



**Jersey Care  
Commission**

**Summary Report  
Nightingales**

**Home Care Service**

**60 Palace Close  
St Saviour  
JE2 7SG**

**8 February 2024**

## 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.

The inspection of Nightingales Home Care Service had a number of areas of focus. When considering risk assessment's Nightingales were found to take a proactive approach to ensure these assessments are conducted comprehensively considering individual needs and preferences and stored for immediate access in care receivers' homes. The service is exploring a new IT system to enhance document accessibility, particularly for risk assessments

In addition to client-focused assessments, Nightingales Home Care Service prioritises staff well-being by conducting risk assessments for those returning to work after illness. Staffing challenges were identified, prompting a need for improved organisation of staff files and enhanced monitoring of safer recruitment checks.

The inspection highlighted the comprehensive assessment of care receivers' needs, demonstrating a holistic understanding by the Registered Manager. Plans to introduce a new IT system aim to further improve communication and accessibility, emphasising the commitment to continuous improvement in delivering person-centred and well-informed care.

Personalised care was a central theme, with the Registered Manager demonstrating oversight to ensure consistent individualised care plans. A hands-on approach includes overseeing initial support for new care receivers, subsequent training for the core team, and regular spot checks to enhance the effectiveness of care plans. Workforce well-being was considered, acknowledging recent management changes and introducing a strengths-based supervision model to positively impact professional development and work culture.

Evidence of governance and leadership were explored during the inspection, which highlighted a culture where staff can voice concerns freely. The service have implemented a comprehensive whistleblowing policy, familiarising staff during

induction. A diverse staff team is actively supported in understanding of policies and training, with an anticipated new IT system expected to enhance processes.

Mandatory and statutory training requirements demonstrated areas for improvement, suggesting more frequent training and expanding the training matrix for comprehensive skill development. Language barriers in training were acknowledged, with recommendations for alternative options, such as translation services, to ensure inclusivity.

## IMPROVEMENT PLAN

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

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3.6</p> <p><b>To be completed by:</b> 1 month from the date of inspection.</p>	<p>All safer recruitment employment checks must be completed prior to workers commencing employment. DBS must be updated every three years.</p> <hr/> <p><b>Response of Registered Provider:</b></p> <p>Safe recruitment employment checks are always complete prior to any employee commencing work. We will ensure that all employees DBS' are updated in a timely manner every three years going forward and on file.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 3.14</p> <p><b>To be completed by:</b> 1 month from the date of inspection.</p>	<p>All care/support workers are given regular opportunities to discuss their roles and identify any issues through formal supervision and appraisal. Supervision will be carried out at least four times a year, records of supervision will be retained within personnel files.</p> <hr/> <p><b>Response of Registered Provider:</b></p> <p>We will ensure that supervisions are completed on a regularly basis and have recruited a another member of management to make sure the supervisions are complete regularly. Supervisions will continue to be held on our electronic system.</p>

<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Standard 6.3</p> <p><b>To be completed by:</b> 3 months from the date of inspection.</p>	<p>Care/support workers will be appropriately trained and competent to meet the health, wellbeing and physical needs of people who receive care.</p> <p>Training areas to be added, and consideration to frequency of training.</p>
	<p><b>Response of Registered Provider:</b></p> <p>A full review of the training matrix has taken place and we are closely monitoring the staffs status' for completion of mandatory training going forward. We are updating our electronic system to make sure that the required timeframes for updated training is set.</p>

The full report can be accessed from [here](#).