



Jersey Care
Commission

INSPECTION REPORT

Nightingales

Home Care Service

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

13 February 2025

**Date Published
29 April 2025**

1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014(the Law), all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

2. ABOUT THE SERVICE

This is a report of the inspection of Nightingales Home Care Service. There is a registered manager in place.

Registration Details	Detail
Regulated Activity	Home Care
Mandatory Conditions of Registration	
Type of care	Personal care and personal support.
Categories of care	Adults 60+, dementia, physical disability and/or sensory impairment and learning disabilities.
Maximum number of care hours per week	599
Age range of care receivers	22 to 100
Discretionary Conditions of Registration	
<ul style="list-style-type: none">There are no discretionary conditions in place.	

Additional Information

- None

As part of the inspection process, the Regulation Officer evaluated the home care service compliance with the mandatory conditions of registration required under the Law. The Regulation Officer concluded that all requirements have been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager eight days before the visit. This was to ensure that the Registered Manager would be available during the visit. A Regulation Officer and Pharmacist Inspector carried out the inspection.

Inspection information	Detail
Dates and times of this inspection	13.02.2025 8:30- 14:00
Number of areas for improvement from this inspection	Three
Date of previous inspection:	8 February 2024
Areas for improvement noted in 2024	Three
Link to previous inspection report	IR-Nightingales-20240208-Final.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection on 8 February 2024 as well as these specific new lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for improvement identified at the last inspection

At the last inspection, three areas for improvement were identified, and the Registered Provider submitted an improvement plan to the Commission setting out how these areas would be addressed.

The plan was discussed during this inspection and insufficient progress had been made to address one of the areas for improvement. This means that the Registered Provider has not fully met the Standards relating to safer recruitment checks. This will be discussed under inspection findings: Is the Service Safe?

The other areas for improvement were also discussed, and it was positive to note two areas for improvement had been made. This means that there was evidence of:

- regular supervision and appraisal undertaken by staff
- training is undertaken and updated as required.

4.2 Observations and overall findings from this inspection

The Regulation Officer reviewed Nightingales Home Care's recruitment processes comprehensively, noting progress as the service transitions to an online system. Recruitment records were maintained in paper and digital formats. However, further work is required to be fully compliant by ensuring a structured recruitment process.

Care plans and safeguarding procedures were well-documented, demonstrating compliance with key regulatory requirements.

The service's statement of purpose was reviewed and found to align with person-centred care standards. Discussions regarding funding changes under the Long-Term Care Benefit Scheme confirmed that the service maintains pricing flexibility to accommodate care receivers' needs. Written agreements were thorough and compliant, detailing key policies. Initial assessments were conducted with attention to individual needs, including language considerations. Staff training, shadowing, and digital record management were effectively structured.

The service demonstrated a strong commitment to consent, engagement, and safeguarding. Proactive care planning and transparent feedback mechanisms were evident, while emergency response procedures and staffing levels met the required standards. Risk assessments and General Data Protection Regulation (GDPR) compliance were well-managed, although recruitment file organisation required further improvement.

The Regulation Officer confirmed that Nightingales Home Care provides clear guidance on Freedom of Information requests, privacy, and confidentiality. The service's commitment to person-centred care was evident, with additional paid time for staff to review support plans before delivering care. End-of-life care was well-structured, incorporating language support, spiritual accommodations, and continuity of care through dedicated staff teams. Risk assessments and referral procedures were efficiently managed, with structured flowcharts guiding decision-making. Multidisciplinary collaboration ensured holistic care planning, addressing daily living, palliative care, and social well-being while maintaining structured escalation protocols and continuity of care.

The service complied with policies surrounding restrictive physical interventions, with no care receivers currently under a Significant Restriction on Liberty (SROL). However, the service clearly understood when an SROL would be required and outlined past experiences in handling such cases appropriately. Safeguarding procedures ensured transparency, involving care receivers in incident management and reporting concerns to the Commission.

Governance structures were robust, with policies reviewed and kept up to date in accordance with regulatory standards. Staff were required to acknowledge policies after receiving the document and following updates, ensuring adherence to best practices and accountability across the organisation.

5. INSPECTION PROCESS

1.1 How the inspection was undertaken

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

Before the inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report from 8 February 2024, reviews of the Statement of Purpose, variation requests and notification of incidents.

The Regulation Officer gathered feedback from three care receivers and two of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by three professionals external to the service.

Policies, care records, incidents and complaints were examined as part of the inspection process.

At the conclusion of the inspection visit, the Regulation Officer gave the Registered Manager and Provider feedback and followed up the identified areas for improvement by email.

This report sets out our findings and includes any areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an improvement plan is attached at the end of the report.

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

5.2 Sources of evidence.

Follow up on previous areas for development/improvement	
Focus	Evidence Reviewed
Safer recruitment employment checks	Sample of staff files
Supervision and appraisal	Dates of all staff supervisions and appraisal over a 12-month period.
Training	Training Matrix
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Safe recruitment policy Blank job application form Job descriptions (Carer, Senior Carer) Recruitment pack
Is the service effective and responsive	Disciplinary and Grievance Policy Induction Handbook Training Matrix Spreadsheet of care staff trained to RQF 2/3
Is the service caring	Feedback from care receivers and their relatives Review of care receivers' files

	Feedback from professionals who engage with the service
Is the service well-led	Complaints policy Supervision Spreadsheet Safeguarding Policy Up-to-date Statement of Purpose Organisational chart/management structure Medication Policy (including administration)

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer reviewed a sample of staff recruitment files. The service is migrating to an online platform, which, once fully implemented, will store all recruitment information in a centralised format. At the time of inspection, recruitment records were maintained in both paper files, kept in a locked office, and digital format, as some information had already been transferred to the new system.

The inspection identified improvements in the service's recruitment practices, ensuring compliance with Home Care Standard 3, which requires staff to have appropriate values, attitudes, understanding, and training. However, the service must continue this work by ensuring adherence to Standard 3.6 by implementing structured recruitment procedures. In all cases, at least two references must be requested and received before staff commencing employment. This is an area for improvement.

Recruitment files contained evidence of up-to-date Disclosure and Barring Service (DBS) checks and completed application forms. When obtaining references from other regulated services, the service ensures the information includes safeguarding and disciplinary matters.

The service provided a training matrix documenting staff training since the last inspection. This showed compliance with the Standards, which requires providers to maintain records of training that include e-learning, practical sessions, and specialist courses. The matrix indicated that the service meets mandatory and statutory training requirements, including good practice in procuring end-of-life care training. The induction process was also reviewed. Competency checks and a structured training and development plan were in place.

Personal care files held in the homes of care receivers were reviewed. These contained care plans, risk assessments, and other key documents. The records were structured to guide staff in delivering appropriate care, and there was evidence of regular reviews and updates.

Safeguarding procedures were examined to determine compliance with the Standards. The service had processes for reporting concerns, with evidence of information-sharing and adherence to Jersey-specific safeguarding protocols. Staff demonstrated a good awareness of escalation procedures.

The findings indicate that Nightingales Home Care Service has started to improve its recruitment, training, staffing, and safeguarding procedures. The transition to an online recruitment system is ongoing, and key processes such as training documentation and safeguarding protocols were in place at the time of inspection.



A professional fed back:

They undertook timely assessments with the client to ensure they were able to meet the client's needs and fed back appropriately to social worker.

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.

The inspection incorporated a review of medication practices in the service by the Pharmacist Inspector. It was determined that there are three areas in medication management which require action.

- Any instances where medication management deviates from standard procedures must be thoroughly justified through a formal risk assessment. This should include a detailed rationale for the deviation, potential risks and benefits, and strategies to mitigate any negative outcomes. The risk assessment process should be documented, regularly reviewed, and communicated effectively to all relevant staff members to ensure consistent application in practice.
- A structured and auditable system must be introduced for recording the disposal of medicines. This should include details such as the type and quantity of medication disposed of, the reason for disposal, the method used, and the personnel responsible. Proper documentation will enhance accountability, reduce the risk of errors, and ensure compliance with relevant regulatory guidelines. Staff should receive appropriate training to ensure correct procedures are consistently followed.
- Clearer guidelines need to be developed for the prescribing, administration, and documentation of as required (PRN) medications to ensure consistency in their use. Protocols should specify indications for administration, maximum dosages within a set timeframe, monitoring requirements, and criteria for evaluating effectiveness. Additionally, staff should be trained to assess and document the rationale for PRN medication use, ensuring that it aligns with the best interests of care receivers and adheres to legal and regulatory standards.

The medication inspection also examined how the service ensures that medication administration competencies are updated annually for each care worker. Medication administration practices are reviewed as part of quality control visits undertaken by the Registered Manager on a regular basis. However, there was no detailed record of the areas of practice which the competency assessment covers. The medication practices outlined above, and the detailed recording of annual competency assessments, are both areas for improvement.

Before the inspection, the Regulation Officer requested a copy of the service's statement of purpose. This document was reviewed and found to be up-to-date and relevant. During discussions with the Provider, they gave examples of meeting the commitments outlined in their statement of purpose, particularly about delivering person-centred care.

The Regulation Officer discussed recent changes in funding provided through the Long-Term Care Benefit Scheme, which now offers a standard rate per hour for all home care services. Nightingales confirmed their current rate aligns with this benefit but noted their flexibility in providing reduced rates for care receivers requiring extensive support, such as 24-hour care packages. The service offers a breakdown of fees upon request to care receivers, their relatives, and professionals, in line with the Standards.

The service's written agreements were reviewed and found to be comprehensive. These agreements are established before services commence and are updated whenever fees or charges change. Copies of the agreements are maintained on the service's online platform. The agreements outline key information, including service start dates, GDPR policies, cancellation procedures, and cost structures. The Registered Manager confirmed that copies are given to care receivers or an appointed delegate, such as a lasting power of attorney.

Initial assessments for new referrals were reviewed. The service frequently receives referrals from social workers and demonstrated an ability to accommodate care receivers whose first language is not English by assigning staff members who share the same language.

An example was provided where an assessment was conducted in a hospital setting before the care receiver was discharged, with updates made once they returned home and stabilised. The initial assessment process involves gathering general information and is conducted by the Provider, Registered Manager, or a senior care manager.

The service implements a trial period to assess whether the care receiver's needs are being met and to allow them to determine if they are satisfied with the service. Care receivers or their appointed representatives receive email notifications about staff rotas and invoices. Before working independently with care receivers, all new staff undergo shadowing with a senior care manager, Registered Manager, or the Provider. Staff use a mobile application to manage shifts and check in and out during visits.

The service demonstrated efforts to adapt information to meet care receivers' abilities. Picture cards are used to support those who may have difficulty expressing their feelings. While this is not currently required, the service provided examples of how they would modify communication formats to ensure that care receivers fully understand information and make informed decisions about their care.

The service illustrated its commitment to person-centred care through its approach to consent and engagement. Care plans reviewed by the Regulation Officer demonstrated that staff seek consent before carrying out tasks. The Registered Manager emphasised that care is led by the care receiver, with staff offering support rather than enforcing tasks. Care support notes reviewed during the inspection confirmed that staff practices reflect this approach, ensuring that care is individualised and led by the care receiver.

Advanced care planning was examined. The service described a multidisciplinary approach to decision-making and emphasised the importance of accurately recording care receivers' wishes. This proactive approach has resulted in positive outcomes, particularly for individuals with fluctuating capacity, allowing them to remain in their homes with appropriate support. An example was provided of a care receiver whose first language was not English.

The assignment of a staff member fluent in the same language facilitated effective communication, de-escalating behaviours and leading to adjustments in the care plan that better suited the individual's needs.

Care records were reviewed, including examining a care receiver's file during a home visit. The file was detailed, containing consistent care plans, daily notes, risk assessments, and emergency contact information. The service complies with the GDPR and Jersey Office of the Information Commissioner (JOIC) guidelines. However, it was noted that staff files remain disorganised due to the ongoing transition to an online platform. The Regulation Officer recommended that documents already migrated be archived or destroyed as appropriate. If both paper and digital records are to be maintained, a structured system should be implemented to organise these files efficiently.

The service described its approach to gathering input from care receivers and their relatives, particularly in cases where the care receiver lacks capacity. Client surveys include input from relatives, and regular audits conducted within care receivers' homes involve family members in the process. The service emphasises its commitment to transparency and actively encourages both positive and negative feedback. The service was able to demonstrate positive engagement with care receivers and their families to evaluate the quality of care provided.

The service outlined its protocols for responding to urgent situations, ensuring that care receivers receive appropriate support when emergencies arise. Staffing levels were found to meet the required minimum Standards, with an auditable staff rota in place and arrangements for out-of-hours support.

Information-sharing processes and escalation procedures were in place. Risk assessments were evaluated, confirming that corresponding care and management plans were implemented appropriately, with regular reviews conducted to ensure they remained relevant to care receivers' needs.

Is the service caring?

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

The Registered Manager informed the Regulation Officer that guidance is provided to both care receivers and staff regarding freedom of information requests. This information is included in forms distributed to both groups, ensuring transparency and accessibility. Additionally, relevant details are incorporated within the staff and care receivers' handbooks, reinforcing awareness and compliance with confidentiality policies.

The service maintains a policy and procedure on privacy and confidentiality, which outlines the principles of secure information handling. Access to care receivers' records is carefully managed, with clear guidelines for support workers and authorised personnel, including protocols for sharing information under safeguarding requirements.

The Regulation Officer reviewed examples of person-centred care, demonstrating how the service upholds the dignity and individual preferences of care receivers. A notable area of good practice observed was the approach for individuals with complex needs. The service allocates additional paid time for staff to thoroughly read and understand support plans before delivering care. This practice ensures staff are well-informed about the specific needs of care receivers, thereby enhancing the quality and consistency of care provided.

Nightingales has experience in supporting clients requiring end-of-life care. The Registered Manager provided specific examples of how the service accommodates the wishes of care receivers during this critical stage. For instance, the service ensures that religious and spiritual needs are met, such as arranging for a priest when requested.

The service has also demonstrated flexibility in supporting care receivers who revert to their first language in their final stages of life. Staff with appropriate language skills are assigned to these cases to ensure comfort and practical communication.

A consistent team of caregivers is assigned to each individual receiving end-of-life care, ensuring familiarity and continuity of care. The service emphasises ensuring staff members feel confident and supported in providing this type of care, which many caregivers find to be a gratifying aspect of their role.

The service has transparent processes for referring other agencies when required. The Regulation Officer reviewed well-organised risk assessments maintained within care receivers' files. These assessments were comprehensive, easy to navigate, and directly linked to corresponding action plans.

The service uses flowcharts to facilitate risk assessment. These flowcharts guide staff in identifying risks and determining when referrals to alternative services are necessary. An example was provided illustrating how the service used a flowchart to assess a care receiver's needs, which subsequently led to an appropriate referral.

The service maintains detailed, individualised care plans for complex and less complex care receivers. For individuals with multifaceted needs, care planning involves collaboration with multidisciplinary teams, with formal discussions occurring every three months to reassess needs and ensure continued alignment with best practices.

The examples reviewed demonstrated a holistic approach to care, addressing physical and mental well-being. The service actively ensures that care receivers are supported in all aspects of daily living, including:

- activities of daily living: assistance with personal care, mobility, and routine activities
- palliative care best practices: individualised end-of-life care planning.
- social needs and empowerment: encouragement of social engagement and emotional well-being, focusing on upholding the rights and dignity of care receivers.
- care planning and escalation processes: procedures for responding to changes in care needs, missed visits, and coordinating care schedules.

Is the service well led?

<p>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.</p>
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The Regulation Officer discussed the approach to restrictive physical interventions and physical restrictions with the service. The service confirmed that no care receivers are subject to a Significant Restriction on Liberty (SROL) under the Capacity and Self-Determination (Jersey) Law, 2016.

The service provided an example of when an SROL application would be necessary and outlined past experiences caring for individuals who eventually required an SROL. The service ensures that any restrictions are specified within the care plan, with family involvement and oversight, to safeguard the rights of the care receiver.

The Registered Manager provided the Regulation Officer with examples of how carers actively manage accidents, incidents, and safeguarding concerns. The service takes a proactive approach to safeguarding, which was corroborated by pre-inspection intelligence and gathered feedback.

The evidence reviewed by the Regulation Officer demonstrated the service's commitment to reassuring care receivers during safeguarding processes, ensuring their involvement, and maintaining a transparent approach. Additionally, the service notifies the Commission of relevant incidents and maintains internal recording and reporting procedures.

As part of the pre-inspection documentation, the service provided the Regulation Officer with policies and procedures. These were reviewed during the inspection and found relevant, up-to-date, and aligned with local legislation and best practices. The policies are accessible to all staff, with review dates clearly stated to ensure ongoing compliance.



I am very happy with the service provided by Nightingales. The staff are lovely and on time. In the event of any issues, The Registered Manager is really lovely. I have recommended Nightingales to so many others as I have known the service for a long time, having previously received support for a relative.

The service also supplied the Regulation Officer with an organisational structure, which was found to be clearly outlined in the care receivers' and staff handbooks and the service's Statement of Purpose. The governance framework ensures clear lines of accountability.

During the onboarding process, the service emails all new staff the relevant policies and procedures and requires them to sign an acknowledgement of receipt and understanding. When policies are updated, staff are informed and required to sign to confirm their understanding and compliance. This ensures all employees know and adhere to the service's governance framework and operational policies. The governance framework ensures clear lines of accountability.

What care receivers said

The staff are smashing;
they are always willing to
help.

Care staff are excellent, if
any issues arose, I am
confident raising them with
the Registered Manager.

The staff are
wonderful, the best
in the world.

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>Area for Improvement 1</p> <p>Ref: Standard 6.8 Regulation 14</p> <p>To be completed: with immediate effect.</p>	<p>Medicines will be managed in compliance with legislative requirements, professional standards and best practice guidelines and will include:</p> <ul style="list-style-type: none"> • Any instances where there is deviation from standard practice to support better outcomes for care receivers must be supported by a comprehensive risk assessment. • Implementation of a recording system for medicines disposal. • Establishing clearer protocols for the use of PRN medication.
	<p>Response by Registered Provider:</p> <p>We already have risk assessments in place for each client and PRN medication information contained on individual client MAR sheets, but we are willing to design more specific systems and protocols based on the above advice.</p>

<p>Area for Improvement2</p> <p>Ref:Standard 3.6 Regulation 17</p> <p>To be completed: with immediate effect.</p>	<p>All safer recruitment employment checks must be completed prior to workers commencing employment. The Registered Manager will ensure in all cases a minimum of two references will be requested and received prior to staff commencing employment.</p>
	<p>Response by Registered Provider:</p> <p>We will ensure that at least two references are available prior to new staff commencing employment, as we have done in the past and more recently with a new staff member starting this month.</p>

<p>Area for Improvement 3</p> <p>Ref:Standard 6.8 Regulation 14</p> <p>To be completed: with immediate effect.</p>	<p>Systems will be in place to accurately record the competency assessments undertaken with care/support workers in the management of medicines, on at least an annual basis.</p>
	<p>Response by Registered Provider:</p> <p>Our quality control form has been updated to include a more detailed medication competency checklist. We will continue to undertake our quality control visits on at least annual basis.</p>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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