



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**4Health Home Care Agency**

**Home Care Service**

**Unit 1, Harbour Reach**

**La Rue de Carteret**

**St Helier**

**JE2 4HR**

**Inspection dates: 12, 28 February  
and 3, 7 April 2025**

**Date Published  
22 May 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 on the inspection of 4Health Home Care Agency. 4Health Home Care Agency Limited operates this home care service, and a registered manager is in place.

Registration Details	Detail
Regulated Activity	Home care
Mandatory Conditions of Registration	
Type of care	Nursing care, personal care and personal support
Categories of care	Adult 60+, dementia care, physical disability and/or sensory impairment, learning disability, autism, and mental health
Maximum number of care hours per week	More than 2250 hours per week
Maximum number of nursing care hours per week	30 hours
Age range of care receivers	18 years and above

Discretionary Conditions of Registration
None
Additional information:
A revised Statement of Purpose was provided as part of the pre-inspection document request to reflect an increased level of care staff.

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration required under the Law and concluded that all requirements had 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 seven days before the visit. This was to ensure that the Registered Manager would be available during the visit and to request documents integral to the inspection.

Inspection information	Detail
Dates and times of this inspection	12 February 2025, 9am to 3.30pm 28 February 2025, 10am to 12.30pm 3 April 2025, 2.05pm to 2.25pm 7 April 2025, 11am to 11.30am
Number of areas for improvement from this inspection	None
Number of care hours on the week of inspection	3700
Date of previous inspection:	5 and 8 April 2024
Areas for improvement noted in 2024	None
Link to the previous inspection report	<a href="#">IR4HealthHomeCareAgency20240408.pdf</a>

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

This inspection focused on the following key 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**

The service provides a high standard of care, with strong systems ensuring safety, effectiveness, responsiveness, compassion, and leadership. The care staff rota systems ensure that staffing capacity meets contracted hours, allowing for staff absences and ensuring care receivers needs are met with consistent care.

Safer recruitment practices were consistently applied, including for care staff recruited from overseas. In addition, thorough due diligence was undertaken to ensure compliance with immigration requirements. Health and safety, medication management, and incident reporting were appropriate and well-documented.

Care delivery is effective and person-centred. Registered nurses appropriately assess referrals before accepting and offering a care package. Each care receiver is provided with detailed care plans based on their individual needs, which are regularly reviewed and updated. Post-fall protocols and the use of reflective learning frameworks further support continuous improvement. Management oversight of care delivery is maintained through regular visits to care receivers and a quality assurance audit programme, some of which are carried out by independent consultants.

Care staff receive dementia awareness training, which helps them understand and provide care to people living with dementia, including environmental considerations. In addition, care staff receive challenging behaviour training to support their caring responses. Palliative care planning and end-of-life care are proactive in this service and the team work closely with partner agencies.

Feedback from care receivers, care staff and a professional was overwhelmingly positive. Care staff supervision includes wellbeing support, and their work/life balance is prioritised. Overseas staff receive extensive onboarding support, including accommodation help, buddy systems, and cultural orientation.

Leadership in this service is effective, with robust governance and management oversight. Policies are up-to-date and compliant with Home Care Standards. Induction procedures are thorough and are supported by good feedback from care staff. Training complies with mandatory expectations and combines e-learning and practical face-to-face sessions. Staff are well-supported, and their feedback is sought regularly and used to improve services.

## **5. INSPECTION PROCESS**

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

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

Before the inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report from 5 and 8 April 2024, reviews of the Statement of Purpose and notification of incidents.

---

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

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

Records, including policies, care records, incidents and complaints, were examined as part of the inspection process.

After the inspection, the Regulation Officer provided verbal feedback to the Registered Manager.

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>	<ul style="list-style-type: none"> <li>• Statement of Purpose</li> <li>• Notifications made to the Commission</li> <li>• Review of Complaints</li> <li>• Review of the Health and Safety Register</li> <li>• Review of adult safeguarding referrals</li> <li>• Medicines management</li> <li>• Staff training and induction</li> <li>• Staff rotas and service capacity</li> <li>• Policies and procedures</li> <li>• Observation of care delivery</li> <li>• Safer recruitment</li> </ul>
<b>Is the service effective and responsive</b>	<ul style="list-style-type: none"> <li>• Welcome packs</li> <li>• Review of written agreements, fees and charges (contracts)</li> <li>• Feedback from care receivers and their representatives</li> </ul>

	<ul style="list-style-type: none"> <li>• Care records (including initial assessments and care planning)</li> <li>• Internal communication procedures</li> <li>• Partnership and collaborative working</li> <li>Quality assurance measures</li> </ul>
<b>Is the service caring</b>	<ul style="list-style-type: none"> <li>• Care plans and evidence of regular review</li> <li>• Observations of care delivery to two care receivers</li> <li>• Responding to individual care receivers needs</li> <li>• Feedback from care receivers, their representatives, care staff and an external professional</li> <li>• Visits to care receivers homes</li> <li>• Reviewing end-of-life and palliative care</li> <li>• Review of care provision for people living with dementia</li> <li>• Staff supervision, appraisal and support records</li> <li>• Behaviour management</li> </ul>
<b>Is the service well-led</b>	<ul style="list-style-type: none"> <li>• Incident management log</li> <li>• A sample of policies and procedures</li> <li>• Review of care records for those care receivers who have their liberty restricted</li> <li>• Review of the categories of care Statement of Purpose and Service Development Plan</li> <li>• Governance arrangements</li> <li>• Staff training and induction procedures</li> <li>• Feedback from care receivers, their representatives, care staff and an external professional</li> <li>• Review of diversity, equity and inclusion in the service</li> </ul>

## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer examined staffing rotas and the system in place to manage capacity to ensure consistent and regular care delivery for care receivers. This provided assurance that the service constantly worked well within its staffing resources, allowing for staff illness, training and leave. In addition, care staff are communicated with daily and weekly regarding their rota. Overall, the systems in place were deemed exceptional by the Regulation Officer and were a good area of practice.

The Regulation Officer reviewed safer recruitment, including care staff on overseas work permits. The Regulation Officer was satisfied that safer recruitment practices were being followed, and that overseas care staff had the necessary right-to-work documentation in place. The work permit process ensures that overseas care staff possess the experience and qualifications to deliver good-quality care.

One staff member commented:

We are quite a close staff team, like a large family.

In addition to safer recruitment, the Regulation Officer reviewed recruitment policies and procedures, such as application forms, job descriptions, and employment contracts. These were found to be comprehensive and fit for purpose.

The Regulation Officer viewed the incidents and accidents log, which included medication errors and was satisfied that reporting and service response were appropriate. The Registered Manager and the Regulation Officer discussed the health and safety of staff while working. Several examples of intervention were shared, ensuring that care staff's welfare is prioritised.



Care staff are encouraged to report any health and safety matters. In addition, senior care staff undertake environmental risk assessments before commencing a care package, which are revisited at least quarterly.

Notification of significant events to the Commission was reviewed. These were found to be sufficient. However, advice was provided to the Registered Manager regarding the reporting of medication errors and care receiver fall notifications to ensure consistency. Any resulting actions taken by the service were clearly recorded and followed up on. In addition, adult safeguarding referrals were made appropriately.

The Regulation Officer examined complaints made directly to the service and those reported to the Commission. These were handled appropriately, and in one case, an independent professional investigated the complaint to ensure a fair and accurate outcome for the complainant.

All care staff undertake training in effective infection prevention and control, which includes specific cleaning schedules agreed upon as part of care planning. In addition, care staff also complete food hygiene and preparation training. Since the last inspection on 5 April 2024, this service has provided cookery lessons to care staff, especially those from overseas, to ensure they understand the dietary needs of the people they care for. This has been well received by care staff and is a good area of practice.

One professional commented:

Care staff work so hard. They communicate very well with our team and go above and beyond to help the client stay safe.

While care is delivered in private homes, the wellbeing of care receivers is prioritised regarding fire safety. Where necessary, a personal emergency evacuation plan (PEEP) is in place for care receivers.

Care staff who dispense medication to care receivers have the requisite Level 3 Diploma in medication administration. This is backed up by a comprehensive medicines policy, alongside care staff completing a medication administration competency framework to verify their proficiency annually, overseen by a registered nurse.

During visits to care receivers homes as part of this inspection, the Regulation Officer sampled medication administration records (MAR) and was satisfied that these were being completed appropriately. In addition, the digital care management system helps mitigate medication errors, as care staff cannot sign off that the care programme has been delivered until they confirm that medications have been dispensed.

The Regulation Officer was also assured that where care staff undertook delegated care tasks, the appropriate training and oversight from a registered nurse was in place to ensure the safety of care receivers.

## 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.

Referrals are received either directly from care receivers, their representatives, or adult social care. The service evaluates its capacity and the suitability of the referral before accepting it. A registered nurse then completes an initial assessment with the care receiver and their representative before a decision is made to provide a package of care.

All care receivers are provided with a comprehensive information pack, a contract and precise details about the costs of the care package, including any contribution from the long-term care fund. The Regulation Officer examined invoicing procedures and was satisfied that invoices clearly set out the dates and times that care was delivered, alongside the hourly rate and care costs.

Before the care package commences, an 'all about me' document is completed. This person-centred tool provides key information about an individual's needs, preferences, and personal history that contribute to their wellbeing and quality of life. A range of care plans are then developed and agreed upon with the care receiver and/or their representatives.

The Regulation Officer examined a significant sample of care plans for several care receivers. These were evidenced to be comprehensive, reflect the person-centred needs identified in the 'all about me' tool and were written in line with the service's principles and ethos.



One care receiver  
commented:

I am very happy with the  
service. Staff are friendly,  
reliable, and respectful.

The allocated carer(s) are then introduced to the care receiver and their representatives before initiating the care package. A two-week review is undertaken to ensure that the care delivery meets expectations or that changes need to be made to the care plans. Care plans are reviewed every three months or sooner if the care receiver's needs change.

The service is currently transitioning from paper care records to a digital care management system. This transition is being completed gradually to ensure the transfer of data minimises any disruptions to the delivery of care and allows opportunities for care staff to receive the appropriate training. Digital care records can be accessed by care staff, care receivers or their identified representatives. Approved devices can only access care records to ensure care receivers' data is secure and protected. While this transition continues, some written care records remain in care receivers home.

A team of registered nurses oversee care delivery. They conduct home check visits at least quarterly to review care plans and health and safety, such as the environmental risk assessment. Nursing visits increase according to the changing needs of care receivers, such as palliative or end-of-life care. The Regulation Officer examined the reassessment procedure and was satisfied this was fit for purpose. This procedure includes consultation with the care receiver, their representative/s, adult social care and other specialist services. The senior care team meets three times a week to respond to changing care receiver needs and also undertake spot-check visits to care receivers' homes.

One professional commented:

I appreciate the input of the management team, the nursing staff, the admin staff, and the care staff. They all appear transparent, very accessible, helpful, and they communicate very well.

The policy concerning care receiver falls seeks to mitigate risk; however, should this happen, a post-falls protocol is in place to provide an immediate injury assessment, monitoring, medical review, and identification of measures to prevent future incidents.

This service commissions independent external consultants to conduct comprehensive quality assurance audits, complementing its internal quality monitoring processes. The Regulation Officer reviewed several months' audit reports alongside the service's monthly quality reports. These were found to be thorough and demonstrated strong management oversight of both care delivery and governance. A sample of the audits examined included:

- Reviews of care receiver records and staff personnel files
- Management and response to care receiver falls
- Review of medication errors
- Safeguarding referrals and scrutiny of notifiable events submitted to the Commission
- A review of hospital discharges, which has supported improvements in care quality and helped ensure smoother transitions for individuals returning home from the hospital.

In certain situations, care staff may require access to a care receiver's funds, such as purchasing food or personal items. The service has a comprehensive policy to manage these transactions, ensuring financial records are regularly audited and approved by the care receiver and/or their representative(s). Clear guidelines on staff conduct in these matters are outlined across multiple documents. The Registered Manager provided an example of a breach of policy and how this was responded to using the disciplinary procedure.

## Is the service caring?

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

Feedback from the care receivers spoken to was positive. Some of the comments provided are detailed in the body of this report.

Care plans were noted to be person-centred, and there was evidence of regular review at least every three months or when care receiver needs change. Several care plans provided evidence of daily physical activities that promote care receiver health and wellbeing. These included respecting individual choices and encouraging care receivers to take informed risks to enhance their quality of life.

One professional commented:

Care staff are always very caring, professional, and attentive to the client's needs, which is very reassuring for me.

The Regulation Officer undertook a review of care tasks that have to be nurse-led and those that can be delegated to care staff. This provided assurance that where necessary tasks such as suctioning or stoma care were performed, the care staff had the appropriate training, oversight from the registered nurses, and annual competency checks.

One relative commented

Our carer has got to know Xxx very well, her routines, when they can become anxious and how to calm them. I have no complaints at all and would feel comfortable approaching the management team if necessary.

This service provides care for people living with dementia or diagnosed with cognitive impairment. All staff receive dementia awareness training, which fosters increased understanding, reduces stigma, and promotes compassionate and person-centred care.

One carer commented:

We share the same goal, which is providing high-quality care.

Care receivers are supported to attend the memory clinic, and carers seek to create dementia-friendly environments by adapting spaces to improve safety, ease navigation, and reduce noise and clutter to minimise anxiety. Care staff are also provided with challenging behaviour training, which aids their capacity to respond to care receivers needs.

The Regulation Officer was satisfied that when a care receivers health deteriorates, palliative and end-of-life care decisions are made proactively alongside care receivers and representative, which is led by the registered nurses in consultation with specialist partner agencies.

A safeguarding matter reviewed during the inspection period noted that the appropriate paperwork required when a decision has been made for a care receiver not to receive cardiopulmonary resuscitation was not present and could not be immediately accessed. The Regulation Officer received assurance that this was an isolated incident and that a full review of such measures had been undertaken to mitigate this happening again.

One care receiver commented:

Staff are very caring, take time to chat with us, and treat us well.

All care staff undertake training in the Capacity and Self-determination Law, which provides a legal framework for supporting individuals in Jersey who may lack the mental capacity to make certain decisions. The Regulation Officer reviewed care planning for care receivers who are assessed as lacking capacity and was satisfied that 'Significant restriction of Liberty' authorisations were appropriately assessed and managed.

The Registered Manager recognised that gathering feedback from care receivers, their families, and representatives had been inconsistent. To address this, registered nurses routinely collect feedback electronically as part of their home checks. This provides the service with constructive feedback, leading to improved care delivery and outcomes for care receivers.

One registered nurse commented:

We are quite a close staff team, like a large family.

The Regulation Officer examined the supervision and appraisal records for care staff and was satisfied that they were completed in accordance with the Home Care Standards. Importantly, this service values wellbeing supervision alongside the clinical element of exploring care delivery and professional development. It acknowledges that care staff, who experience bereavement as part of their caring role, may require additional support measures to maintain their wellbeing.

The system for managing care staff rotas ensures a good work/life balance and that care staff do not regularly work over their contracted hours. This service also promotes team-building activities such as a Christmas party, team away days, and organised walks, which include family members.

One registered nurse commented:

Where care is not delivered as it should be, care staff are supported, and we work with and alongside staff to educate and improve.

A questionnaire is completed to seek feedback on the onboarding experience of overseas care staff who are often being introduced to a different culture from their own. This ensures that they feel supported, and the service can respond to this feedback positively to improve care staff experiences. The Regulation Officer examined these questionnaires and found them to be largely positive. Some negative experiences have resulted in improvements being made to the support package.



Examples of the additional support provided during the onboarding of care staff from overseas are, but not limited to:

- pickup from the airport, familiarisation with the Island and transfer to their accommodation
- a household essentials pack
- an upfront loan to support initial expenses upon arrival
- provision of a loan for a car
- an initial driving assessment and paid driving lessons if necessary
- allocation of a 'buddy' for peer support
- staff events, such as a Christmas party or promoting support networks
- cookery lessons to help meet care receivers' dietary needs.

In addition to feedback provided by care staff during the on-site inspection, the Regulation Officer initiated a feedback survey for all care staff, which generated 47 largely positive responses. Where any negative or constructive feedback was provided, the Regulation Officer shared this with the Registered Manager. The results were overwhelmingly positive in terms of staff feeling well supported by the management team, feeling listened to and having good induction and onboarding experiences. Where any negative or constructive feedback was provided, the Regulation Officer shared this with the Registered Manager.

### **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.

This service's updated Statement of Purpose was reviewed, remains fit for purpose and is commensurate with the categories of care it is registered for.

The organisational structure in this service provides for extensive governance and oversight of care delivery. This includes registered nurses who lead care planning, a compliance/office manager, an administration team, a dedicated training and human resource manager, and a team of senior health care assistants. The Registered Manager is a compassionate and skilled leader who is passionate about delivering safe and effective person-centred care.

Service development plans are detailed in annual general meeting minutes, which provide an overview of the previous year's performance, such as staffing, compliance with the Home Care Standards, and the effectiveness of governance. At this meeting, the objectives for the coming year are set and agreed upon.

The Regulation Officer sampled several policies from the extensive suite available in this service. These were found to be fit for purpose and were compliant with the Home Care Standards and legal requirements. Examples of the policies sampled were:

- Complaints policy
- Safeguarding adults policy
- Discipline policy and procedure
- Recruitment policy and procedure.

This service has a comprehensive induction policy and procedure. Care staff are fully inducted over two weeks, following a straightforward process of familiarisation with the service's policies and procedures, necessary mandatory training, and a programme of shadowing care delivery. Several personnel files were reviewed to confirm that the induction procedure was followed.

Training is a mixture of e-learning and face-to-face, such as First Aid and moving and handling training. The Regulation Officer examined the training matrix and was satisfied that the mandatory training complies with the Home Care Standards. Training includes pre and post-questionnaires and an assessment of learning. Training also includes 'The Code of Practice' for health and social care workers, which provides a clear set of standards and behaviour that care staff in Jersey should adhere to.

One professional commented:

I appreciate the input of the management team, the nursing staff, the admin staff, and the care staff—they all appear transparent, very accessible, helpful, and they communicate very well.

## **7. IMPROVEMENT PLAN**

No areas for improvement were identified during this inspection, so 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  
1<sup>st</sup> Floor, Capital House  
8 Church Street  
Jersey JE2 3NN

Tel: 01534 445801

Website: [www.carecommission.je](http://www.carecommission.je)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)