



Jersey Care  
Commission

## **INSPECTION REPORT**

**Nova Health Jersey Limited**

**Home Care Service**

**Suite 5**

**Longueville Business Centre**

**Longueville Road**

**St Saviour**

**JE2 7SA**

**Inspection Date**

**21 November 2025**

**Date Published**

**18 December 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 Nova Health Jersey Limited. The home care service is operated by Nova Health Jersey Limited and there is a registered manager in place. The service became registered with the Commission on 14 July 2025.

The service was previously registered as a home care service under the name Boak and Associates. Although the Director, who was the previous Registered Manager, continues to be involved in the service, a new Registered Manager has been appointed.

Registration Details	Detail
Regulated Activity	Home Care Service
Mandatory Conditions of Registration	
Type of care	Personal care and personal support
Categories of care	Young Adults, Physical Disability and/ or sensory impairment, Learning Disability, Autism and Adult 60+
Maximum number of care hours each week	600
Age range of clients	18 years and above
Discretionary Conditions of Registration	
The registered manager must complete a Level 5 Diploma in Leadership in Health and Social Care Module by 14 July 2028, or by that time to have demonstrated an equivalent qualification.	

#### Additional information

After the service was registered with the Commission, the Regulation Officer met with the Registered Manager and Director on 1 August 2025 for an introductory visit.

The service has contacted the Commission as and when issues have arisen, to maintain transparency.

A Statement of Purpose was provided as part of the registration requirements, with a further version submitted during the inspection phase.

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory and discretionary 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 the Registered Manager notified a week in advance. This was to ensure that the Registered Manager would be available during the visit, which was particularly important given that it was the service's first inspection since registration.

For clarity and consistency, the term 'client' will be used throughout this report. This ensures alignment with the terminology used by the service to describe the individuals they support, and to match the Statement of Purpose.

Inspection information	Detail
Date and time of this inspection	21 November 2025 10.30am – 2.30pm
Number of areas for improvement from this inspection	None
Number of care hours on the week of inspection	180

### **3.2 Focus for this inspection**

This was the first inspection since the service was registered four months previously, and it focused on these specific 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**

### **4.2 Observations and overall findings from this inspection**

The findings of the inspection show a well-managed and effectively led home care service which supports clients with a wide range of complex needs. The objectives of the service are focused on maximising clients' daily living skills as part of a therapeutic approach. This objective, in addition to the aim of promoting independence and enabling clients to live their lives as freely as possible, was evident from a review of care records and feedback from external health and social care professionals.

The service is concentrating on building its foundations, developing robust governance systems, and focusing on developing policies, and meeting regulatory standards before increasing its client base. The Director and Registered Manager are closely involved in the day-to-day operations. Feedback from staff confirmed that their presence provides them with the support and guidance needed in their roles. Staff described the service as a professional, committed service to work, where they felt valued and respected by the management team. Staff said they felt equipped with the right knowledge, training and support to carry out their roles effectively.

The standards relating to safe recruitment practices, staff induction, availability of policies and procedures, supervision, care planning processes, training, and escalation process are met. The inspection noted effective information sharing, appropriate referral pathways, and positive cooperation with other external agencies. These arrangements demonstrate that the service operates in a professional manner, understands regulatory requirements and adheres to best practice standards.

There was a clear commitment to achieving positive outcomes for clients, and no areas for improvement were identified during this inspection. The service is adhering to its registration conditions and operating in line with its Statement of Purpose.

## **5. INSPECTION PROCESS**

### **5.1 How the inspection was undertaken**

The Home Care Standards were referenced throughout the inspection.<sup>1</sup>

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the registration documents and Statement of Purpose. While the service has been registered for only four months, relevant information was also taken from the former home care service, Boak and Associates, which supported the same client group, was also reviewed.

The Regulation Officer had discussions with the service's management and other staff. Additionally, feedback was requested from five health and social care professionals external to the service, and two responses were received.

As part of the inspection process, records including policies, care records, risk management plans, incidents, staff files, business continuity plan, staff induction and training records were examined.

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

To protect the anonymity of the clients using this service, and on account of the small number of clients involved, the Regulation Officer has chosen to omit some details that were provided during the inspection.

This is considered necessary to maintain client confidentiality and to reduce any risk of clients being inadvertently identified.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to both the Registered Manager and Director, outlining the initial findings. and confirmed the inspection findings by email two days after the inspection. A brief written summary confirming these findings was provided by email two days later.

This report sets out our findings and includes any areas of good practice identified during the inspection.

## 5.2 Sources of evidence.

New key lines of enquiry	
Focus	Evidence Reviewed
<b>Is the service safe</b>	Staff recruitment files Training records Supervision records Supervision policy Probationary information Safe recruitment policy Safeguarding referral information
<b>Is the service effective and responsive</b>	Care records Risk assessments Statement of Purpose Induction programme Incident records Feedback from external health and social care professionals
<b>Is the service caring</b>	Care records Discussion with Registered Manager and Director Analysis of incident records
<b>Is the service well-led</b>	Governance systems Business continuity plan Service development plan 2025 – 2027 Feedback from staff Social media policy

## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

A key focus for the Regulation Officer during this inspection was the service's approach to multi-disciplinary team working and its decision-making processes, given the complexities of the client group it supports. The management team's explanations, supported by care records, notifications submitted to the Commission and feedback from external health professionals confirmed that the service places a strong emphasis on protecting clients' welfare and consistently prioritises their safety. This was evident in cases where clients required increased levels of support and specific interventions to maintain their safety and well-being.

The Statement of Purpose (SoP) highlights the importance of collaborating with other health professionals for effective and comprehensive care to be provided. The inspection highlighted several instances where the service recognised the need for additional input and intervention from other agencies involved in supporting clients. These examples demonstrate that the service acknowledges its inability to operate in isolation and strives to work collaboratively to meet clients' needs. The service's ability to engage appropriately and escalate challenges with external professionals was viewed positively by them and is considered a considerable strength of the service.

Support workers are recruited safely and in line with the service's safe recruitment policy, which was reviewed during the inspection. The findings from a review of staff files matched exactly the descriptions in the policy. Potential new staff are offered an initial discussion prior to being invited to an interview, and records of these discussions and interview notes are retained, along with all safe recruitment documents, in line with the Standards and the services' safe recruitment policy. The Registered Manager had obtained additional information relating to a reference that was provided, which showed a robust and safe approach to recruitment.

Probationary records were in place for all new staff, which showed their performance was monitored. Training and development plans were seen, and there was evidence that processes are in place to ensure that staff who work alone are competent and safe to do so. Lone worker competency sign off records were seen, and support staff spoken with informed the Regulation Officer that there was always managerial on call support available to them, which had been responsive on the occasions when they needed it.

Staff demonstrated a clear understanding of the escalation pathways available when supporting clients and were able to describe these to the Regulation Officer. This included knowing when and how to contact on-call management, the appropriate use of communication and reporting systems, awareness of safeguarding and referral processes, and actions required in response to incidents. Samples of care records reviewed provided further evidence of staff understanding in recognising safeguarding concerns and taking appropriate and timely action when incidents occurred.

The Registered Manager observes staff practice to ensure that support is being delivered safely and in line with care planning arrangements. This is an example of the service's commitment to providing safe, quality support for clients, considering the nature of support provided and the vulnerabilities and complexities of the client group.

Clients are supported by a small, consistent team of support workers, and the staffing rosters show which staff members are supporting clients at any one time. The Registered Manager ensures that staff have checked in to support clients and outlined and demonstrated to the Regulation Officer how the system works, which ensures that clients have support when required.

## 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 SoP describes a therapy led home care service that supports clients with complex needs who require a specialist approach to address their physical, emotional, social and psychological needs. During the inspection, the Registered Manager and Director emphasised the importance of working alongside a range of health and social care professionals and described the complexity of clients' health conditions. While the range of needs that clients present with were discussed and detailed in their care records this report will not describe them further to maintain confidentiality.

Based on discussions, a review of care records, and feedback from two health and social care professionals, the Regulation Officer concluded that the service's approach to support is effective and responsive. It demonstrated that although input from health professionals is vital, the client and their family remain the central focus of care.

Two health and social care professionals spoke very positively about the service, and one described it as *"a really good service, proactive, professional and responsive to client needs."*

Samples of care records showed that clients are fully involved in developing their support plans, with the aim of maximising life opportunities to reflect age-appropriate experiences. The plans varied in detail, addressing day-to-day support needs, approaches to encouraging opportunities and managing risks, as well as planning long-term and aspirational goals. It was evident that client voice, how they choose to live their lives, and autonomy are given a key priority, which is consistent with the SoP.

Care staff told the Regulation Officer that they can easily access the care records, and felt the information recorded within them, together with handover information, provides them with a comprehensive level of detail to keep them informed about the clients they support. Two health professionals also said that they were fully informed about their clients' welfare, as they were regularly kept informed by the service.

The service demonstrated a clear understanding of adhering to relevant legislation and best practices around consent and decision-making. Staff are provided with face-to-face training on capacity and self-determination matters within the legal framework. One staff member explained to the Regulation Officer how they had understood the training in support of their clients. The Registered Manager and Director described this as a core component for the staff team and reported they had noted its impact and application in daily practice.

The process of matching care workers to clients is thorough, and the Registered Manager shared examples where both the client's preferences and staff experience are considered to ensure that clients are content and satisfied with their care workers.

A comprehensive induction programme is provided, tailored to the role of each staff member. This demonstrated a bespoke approach, showing that it is adapted and made specific depending upon the staff members' experience, qualifications and confidence. Where staff have prior experience, the completion of the care certificate may not be necessary, and this will be determined by the Registered Manager on a case-by-case basis.

One staff member spoke very positively about their induction and felt that it was a strength of the service compared with previous experiences.

Samples of training records were reviewed, which showed training relevant to the categories of care and client needs. This included subjects such as alcohol use, mental health awareness, capacity and decision making, traumatic brain injury and its impacts. There are training and development plans in place for staff, which are generated from supervision discussions. All support staff, except for one, hold a Level 2 or 3 vocational qualification in health and social care, and one person is currently working towards achieving a Level 3.

The Regulations and Standards related to respect, involvement, person-centred care, personal planning, maintaining care records, and consent were clearly met and well understood by the service.

### **Is the service caring?**

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

Samples of care records were written and developed in language familiar and understandable to clients, demonstrating that consideration is given to supporting them in a respectful and dignified manner. Health professionals described the service as thoughtful, which not only supports clients to manage the challenges in their lives but also acknowledges and builds on their strengths. Staff described that their roles include addressing both the practical and emotional needs of clients, emphasising that their well-being and quality of life were a key priority.

Where relevant, fire safety evacuation procedures are reinforced with clients in their homes. Where incidents are noted and recorded, the Registered Manager reviews them to identify any emerging themes and to determine whether any learning can be taken forward and shared with the staff team. A narrative overview is produced, which was reviewed. The narrative provided an analysis of the findings and highlighted patterns and potential reasons for the incidents. This demonstrates that the service continually monitors incidents, reflects on them and shares the findings to attempt to reduce the risk of future harm where possible.

Staff members told the Regulation Officer they felt valued, respected and genuinely appreciated by the management team. They described one of the values of the service as caring, and they felt cared for, which they said, "*made them believe in themselves.*" Staff said they could speak with their managers about anything if needed and felt reassured that they would receive the right support.

One health professional commented on the abilities of the staff team, noting their skills in engaging with and supporting clients in an effective and meaningful way. They described how their approach had made a positive difference to one client's life.

### **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 service development plan for the period 2025 – 2027 sets out a clear direction for the service, and focuses on strengthening governance processes, policies, and internal structures before any expansion of the service occurs. The Director and Registered Manager explained that they are committed to ensuring the service is operating safely, consistently, and in line with its SoP before accepting any more clients. Both are closely involved in the service and have a thorough understanding of clients' needs. On occasion, when required, the Registered Manager will provide support to clients.

They emphasised that their focus is not only having the correct number of staff but also on ensuring staff have the correct values, the right approach, attitude, and skills to work with clients with complex needs. There are clear lines of accountability in place, with support staff and external health professionals describing a very responsive and professional management team. The business continuity plan was reviewed, which showed that consideration had been given to how the service would continue in the event of any untoward events.

Policies relating to the duty of candour and whistleblowing were reviewed, and staff are provided with contact details of another person, other than the management team, to whom they can raise any concerns. It is recognised that it can be challenging for staff working on their own, and drop-in sessions are facilitated for staff to seek support outside of planned supervision, team meetings and on call management contact opportunities.

The service's office is available to staff at any time and provides a welcoming space where they can study, review documents or speak with colleagues. Records demonstrated that supervision is planned and carried out in line with the standards. Records showed that where staff have raised concerns, the management team have taken them seriously, investigated and addressed them appropriately.

Staff said they feel valued and respected and reported that they are appreciated for the work they do. They highlighted the benefit of having shift patterns that respected their family commitments, and their morale was high.

The governance arrangements are robust, and the service has developed plans to further strengthen and enhance governance and quality assurance processes already established. The service links standards directly to care planning arrangements, with progress continually monitored and evaluated.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and an improvement plan is not required.

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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