The inspection also identified that occupational therapists and physiotherapists working within the service were employed by Health and Community Services but worked operationally within the Rapid Response and Reablement Team. Whilst regular liaison arrangements were in place between the organisations, there was no formal agreement governing these arrangements.

District Nursing Service

The District Nursing Service demonstrated effective use of audit findings to drive service improvement. Evidence reviewed during the inspection showed that learning from audits was incorporated into service improvement plans and communicated across teams.

Compliance with staff supervision is good, with 88% of staff receiving supervision during 2025.

District Nursing staff confirmed having regular opportunities for supervision and appraisal, during which they could reflect on practice, discuss wellbeing and identify development needs. Managers were described as approachable, with staff feeling able to raise concerns outside of formal supervision arrangements.

The majority of notifications related to pressure ulcer development. A multidisciplinary review process was in place to examine relevant cases and identify opportunities for learning and service improvement. Audit activity had identified opportunities to strengthen compliance with pressure ulcer prevention standards, and additional training had been planned in response.

Further audits completed in 2025 included an abbreviations audit, which identified the need to update the record-keeping policy, and a nursing process audit, which demonstrated improved compliance with standards and overall positive outcomes.

The recent appointment of a deputy manager was expected to strengthen leadership capacity and operational oversight within adult services.

Child and Family Service

The Registered Manager has been in post for many years and demonstrated a strong understanding of the service and its operations. They spoke positively about the staff team and reported feeling well supported by senior leaders. It is also positive that they receive external professional supervision, which provides opportunities to discuss concerns, reflect on practice, and identify appropriate support.

Staff feedback regarding the senior management team was mixed. Several staff described senior managers as approachable, supportive and accessible, reporting that they felt comfortable raising concerns, providing feedback and escalating issues when required. Positive comments highlighted a culture of recognition, opportunities to contribute ideas and managers who understood staff roles and strengths.

However, a notable proportion of feedback reflected concerns about leadership style, communication and staff wellbeing. Some staff reported feeling closely scrutinised, insufficiently listened to and unable to challenge decisions without fear of negative consequences. Concerns were raised regarding perceived micromanagement, limited flexibility in practice, high workloads within one team and a view that organisational culture was resistant to change. Several respondents described a lack of consultation with staff before changes were implemented and expressed a desire for greater autonomy and trust in their professional roles.

The Registered Manager maintains a risk register and completes a monthly performance report that includes information relating to incidents, complaints, mandatory training, and supervision. They attend monthly Senior Leadership Team meetings, which facilitate shared learning across the organisation. Staff are further supported through monthly divisional meetings, weekly team meetings, and regular reviews of service action plans, providing opportunities to discuss progress, share learning, and drive improvement.

A review of the record-keeping audit tool demonstrated that action had been taken in response to an area for improvement identified at the previous inspection. Service-specific audit questions have been incorporated to assess whether plans of care are completed and reviewed appropriately following contacts with children and families. Audit findings are shared with staff, and each team maintains an action plan that is regularly reviewed at team meetings.

A sample of record-keeping audit reports completed during 2025 was reviewed. Actions arising from the audits included targeted staff training and the introduction of mandatory fields within electronic care record templates to improve consistency and strengthen documentation. While the audits identified that there remains scope to improve documentation and follow-up processes, they also evidenced that actions have been implemented to support continued improvement. This demonstrates the service's commitment to learning and quality improvement.

A sample of one-to-one records between the Registered Manager and staff demonstrated that agreed actions were clearly documented. These meetings were used to identify development opportunities, training needs, and resources that could be shared more widely across teams. Management supervision and appraisal discussions are undertaken together and are intended to occur quarterly. Data provided for 2025 showed that staff in two of the four teams had received management supervision and appraisal at the expected frequency. Where there was lower compliance, it was partly attributed to a Team Lead vacancy within the Health Visiting Team. Compliance has reduced further during 2026 and requires continued management oversight. Management supervision is an area for improvement.

Monthly provider reports evidenced strong compliance with mandatory training requirements and regular review of policies and Standard Operating Procedures. The reports also reflected a stable workforce with minimal staff turnover and included information relating to incidents and audits undertaken.

In April, the Child and Family Service held a service-wide conference where teams showcased projects, shared examples of good practice, and celebrated achievements.

It is commendable that members of the MECSH team were invited to present at two national conferences, sharing both the Island's experience of delivering the programme and the findings of locally conducted research that contributed to a national study.

Team Leads are responsible for investigating incidents within their own teams, with oversight provided by the Registered Manager. Learning from incidents is shared through team meetings to support service improvement and reduce the likelihood of recurrence.

The service demonstrated a proactive approach to equality, diversity, and inclusion. The Registered Manager provided an example where a member of staff had experienced discriminatory comments from a care receiver. Although the staff member chose not to pursue the matter formally, the Registered Manager confirmed

that the organisation's policies would have been followed had an investigation been required.

Conversely, when concerns were raised regarding discriminatory language used during a parent education session, the service responded promptly by providing additional staff training. This demonstrates a commitment to promoting inclusive practice and addressing discrimination when concerns are identified.

The business continuity plan was in draft form at the time of inspection and includes escalation processes for managing periods when demand on services exceeds capacity. The Registered Manager maintains oversight of staffing levels, while Team Leads have responsibility for rota management and escalating concerns where necessary. The service demonstrated a flexible approach to managing demand and promoting independence. For example, one parent had been supported to competently replace their child's nasogastric tube, enabling the family to travel off-Island when required and reducing the need for urgent staff intervention. This approach supported both family independence and effective use of service resources.

The service continues to develop innovative ways of improving care delivery. A recent initiative includes the appointment of a non-medical prescriber within the Children's Community Nursing Team. This role is expected to reduce delays in accessing medication, minimise unnecessary hospital appointments, and improve the experience of children and their families.

Feedback

Home Care Service

Feedback obtained from care receivers and a family representative was consistently positive. Individuals described staff as caring, professional and reliable. Comments highlighted that staff were punctual, communicated effectively when delays occurred and were responsive to people's needs. Care receivers and their representatives reported feeling well supported and valued the kindness and flexibility demonstrated by staff. No concerns were raised, and those providing feedback expressed a high level of satisfaction with the service.

Feedback obtained from Home Care Service staff was positive. Staff reported that they felt there were sufficient trained and competent staff available to meet the needs of people receiving support and that they felt confident in reporting accidents, incidents and concerns. Staff also advised that learning from incidents was shared appropriately and that communication regarding daily work, changes and updates was clear.

Staff described being supported to provide person-centred care and reported that care plans contained the information required to meet people's needs effectively. Respondents indicated that they were able to support care receivers to make choices, promote independence and deliver care that maintained dignity, privacy and respect. Staff also reported receiving regular supervision and stated that they felt comfortable raising concerns or providing feedback to managers.

Additional comments highlighted the value of ongoing training opportunities. Staff reported receiving enhanced training to support the identification of issues such as pressure damage and wound concerns, enabling them to respond more effectively to the needs of care receivers within the community.

As part of the inspection process, feedback was sought from a number of professionals who work alongside the Home Care Service. Five professionals were approached; however, no responses were received within the inspection timescale.

Rapid Response and Reablement Service

Feedback was sought from care receivers who had received support from the Rapid Response and Reablement Service. Those who provided feedback spoke positively about their experiences of the service and described staff as kind, helpful and supportive. Care receivers reported being satisfied with the care provided and did not identify any areas for improvement. No concerns were raised regarding the quality of care or the manner in which support was delivered.

The Regulation Officer received feedback from healthcare professionals who work regularly with the Rapid Response and Reablement Team. Feedback was predominantly positive, with professionals describing the service as responsive, professional and focused on patient safety. Respondents reported that the team worked collaboratively with other health professionals, communicated effectively regarding changes in people's needs and was receptive to feedback. Professionals highlighted the team's flexibility, timely responses, thorough assessments and commitment to supporting people safely within the community. Several professionals commented that the service plays an important role in supporting care closer to home and achieving positive outcomes for people receiving care.

Whilst feedback was largely positive, some professionals who work both internal and external to the service identified areas where partnership working could be strengthened. These included improving clarity regarding the service remit and referral criteria, reducing duplication of assessments between services and enhancing communication between community and hospital-based teams.

Concerns were also raised regarding therapy capacity within the service and the use of multiple electronic record systems, which were reported to contribute to duplication of work and inefficiencies. Some professionals felt there were opportunities to further support positive risk-taking within reablement interventions to maximise independence and achieve rehabilitation goals. These views were not shared by all professionals who provided feedback but were recurring themes within external stakeholder responses.

Feedback obtained from staff reflected a strong commitment to providing person-centred care and supporting people to achieve positive outcomes. Staff generally reported confidence in raising concerns, managing incidents and supporting individuals to make choices and maintain independence. Communication within teams was described as clear, and staff reported feeling supported by colleagues and managers. Responses highlighted a strong team ethos and a focus on maintaining safe and effective care despite operational challenges.

Several staff members commented positively on leadership within the service, describing managers as approachable, supportive and committed to maintaining service delivery during periods of change. Staff described a culture in which people receiving care remained at the centre of decision-making and where colleagues worked collaboratively to respond to service demands.

Some staff also raised concerns regarding the impact of organisational and workforce changes on morale and capacity. Themes included staffing pressures arising from vacancies, long-term absence and service redesign, together with concerns about the pace of change and the impact on training, supervision and service development opportunities. Staff described ongoing efforts to maintain service delivery during these periods and acknowledged the challenges associated with balancing operational demands and workforce sustainability.

District Nursing Service

Feedback from District Nursing staff was generally positive and indicated that respondents felt able to deliver safe care, were confident in safeguarding processes, and treated patients with dignity and respect. Staff described a caring and professional service, highlighting positive teamwork, a supportive culture within teams, and a shared commitment to meeting patients' needs. Several respondents also spoke positively about the training and professional development opportunities available to them. However, some staff identified challenges relating to workload pressures, including periods of short staffing, increasing demand, and the time required for documentation and administrative tasks.

A small number of respondents reported that these pressures could affect the time available for patient visits and record keeping. While most staff reported feeling supported and able to raise concerns, some respondents expressed a desire for more open discussion and greater confidence that concerns would be heard and addressed. Staff also suggested that additional staffing capacity, protected time for training and administration, and increased access to specialist community nursing expertise would further support service delivery. Overall, feedback reflected a committed workforce that remains focused on providing high-quality patient care despite the operational pressures experienced within the service.

Ten staff members responded to the anonymous feedback survey and examples of the feedback were;

"*Not always able to raise concerns without being judged or labelled as a problem*." "*The organisation is dedicated to supporting staff's professional needs and also support staff personally, focusing on staff wellbeing and ensuring staff have access to support and resources*" whereas another fedback, "*Increased staffing levels, more time allocated for patient visits, and protected time for mandatory online training would help reduce workload pressures and support staff development*."

Health and social care professional feedback

"*I have found the District Nursing service to be proactive and fully engaged in the safeguarding process. In my view, the service is well-led, and the service is highly responsive. Staff are friendly, approachable, and demonstrate good skills in their roles. In a recent safeguarding case, the service was commended for its professionalism*" and "*There is evidence of a suitable level of skill and professional knowledge in the quality of the work I observe, and when I need to speak with them, or seek advice, it is always forthcoming and accurate*."

Feedback received from care receivers and their representatives

The service is: "*Very good*"; "*Marvellous*"; "*The staff are wonderful, so kind and absolutely lovely*" and "*They are my little angels.*"

"*When they come, I feel nice. I trust them. They reassure me I'm going to get better*."

Child and Family Service

Feedback was received from over 20 per cent of the Child and Family staff team and was mixed. Respondents were generally positive about the quality of care provided, safeguarding arrangements, training opportunities and partnership working across services. Several respondents described dedicated frontline staff and strong collaborative working to support children, young people and families.

A number of respondents identified concerns regarding workload, staffing capacity and the pace of organisational change. Staff reported difficulties balancing clinical work, safeguarding responsibilities, meetings, documentation and administrative requirements, with some stating that time pressures could affect their ability to complete records and provide the level of interaction they would wish with families. Several respondents also raised concerns about low staff morale, the implementation of new systems, and feeling that changes were introduced without sufficient consultation. While some staff reported feeling supported and able to raise concerns, others expressed concerns about how challenge and feedback were received, describing a desire for greater psychological safety, improved communication from senior leaders and a culture in which staff feel valued, trusted and listened to.

Overall, feedback reflected a workforce that remains committed to delivering care to children and families, although some staff reported concerns about workload pressures, morale and organisational culture.

Feedback received from care receivers and their representatives

"The nurses are amazing! So kind and helpful."

"It's not just about the baby, they ask how I am feeling."

"Very supportive about everything."

"More support from Health Visitors now than there was three and a half years ago."

About the Children Community Nursing Team – "We are really lucky. The staff are really great."

Health and social care professional feedback

Feedback was requested from two health and social care professionals external to the service and none was received.

Staff Feedback

When asked if staff have time to complete and update care plans and risk assessments, two responded – "*Not enough time to do the job, taking away from patient care*" and "*Having time to complete admin can be a struggle due to staff sickness and new systems taking us away from patient admin*".

In response to the question – Do you feel supported by the management team? Five of seven respondents to the anonymous survey said yes, whilst two replied no and stated; "*It's difficult to be open and transparent when one fears dismissal for speaking out" and "The last six months have brought about a change in a way things are handled, and it's not a positive change. There is a complete refusal to hear constructive criticism*."

When asked what are the strengths of the service? Examples of responses were;

"*Incredible safeguarding support from Xxx* (Safeguarding Lead)" and
"*Encouragement to grow in terms of learning and training opportunities*."

"Far and above the best place I have worked for developing staff."

Organisational Themes Across Family Nursing & Home Care

As this was the first inspection undertaken using a combined reporting approach across four registered services, Regulation Officers considered themes that emerged consistently across the organisation. The findings below reflect areas of shared strength and common challenges identified across Family Nursing & Home Care.

Shared Strengths

Across all four services there was consistent evidence that care was delivered with kindness, dignity and respect. Observations, care record reviews and feedback from care receivers, families and professionals demonstrated a strong commitment to person-centred practice. Staff were observed adapting care to individual circumstances, promoting choice and independence, and involving people in decisions about their care. This was evident in services supporting adults to remain independent at home, enabling rehabilitation, providing end-of-life care, and ensuring the voice of children and families informed care planning.

A consistent theme across the organisation was effective collaboration between professionals and services. Staff worked closely with internal teams and external agencies to coordinate care, manage risk and improve outcomes. Examples included multidisciplinary meetings, integrated care planning, safeguarding discussions, hospital discharge arrangements and joint working with community partners. This collaborative approach supported continuity of care and responsiveness to changing needs.

All services demonstrated investment in staff training, induction, competency assessment and professional development. Staff across the organisation described access to learning opportunities and specialist training relevant to their roles. The introduction of enhanced competency frameworks and electronic learning systems provided additional assurance regarding workforce capability and compliance. Positive feedback regarding development opportunities was received from several staff groups.

Safeguarding was embedded throughout the organisation. Staff consistently demonstrated an understanding of safeguarding responsibilities and escalation processes. Dedicated safeguarding leadership, regular discussions of safeguarding matters within operational meetings and positive professional feedback indicated that safeguarding is well integrated into daily practice across the organisation.

The inspection identified a mature governance structure with established systems for monitoring service quality, risks, incidents, complaints, audits and performance. Learning was shared across services and used to inform service improvement. The organisation demonstrated a willingness to innovate and introduce new systems designed to strengthen oversight and improve care delivery.

Common Challenges and Areas for Development

Across services there was evidence of increasing demand and growing complexity of care needs. While services had implemented measures to respond to these pressures, some staff feedback highlighted ongoing concerns regarding workload, administrative demands and the challenge of balancing direct care with documentation, meetings and safeguarding responsibilities.

The organisation has introduced a number of new systems, technologies and service developments. Whilst these initiatives were generally viewed as positive and intended to strengthen service delivery, feedback from some staff indicated that the pace of change had been challenging.

Although many staff reported feeling supported and supervision compliance was strong in some services, variation was identified across the organisation. Two services were required to strengthen supervision arrangements to ensure consistent compliance with organisational expectations and regulatory standards. This requires strengthened organisational oversight of supervision performance to ensure consistent compliance with regulatory standards.

Overall, the inspection found that the integrated operating model across FNHC supports the sharing of expertise, learning and resources across services and contributes positively to the delivery of care across the organisation.

IMPROVEMENT PLAN

There were five areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

Area for Improvement 1 **Ref:** Children and Family Community Nursing - Standard 10.2 Home Care and Support in the Community - Standard 1.7 Regulation 19 **To be completed:** by 30/11/2026	Across all four services the Registered Provider is to arrange for a representative to report monthly on the quality of care provided and compliance with registration requirements, standards, and regulations. These reports are to be shared with the registered managers and be available for inspection by the Jersey Care Commission.
	Response by registered provider: The monthly reporting process was reviewed following the inspection findings. The existing reporting format had originally been developed in agreement with the Jersey Care Commission (JCC) following FNHC's first year of inspection. While FNHC maintains robust quality assurance, governance and oversight arrangements that exceed the scope of the JCC monthly reporting requirements. Monthly reports are now completed on behalf of the Provider by an individual who is not directly involved in the day-to-day management of regulated services. This action has been completed, and the July report is available to the JCC.

Area for Improvement 2 **Ref:** Standard 6.12. Regulation 14 **To be completed:** by 30/11/2026	**Rapid Response and Reablement Service** The Registered person must ensure there are effective systems in place to audit all aspects of the management of medicines.
	Response by registered provider: Completed 26/08/26- The reablement model delivered by the Rapid Response and Reablement Team (RRRT) means that relatively few service users require medication administration by the service, limiting the number of cases available for medication management audit. The implementation of a new audit management system has improved the organisation's ability to identify and monitor audit activity, supporting the completion of a medication management audit within RRRT in August.

Area for Improvement 3 **Ref:** Standard 6. 5 Regulation 17 **To be completed:** 28/02/2027	**Rapid Response and Reablement Service** The Registered Manager must strengthen oversight arrangements to ensure all staff remain compliant with mandatory training requirements, particularly infection prevention and control and basic life support training.
	Response by the Registered Provider: Completed 26/08/26 – A review of mandatory training compliance identified a number of non-compliant training records related to co-located Health and Care Jersey (HCJ) staff, where oversight can be more challenging due to separate organisational training systems. To strengthen assurance, the Registered Manager and FNHC Education and Development Team have requested copies of mandatory training certificates from co-located HCJ employees to verify compliance and prevent unnecessary duplication of training. Changes being introduced to working patterns will support protected time for statutory and mandatory training. Ongoing compliance monitoring including co-located staff has been incorporated into monthly and quarterly quality assurance processes to provide continued oversight and assurance.

Area for Improvement 4 **Ref:** Standard 6. 6 Regulation 17 **To be completed:** 30/11/2026	**Rapid Response and Reablement Service** The Registered Manager must ensure all staff receive supervision at the required frequency.
	Response by the Registered Provider: Completed 26/08/26 – FNHC has an established supervision framework in place to support staff development, professional reflection and regulatory compliance. This includes quarterly management supervision and PDP discussions, in line with Jersey Care Commission requirements, alongside clinical supervision and restorative safeguarding supervision. Quarterly management supervision/PDP discussions have been diarised for all staff, with dates and times scheduled within each team member's CIVICA diary. Changes to working patterns will support allocated protected time to support attendance and completion. Compliance will continue to be monitored through FNHC's monthly and quarterly quality assurance meetings.

Area for Improvement 5 **Ref:** Standard 3.13 Regulation 17 **To be completed:** 30/11/2026	**Child and Family Service** The Registered Manager must ensure that all staff receive supervision at the required frequency.
	Response by the Registered Provider: Completed 26/08/26 – FNHC has an established supervision framework in place to support staff development, professional reflection and regulatory compliance. This includes quarterly management supervision and PDP discussions, in line with Jersey Care Commission requirements, alongside clinical supervision and restorative safeguarding supervision. Quarterly management supervision/PDP discussions have been diarised for all staff, with dates and times scheduled within each team member's CIVICA diary. Protected time has been allocated to support attendance and completion. Compliance will continue to be monitored through FNHC's monthly and quarterly quality assurance meetings.

To ensure there is clear evidence that the required improvements have been made, the following action will be taken:

- The Provider must submit written confirmation to the Commission when the areas of improvement have been achieved
- The Registered Provider will submit the updated Medicines Management Policy that includes clear guidance on the prescribing, administration, recording and auditing of PRN medicines where these are used within services.

These actions will be used to track progress, confirm completion, and provide assurance that the necessary improvements have been achieved.

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.

Jersey Care Commission

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