Summary 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

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

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.

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.

The full report can be accessed from here.