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The Code and the community nurse: preserving safety

Key words

NMC Code, Preserving safety, Duty of Candour, Safeguarding Adults, Lone working, community nursing

Introduction

The Nursing and Midwifery Council (NMC, 2018) stipulate that all registered nurses, midwives and nursing associates must always practice in line with the code at all times; regardless of the setting in which they work. The principles and values are not negotiable or discretionary and represent the standards expected by patients and members of the public (NMC, 2018). Community nursing, forms part of a network of services that help patients receive care closer to home and avoid hospital admission (Dean, 2021), however without the protection of a ward-based environment there are unique challenges and additional risks. Therefore, the community nurse needs to be adept at mitigating these risks with accurate assessment to address safety and safeguard both the staff and individuals using their services (Murphy & Clarke, 2025). The preserving safety section of the NMC Code (2018) focuses heavily on patient and public safety and ensuring registrants work within their scope of practise and exercise their professional 'duty of candour' with an emphasis on being confident to raise concerns when required as outlined below.

Preserve Safety

13. Recognise and work within the limits of your competence.
14. Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place
15. Always offer help if an emergency arises in your practice setting or anywhere else
16. Act without delay if you believe that there is a risk to patient safety or public protection

17. Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection

18. Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations.

Lone working

The NMC Code (2018) is very clear that personal safety is paramount for its workforce and that as an individual, one must take account of one's own safety and the safety of others. Due to the nature of their work, community nurses often find themselves going into patients' homes on their own and are defined as lone workers. Lone working can be described as a situation or location where someone works without direct supervision, or a colleague nearby; lone workers can be vulnerable as they do not have immediate support from colleagues or security staff (NHS Employers, 2022; Health & Safety Executive, 2020) and indeed the proportion of lone working staff who might sustain injury following some sort of physical assault is 9% higher than any other healthcare worker (Dean, 2021). Although as nurses, we have a duty of care to our patients, we also have a duty of care to ourselves, and staff have a right to a safe working environment and should be comfortable to air their feelings and state their vulnerabilities and fears (Devlin, 2021). Dynamic risk assessing often becomes second nature to community nurses from the moment they sit in their car or get on board public transport, but they must feel supported by their employer and have a clear understanding of how to raise an alarm, procedures for supervision and how to withdraw safely from patient who might be abusive or threatening (Devlin, 2021). For community nurses, it is vital that they remain alert to the environment they are in, use lone working apps if they are available, immediately withdraw from situations if they feel threatened, call emergency services if they feel support is required for either medical or safety reasons, and follow procedures if an incident does happen (Royal College of Nursing; RCN, 2024a).

It is very important for community staff to have an understanding of their lone working policy and that they have had adequate training to manage violence or aggression (de-escalation), use lone working devices and how to complete dynamic risk assessment. They must be aware of how to report near misses and never put themselves knowingly in danger (NHS Employers, 2022) and be aware of the laws that are in place to protect both their physical health and mental wellbeing from an environmental perspective and a legislative and professional stance (HSE, 2020; Murphy & Clarke, 2025). Although the majority of home visits do not pose a risk and it will often be safe to work alone, community nurses need to trust their instincts and make sure they are not asked to enter a potentially unsafe situation. There will always be value in appreciating the geography of the local

areas, the diversity of the population and the characteristics of those using the services (Murphy & Clarke, 2025).

Safeguarding vulnerable individuals

Safeguarding is a complex issue and one of the most important aspects within community nursing and involves applying a 'critical lens' through experience whilst delivering person centred care (Kirman & Smith, 2025). Trends in adult safeguarding highlight that most adult related safeguarding incidents are related to older adults; in particular the over 85 age group (NHS Digital, 2023), which often aligns to those receiving care from district nurses and their community teams. Adults at risk are often unable to protect themselves and could be vulnerable to abuse or neglect which could be physical, psychological or institutional (NMC, 2022). As RCN (2024b) states, safeguarding involves working with an individual to protect their right to live in safety, free from abuse, harm or neglect. They also provide a framework that reflects best practice in adult safeguarding which sets out minimum training and education standards for practitioners to meet their responsibilities. However, the skill is in the ability to apply this learning in the real world and often there is a disconnect between theory and practice (Kirman & Smith, 2025). There is no one single act of parliament that supports safeguarding, but rather a selection of legislation and law to aid the community nurse including the Care Act (2014) and the Health and Care Act (2022). Although the principles can help the community nurse address their concerns, the challenge is often in balancing the need to protect autonomy with making decisions that the patient might not want (Dowie, 2024). At times there is no immediate concern but rather a need to empower the patient to make decisions that are appropriate for them, whilst considering the importance of capacity and consent; remembering that community nurses are often the first contact with patients and families in their own homes (Kirman & Smith, 2025). It is vital to remember that community nurses should always note if something 'isn't quite right' when they enter a patient's home, this often relies on instinct or a sense of 'professional curiosity' and there will be a need to elicit information without being intrusive or threatening which requires advanced communication skills to identify concerns and make connections (Thacker et al, 2020) See box 1 below.

Box 1. Case Study

Mrs Armah has a diagnosis of Parkinson's Disease and lives with her son in a small flat with her husband where they have rented for 10 years. Her symptoms have been increasing, and her mobility has reduced recently, her carer is concerned about her red sacrum and the district nursing team has been asked to review. On arrival the nurse notices that Mrs Armah seems very underweight and the environment is very cluttered. Mr Armah seems quite agitated and is raising his voice, but Mrs Armah does not seem phased by this in any way. She is hoping that her daughter will be across from Ghana soon.

- What are the immediate risks in this situation?
- Are there any safeguarding concerns?
- What would your actions be if you were the community nurse and which other professionals could you involve?
- How would you be guided by your local safeguarding policy?

Duty of Candour

Also addressed in the 'preserving safety' section of the NMC code (2018) is the professional duty of candour, whereby registrants are informed that they must: act immediately to put right the situation if someone has suffered actual harm or that an incident has happened which had the potential for harm. They must promptly and fully explain the event, including the likely effects, and apologise to the person affected, including family or carers if appropriate. Subsequent documentation should capture these events formally and further escalation should ensue if required. Following a number of public inquiries into patient care failures, scandals, cover-ups and mistreatment of whistleblowers, candour in health care has become statutory (RCN, 2025) and organisations that fail to maintain this duty can face sanctions; compliance is monitored by the Care Quality Commission (CQC) in England (Hooper, 2019). However, this process is not about accusation or blame and more about openness and honesty (NMC, 2018) and developing a culture where apologies are meaningful, irrespective of whether they are verbal or written and where staff can raise concerns without fear and feel they are listened to (Oliver, 2024). Behind the statistics are real patients who sometimes suffer in silence and these situations often raise sensitive issues for clinicians relating to professional identity (Quick, 2022). However, safe spaces need to be created for these conversations to take place and there is often a lack of clarity around who the best person might be. District nursing teams will need to

consider who the best person might be following an incident and that they have had adequate training (Hooper, 2019). Often healthcare staff worry that there may be issues for them later with indemnity cover, their employer or the law if they tell a patient and their family that something has gone wrong. The reality is that there will be further consequences if they conceal any incident and they are not accepting legal liability for what went wrong by apologising. The reasons for errors can be multifactorial and healthcare workers operate within highly complex systems at all times that are often non-linear and dynamic (Baichoo et al, 2025). When human factors come into play community nurses have the added stresses of functioning outside of the ward-based environment with parameters outside of their control, so it could be suggested there are more opportunities for things to go wrong. However, the most compassionate and effective way to respond to the occurrence, is to not only ensure it is reported through the official channels but to provide a proportionate response anchored in the principles of learning and continuous improvement, embracing the therapeutic relationship that exists between nurses and patients and families in the process (NHS England, 2022).

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