



**Jersey Care
Commission**

Summary Report

Nightingales

Home Care Service

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

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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.

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.

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.

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.

Area for Improvement 1 Ref: Standard 6.8 Regulation 14 To be completed: with immediate effect.	Medicines will be managed in compliance with legislative requirements, professional standards and best practice guidelines and will include: <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.
	Response by registered provider: 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>Area for Improvement 2</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>

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