



INSPECTION REPORT

Nova Health Jersey Limited

Home Care Service

**Suite 5
Longueville Business Centre
Longueville Road
St Saviour
JE2 7SA**

**Inspection Dates
30 September and 2 October 2026**

**Date Published
29 October 2026**

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.

Registration Details	Detail
Type of regulated activity	Home Care Service
Mandatory Conditions of Registration	
Categories of care	Young Adults (19-25), Physical Disability and/or Sensory Impairment, Learning Disability, Autism, Adult 60+
Maximum number of care hours each week	600 hours
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care by 14 July 2028, or by that time to have demonstrated an equivalent qualification.	
Additional information	
The service has contacted the Commission as and when issues have arisen, to maintain transparency.	

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration and any additional

discretionary conditions 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 five days prior to the first inspection visit. This was to ensure that the Registered Manager would be available during the visit.

Inspection information	Detail
Dates and times of this inspection	30 September 2026 10.00am-4.25pm 2 October 2026 9.25am-11.55am
Number of areas for improvement from this inspection	0
Number of care hours on the week of inspection	314
Date of previous inspection	21 November 2025
Areas for improvement noted at the last inspection	0
Link to the previous inspection report	RPT_NVH_Inspection_20251121.pdf

3.2 Focus for this inspection

This inspection included a focus 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

4.1 Progress against areas for improvement identified at the last inspection

At the last inspection, no areas for improvement were identified.

4.2 Observations and overall findings from this inspection

Nova Health Jersey Limited has continued to develop since the last inspection, increasing the number of care packages from two to seven while maintaining a measured approach to growth.

Recruitment practices were found to be robust, with appropriate checks, references, and structured interviews completed for new staff.

Two induction programmes are in place to support new employees; one programme is designed for staff who already have healthcare experience. The other is designed for staff who do not have previous healthcare experience and may need additional training and support during their probationary period.

Training records demonstrated high levels of compliance, supported by in-house therapy led training and a wider range of external learning opportunities.

Staff supervisions are completed regularly, through individual and group sessions along with annual appraisals.

Care is delivered through a strong therapy led, person centred model. Care receivers and their representatives are actively involved in care planning, goal setting and reviews.

Comprehensive assessments, multidisciplinary working and clinical oversight ensure care remains effective and responsive to individual needs.

Written agreements are in place, signed and dated, outlining specific care packages, terms and conditions and how to end a care package.

This service demonstrated a strong commitment to governance and continuous improvement.

Recommendations arising from a recent medication inspection had all been actioned, with enhanced auditing systems, updated documentation, and additional staff training implemented.

Monthly audits, spot checks, provider reports and a detailed self-assessment process provide effective oversight of quality and safety.

Policies were found to be factual, concise, easy to navigate with clear review dates.

Feedback from professionals, staff, care receivers and their representatives described Nova Health as a professional, trusted provider that delivers high-quality care for individuals with complex care needs.

There were no areas for improvement from this inspection.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care and Support in the Community Standards were referenced throughout the inspection.¹

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, the Statement of Purpose, focused medication inspection report, and notification of incidents.

The Regulation Officer requested feedback from three care receivers and five of their representatives, however only two responses were received.

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

They also had discussions with the service's management team and six staff responded to an anonymous questionnaire. Additionally, feedback was provided by three professionals external to the service.

As part of the inspection process, documents including policies, care records, incidents, training matrix, and staffing dependency tool were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and followed up by email on 12 October 2026.

This report presents our findings from the inspection and outlines the range of observations made. Throughout the report, we may highlight any areas of good practice identified, along with suggestions where practice could be strengthened or further enhanced.

5.2 Sources of evidence.

Key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Recruitment policy Recruitment files Induction booklet Medication folder Safeguarding policy Anonymous Safeguarding reporting line Staff training matrix Feedback
Is the service effective and responsive	Statement of Purpose Welcome pack Written agreements Easy read documents Multi-Disciplinary Meetings Monthly CPD booklet Audits and spot checks Notifications Feedback
Is the service caring	Therapy led documentation Care plans Staff skills SROL Staff benefits and rewards On-call rota Feedback

Is the service well-led	Monthly provider reports Good practice and self-assessment document Staffing dependency tool Tea and Chat initiative Supervisions and appraisals Review of policies Feedback
--------------------------------	--

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

This service has taken a measured approach to accepting new care packages, ensuring that all necessary resources are in place before commencing care. The service uses an adopted dependency tool for workforce planning, which calculates staffing requirements according to the individual needs of each care receiver. They have increased the care packages from two to seven since the last inspection, have recruited new staff and are currently onboarding more staff to join the team. The management team are visible and accessible to the care receivers and staff team for support and guidance.

Relevant risk assessments are in place to ensure the safety of care receivers and care staff where required. These were dated and signed with clear review dates.

The Regulation Officer viewed a sample of recruitment files of staff members employed since the last inspection. These demonstrated that safe recruitment processes had been followed, including obtaining appropriate references, undertaking risk assessments where required, completing Disclosure and Barring Service checks, and conducting thorough interviews using a scoring system. These recruitment practices were consistent with the service's recruitment policy.

Two induction programmes have been implemented: a standard induction for experienced care staff and an enhanced induction for staff who have not previously worked in the healthcare sector.

The enhanced induction includes working through practical scenarios, undertaking the Care Certificate qualification, and completing all mandatory training. This approach equips staff with the knowledge, skills, and confidence required to provide safe and effective care to care receivers. The Regulation Officer viewed a completed induction booklet.

All staff have completed safeguarding training, and a dedicated safeguarding reporting telephone line has been introduced to enable anyone within the service to report safeguarding concerns. The line operates via a separate telephone number, allowing individuals to raise concerns anonymously where appropriate. The service also has a designated Safeguarding lead in place.

The Registered Manager explained that the service has recently changed training providers, which has been beneficial as it has increased access to a wider range of training opportunities. The training matrix incorporates a traffic light monitoring system and demonstrated that all staff had completed mandatory training, along with additional training to meet the specific needs of care receivers and to comply with the mandatory conditions of registration. The service also benefits from in-house training delivered by qualified therapists.

A focused medication inspection completed in July 2026 did not identify any formal areas for improvement; however, six recommendations were made:

1. Minor amendments and updates to the medication policy.
2. Develop a formal process for tracking medication reviews.
3. Amend the medication return-to-pharmacy log to include a section for a pharmacy signature.
4. Include the order of administration in PRN protocols where more than one medication is prescribed for the same condition.
5. Record both the opening and disposal dates on medications with a limited shelf life after opening.
6. Develop a more structured medication audit tool.

These recommendations were discussed, and the Regulation Officer was provided with evidence that all recommendations had been actioned.

In addition, each care receiver now has an updated medication folder. Office staff, and any staff expected to update Electronic Medication Administration Records (eMAR), are booked onto a transcribing training course later this year. The Registered Manager will ensure that medication competency assessments are completed by staff who are trained to assess competency, in addition to the Registered Manager. Monthly medication audits are undertaken using an updated audit tool, and the results shared with all staff and discussed during group supervision sessions.

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 Statement of Purpose has been updated since the last inspection, and the Regulation Officer found that the service is operating in accordance with the aims and objectives documented within it.

The website for this service clearly outlines the packages it offers, its therapy-led approach, the implementation of rehabilitation programmes, and the provision of training and consultation services. Three packages are listed: Nova Core, a standard-rate package; Nova Integrated, a therapy-led support package; and Nova Specialist, a bespoke support package. The service adopts an individualised approach to pricing, with care packages tailored and costed according to each care receiver's assessed needs. Several care receivers were receiving support at the long-term care rate, reflecting their requirement for ongoing care and support.

Written agreements for each care receiver were viewed. These were all signed and dated by either the care receiver or their delegate/representative. These set out the proposed package of care, terms and conditions, charges and ways to pay, and how to end the agreement. Each care receiver or their delegate is given a copy of the written agreement. This was confirmed through feedback.

Each care receiver receives an individualised welcome pack upon commencement of their care package. The pack is designed to meet each individual's needs and contains information on the care agreement, medication, transport, money, safeguarding, complaints, feedback and compliments, data protection and key contacts, along with photographs of the senior leadership team and support workers assigned to each care receiver. This reflects the service's person-centred ethos.

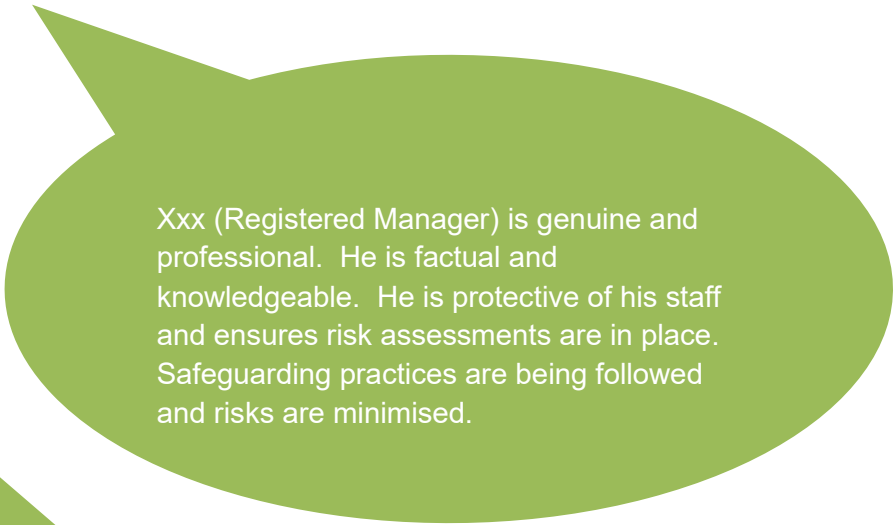
The service holds regular multidisciplinary meetings to explore and agree the most appropriate way forward for individual care receivers. These meetings support a coordinated, person-centred approach to care delivery and ensure that input from relevant professionals is considered when planning and reviewing care.

An area of good practice was identified during the inspection and had been implemented earlier this year. At regular periods, all support staff are issued with a Care Team Workbook designed to consolidate learning from completed training in specific areas and encourage reflective practice in their own time. The Regulation Officer reviewed a workbook on Capacity and Self-Determination and found it to be an excellent resource. The workbook was well structured, promoted a deeper understanding of key concepts, and provided staff with an effective opportunity to reinforce their knowledge and apply learning to practice.

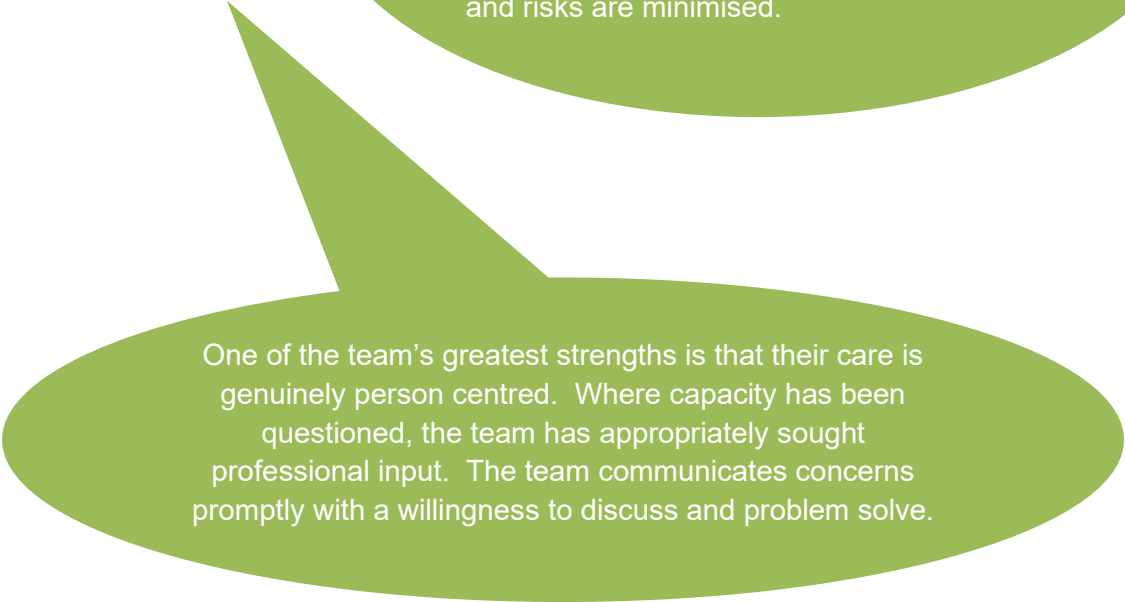
Monthly audits are undertaken including daily care records, medication management, and infection prevention and control practices along with spot checks. Findings from the audits and spot checks are regularly discussed during group supervision sessions, providing staff with opportunities to discuss outcomes, address any issues and share good practice.

Notifications to the Commission were in line with the guidance and found to be appropriate.

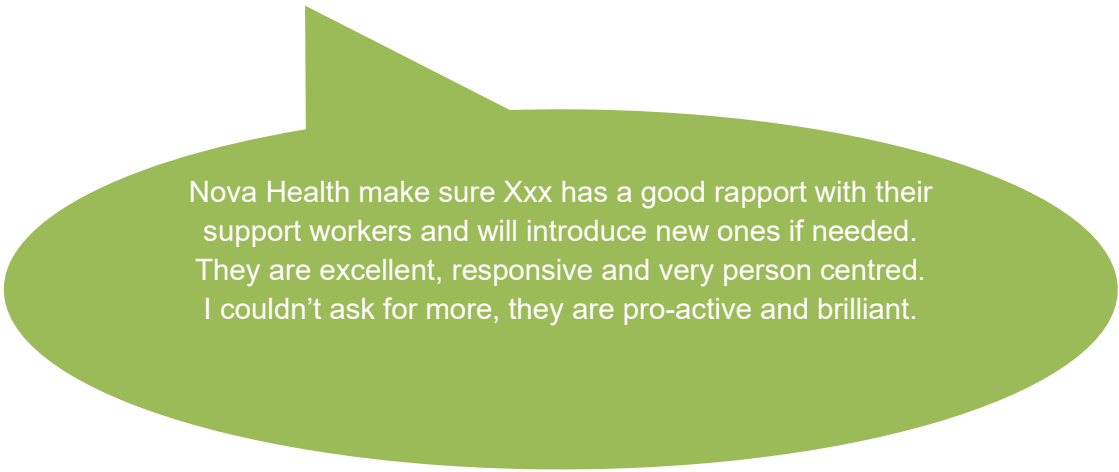
Professional feedback highlights that this service consistently delivers high-quality, person-centred care. The service was praised for its excellent risk assessment and safeguarding practices, strong multidisciplinary working and willingness to seek and act on professional advice.



Xxx (Registered Manager) is genuine and professional. He is factual and knowledgeable. He is protective of his staff and ensures risk assessments are in place. Safeguarding practices are being followed and risks are minimised.



One of the team's greatest strengths is that their care is genuinely person centred. Where capacity has been questioned, the team has appropriately sought professional input. The team communicates concerns promptly with a willingness to discuss and problem solve.



Nova Health make sure Xxx has a good rapport with their support workers and will introduce new ones if needed. They are excellent, responsive and very person centred. I couldn't ask for more, they are pro-active and brilliant.

Is the service caring?

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

A thorough initial assessment is completed which has a section 'this is me' covering the care receivers' identity, preferences, routines, communication needs and what matters most to them. The Regulation Officer viewed one and found it to be robust.

Once a care package has been agreed, the care receiver and/or their representative is fully involved in the development of care plans, including the identification of personal goals and overarching outcomes. This was confirmed during the inspection and through feedback received.

The Regulation Officer reviewed a sample of care plans and found them to be comprehensive, person-centred, and goal oriented.

The service uses a secure electronic management system that enables both management and care staff to access and monitor duty rotas, home visits, medication administration records, care plans, and daily care records. The system also supports a range of managerial functions, including auditing, reporting, and payroll management.

The senior leadership team demonstrated a sound understanding of their responsibilities in relation to capacity, autonomy, and the authorisation of restrictive interventions.

Staff are carefully selected to ensure they are well matched to the interests, preferences, and needs of care receivers. This was evidenced during the inspection and through feedback.

A notable strength of this service is its therapy led approach, which ensures care is informed by clinical expertise and enables care receivers to work towards meaningful goals.

Care plans are reviewed at least monthly. However, the Regulation Officer found that they were reviewed much more frequently to ensure they remained current and reflective of care receivers' needs.

The on-call rota has recently been revised to ensure that a senior member of staff is on call for one week in every seven and can be contacted via a dedicated telephone number. The Registered Manager advised that calls are monitored to ensure the service is used for urgent matters only.

Discussions during the inspection highlighted that the management team values and actively supports its staff. A weekly 'Tea and Chat' initiative provides staff with the opportunity to meet online with members of the senior leadership team to discuss any issues, concerns, or positive experiences. In addition, a range of staff wellbeing initiatives are available, including an employee cashback scheme, access to legal and tax advice, and free counselling and support services for all staff.

Is the service well led?

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.

The senior leadership team comprises the Registered Provider/Director, Registered Manager, and Clinical Lead. Team Leaders report to either the Registered Manager or the Clinical Lead. Staff described clear lines of accountability and demonstrated a good understanding of who to contact regarding care receivers or safeguarding concerns through feedback.

Monthly provider reports are completed by the Registered Provider and provide an overview of the service, including staffing, feedback and complaints, care records and audits, governance and compliance, together with an action log to ensure that identified issues are addressed. Evidence of actions taken in response to identified issues was seen.

The Registered Provider recently completed a comprehensive self-assessment of the service. This review considered each standard, identified areas of good practice, evaluated the measures currently in place, and explored opportunities for further development. The assessment was detailed and demonstrated the service's commitment to continuous improvement.

The Regulation Officer was advised of a recent organisational restructure, during which some existing staff members were promoted to Team Leader roles. Additionally, it is anticipated that by the end of the year, nine of the thirteen staff members will have achieved a Level 2 or Level 3 qualification.

Supervisions are completed in a number of ways;

- Supervision with the team leader at least quarterly
- Supervision with the therapy lead quarterly but increased to weekly for new or more complex care receivers
- Separate group supervision

A rotating monthly cycle incorporates staff supervision, competency checks, and spot checks. This was evidenced during the inspection and confirmed through feedback.

The Regulation Officer viewed a selection of policies requested prior to the inspection. These are typically reviewed on a rolling cycle throughout the year. The policies were found to be concise, easy to read, and strongly aligned with the standards and relevant legislation.

Overall, feedback described Nova Health as a highly committed, professional and trustworthy provider especially for individuals with complex care. They evidenced a therapy led, person centred approach, collaborative working with other professionals, and clinical oversight from the senior leadership team.

What care receivers and their representatives said:



Staff feedback was overwhelmingly positive. Responses demonstrated that staff feel supported by management, receive appropriate training and supervision, and have a good understanding of their responsibilities. Staff reported having sufficient time to spend with care receivers. Staff felt valued, safe and listened to and described Nova Health as “the best” company to work for. Suggested improvements were limited and included more frequent reimbursement of expenses and further growth of the staff team and client base.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection, therefore; 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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je