Jersey Care Commission

INSPECTION REPORT

Fig Tree House

Care Home Service

14-16 Parade Road,
St Helier, JE2 3PL

Inspection Dates
28 August and 4 September 2025

Date Published
16 October 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 Fig Tree House. Personal Care Limited operates the care home service, and a registered manager is in place.

Registration Details	Detail
Regulated Activity	Care Home Service
Mandatory Conditions of Registration	
Type of care	Personal care and Personal Support
Category of care	Mental Health
Maximum number of care receivers	32
Age range of care receivers	50 years and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1-30, flats 2 and 3 - one person
Discretionary Conditions of Registration	
None	
Additional information:	
There have been no changes to the mandatory conditions of this service or any applications to vary these conditions.	

As part of the inspection process, the Regulation Officer evaluated the home'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 14 days before the initial visit. This was to ensure that the Registered Manager would be available during the visit and that a pre-inspection information request could be fulfilled before the initial visit.

For the purposes of this report, care receivers will be referred to as residents, as this is the term used in the home.

Inspection information	Detail
Dates and times of this inspection	28 August 2025 – 9.10am to 3.45pm 4 September 2025 – 8.50am to 1.20pm
Number of areas for improvement from this inspection	none
Number of residents accommodated on the day of the inspection	28
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	24, 27 June and 4 July 2024 four IRFigTree20240704Final1-1.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection on 24, 27 June and 4 July 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, four areas for improvement were identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that improvements had been made in all the areas identified at the last inspection. This means that there was evidence of the following:

- Care records include an initial needs assessment, followed by the development of personal plans and documentation of the care provided
- The Registered Manager is provided with adequate periods of time to carry out their managerial duties
- Safer recruitment practice had met the required Standards
- Care staff had carried out their statutory and mandatory training requirements.

4.2 Observations and overall findings from this inspection

Staffing levels and recruitment were found to be well managed. Staff rotas provide appropriate cover for care, domiciliary, and kitchen duties, with the Registered Manager having supernumerary time to carry out managerial responsibilities. At least 50% of staff on duty hold the required RQF Level 2 Diploma in Adult Health and Social Care. Safer recruitment practices were found to meet expectations, with additional checks conducted where references were limited, although criminal record checks for existing staff required updating, which was promptly addressed. Minor recommendations regarding recruitment process and documentation, were acted upon during the inspection.

Notifiable events to the Commission and complaints are managed appropriately, with timely follow-up and adherence to the home's policies. Health and safety, infection control, and incident management arrangements are adequate, and the home has achieved a five-star rating for food hygiene. Medication administration is overseen by qualified staff, with annual competency checks and appropriate protocols in place.

Care delivery promotes positive outcomes, independence, and person-centred care. Residents receive tailored initial assessments, and care plans are regularly reviewed and updated. Keyworker systems, effective handovers, and robust record-keeping support high-quality care. Management of residents finances were appropriate and secure.

Activities, meals, and routines are flexible, supporting well-being, social engagement, and resident choice. Changes in residents' needs, advocacy, and Significant Restriction of Liberty (SRoL) arrangements are managed effectively.

Staff supervision, appraisal, and training comply with the Standards, and a positive workplace culture was observed. Leadership provides supportive oversight, effective governance, and a commitment to continuous improvement.

Policies and procedures, including the Statement of Purpose and well-led service policy, are current and clearly implemented. Induction procedures ensure new staff understand professional standards, promoting safe and compassionate care.

Feedback from residents, their representatives, care staff and professionals were consistently positive about this home.

Overall, the Regulation Officer was assured that the home is safe, well-led, and delivers effective, responsive care that meets residents' individual needs.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home Service 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, reviews of the Statement of Purpose and notification of incidents.

The Regulation Officer gathered feedback from four residents and one 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.

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

At the conclusion of the second inspection visit, the Regulation Officer provided feedback to the Registered Manager and followed up by email on 8 September 2025.

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

[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 improvement	
Focus	**Evidence Reviewed**
1. Assessment and personal plans	Review of initial assessments of prospective residents Review of a sample of care (personal) plans and the notes recording delivery of the care Feedback from residents
2. Management Structure	Examination of staff rotas Discussion with the Registered Manager
3. Safe Recruitment	Review of safe recruitment practice Sample of staff personnel files Discussion with the Registered Manager
4. Training	Review of the training matrix Clarification discussion with the Registered Manager
New key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	Review of notifiable events made to the Commission Examination of complaints made by Residents Health and safety measures and maintenance of building/equipment Resident risk assessments Infection Control measures Medications management Feedback from professionals Tour of the home and access to a sample of residents' rooms
Is the service effective and responsive	Initial assessments Sampling Care Plans Effectiveness of collaborative working Monitoring outcomes and quality assurance activity Consent from residents Guidance for new residents and induction processes Review of resident feedback arrangements Advanced care planning
Is the service caring	Resident care through Regulation Officer observations Workplace culture

	Feedback from residents, relatives, care staff and external professionals Examination of resident choice and control of their day-to-day lives Workforce well-being, including supervision and appraisal
Is the service well-led	Review of the Statement of Purpose Workplace culture and assessment of leadership Provider's business/development plan Feedback from staff Policies and procedures Training and induction of care staff

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The Regulation Officer reviewed a sample of staff rotas and found them to be well managed, with appropriate staffing levels allocated to care, domiciliary, and kitchen duties. The rotas confirmed that the Registered Manager is provided with supernumerary time to undertake managerial responsibilities and therefore is no longer an area requiring improvement. The Registered Manager also demonstrated that the current balance between managerial time and rota support effectively maintains oversight of care delivery and ensures residents' needs are met.

The Regulation Officer was also satisfied that 50% of staff on duty at any time have the requisite Regulated Quality Framework (RQF) Level 2 Diploma in Adult Health and Social Care (or equivalent).

The Regulation Officer examined safer recruitment practices of staff who had joined the staff team since the last inspection on 24 June, 27 June, and 4 July 2024. This was found to meet expectations, and there was evidence of the Registered Manager seeking additional information regarding any safeguarding or disciplinary concerns of prospective staff from referees, where date-only references were supplied.

The Regulation Officer noted that criminal record checks for existing staff had not been renewed every three years, as required by the Care Home Standards. The Registered Manager responded positively to this finding and promptly completed an emergency audit to identify which staff required updated checks. Applications for the necessary criminal record checks were then submitted without delay.

The recruitment process was reviewed, with some minor recommendations made to the Registered Manager. These included recording the outcomes of employment interviews and the reasons for an offer of employment or not. Overall, the recruitment pack was deemed comprehensive, with a staff handbook outlining the home's values, philosophy, aims, and objectives.

The Regulation Officer reviewed the notifiable events reported to the Commission since the last inspection and discussed them with the Registered Manager. The Regulation Officer also reviewed the on-site notification file and noted that internal follow-up to these events was recorded. This ensured that responses to these notifiable events were proportionate and timely.

The Registered Manager reported that formalised complaints from residents are very infrequent, and most issues are sorted out before they escalate to a complaint. Complaints made since the last inspection were reviewed, and the Regulation Officer was satisfied that these had been or were being handled according to the home's policy. The complaints policy was noted to be freely available to residents. The Regulation Officer noted that internal staff complaints were handled similarly. No complaints had been made directly to the Commission since the last inspection.

One professional commented:

I find Figtree House in good order – that the staff are friendly and welcoming and are on the ball about all aspect of their residents' mental state and welfare. The Registered Manager and their staff know their limitation and will ask for help, which in my book keeps Figtree House safe for the residents.

The Regulation Officer reviewed measures in place regarding health and safety, infection control and incident management. This included fire safety, electrical and water testing. This ensured that all checks, testing and measures were up to date and appropriately maintained, and any maintenance issues resulting from incidents were rectified. In addition, the home has been awarded a five-star rating concerning food safety and hygiene standards by the Government of Jersey's Environmental Health Department.

The Regulation Officer reviewed medication practices within the home. Assurance was provided that only senior staff holding the relevant Level 3 Diploma in the Administration of Medication are responsible for managing medicines. In addition, all care staff complete an online medication awareness course, which is good practice.

The Regulation Officer confirmed that all staff who administer medication, including the Registered Manager and Deputy Manager, are subject to annual competency checks. It was also noted that care staff wear a tabard to indicate that they should not be disturbed while administering medication.

Some minor recommendations were made regarding medicine management, which were promptly addressed during the inspection period. Hospital-only medications and controlled drugs are safely managed. The need to transcribe medication onto a Medication Administration Record (MAR) is limited within this home; however, practice is deemed appropriate when this occurs. As all admissions are planned, the required administration documentation is consistently in place before a resident's admission.

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 vast majority of referrals to this home come from mental health services. The Registered Manager reported that professionals provide an assessment of need alongside the referral. A decision is then made on whether to proceed with their own initial assessment, which is generally carried out by the Registered Manager or the Deputy Manager and a senior carer.

Following a positive initial assessment (which includes daily living needs, dietary requirements, allergies, cultural or religious considerations, and life history), the prospective resident is provided with an information leaflet about the home and invited for an introductory visit as part of a person-centred induction tailored to their needs. This typically involves having lunch at the home and gradually increasing time spent there over two to three visits. This process helps ensure that both parties are satisfied before a move-in date is confirmed.

The Registered Manager commented, "*Our initial assessment of prospective residents is critical to the dynamic within the home as we need to consider the needs of the existing residents and the impact of the prospective residents' needs and presentations.*"

The Regulation Officer examined residency agreements, which had been thoroughly reviewed during the inspection period. These were evidenced as fit for purpose and clearly set out any fees over and above the Long-Term Care benefit that a resident was due to pay.

Residents' care records are maintained in paper format. The Regulation Officer noted that these were well organised and easy to follow. All residents are subject to dependency risk and care assessments, which inform the development of a wide range of person-centred care plans. Associated risk assessments support these plans and are subject to regular monthly review. A further review of these records assured that:

- Daily notes provide a record of each resident's day-to-day care and well-being
- Records of care or interactions provided by healthcare professionals were present
- Advance care planning was in place for all residents
- Basic and emergency information records were available
- Charts, such as weight and fluid intake charts, were maintained for residents requiring them
- An investigation record was present, providing a quick-access chronology of medical interventions that residents had been subject to, which the Regulation Officer deemed a good area of practice.

Handovers between staff teams are well managed. A senior carer is responsible for ensuring that all care tasks are allocated and completed, any changes in residents' care needs are communicated, and planned social activities are organised and supported. Residents are allocated a keyworker, who acts as a consistent point of contact to provide personalised support and advocate on behalf of the resident.

Residents' finances are well managed, with various arrangements in place, dependent on individual residents' capacity and preference. Residents who wish to manage their own money can request access to safes in their rooms. For those residents who require or request support, money is kept secure, with care staff working closely with family representatives or those with Lasting Powers of Attorney, where necessary.

There was evidence that residents' feedback and voice are valued in this home. Two residents' meetings are held each year, with the minutes of these meetings noting any agreed actions. Additionally, two resident well-being surveys are conducted annually, with support provided to complete these where necessary. The Registered Manager reported that these are reviewed and, where possible, are acted upon, being careful not to impact the general positive dynamic in the home.

Given the wide range of needs and levels of independence in this home, all residents with capacity are consulted regarding nighttime checks and can opt out if they wish. This is an area of good practice.

An external auditor completes monthly reports, consolidating information from areas such as maintenance and safety checks, surveys, meetings, and questionnaires from families, friends, and healthcare professionals. As part of this process, two residents' files are also audited. The Regulation Officer was satisfied that these quality assurance processes provide the Registered Provider and Manager with assurance that the home is safe, care delivery is effective, and the home is well-led.

One care staff member commented:

I have been involved in the care sector for over two decades, and this is the best place I have worked.

The Registered Manager reported good collaborative multi-agency working with partners. Feedback from one professional supported this view. In addition, the Regulation Officer noted similar positive feedback about the delivery of care from other healthcare professionals who visit residents in the home.

Is the service caring?

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

One resident commented:

I could not manage at home alone, but I am supported and happy here.

The Regulation Officer observed the delivery of care and support to residents. Staff were attentive and encouraged residents to maintain as much independence as possible. They demonstrated warmth and compassion, using gentle physical reassurance, positive body language (such as positioning themselves at the resident's level), and a soft tone of voice. Residents responded positively, with smiles and other genuine expressions of engagement.

The Registered Manager commented: "*We respect them [residents] as people; we don't label them, and I remind the care staff that this is the residents' home, and we are just visitors.*"

The home is comfortable and furnished to a high standard, offering residents access to several lounges and living spaces, including quieter areas. The environment is dementia-friendly and considerate of residents' diverse age range and needs, with features such as high-back chairs to support comfort and posture.

One care staff member commented:

This place is really homely, comfortable, and has lots of space for residents to use.

Most residents have a settled routine, including preferred wake-up times, where they have breakfast, their daily activities, and bedtime routines. Menu planning is flexible for breakfast, lunch, and the evening meal, with the Regulation Officer noting an extensive, rotating four-week menu offering a wide range of dishes to meet diverse dietary needs and preferences. Residents can also request alternatives if they do not wish to eat the planned options.

Residents are encouraged to engage in a wide range of meaningful activities, both within the home and in the community. These include bingo, quiz nights, games, scenic drives, monthly takeaway evenings, visits to local restaurants and cafés and outings to local pubs. This promotes independence, social connection, and resident well-being.

The changing needs of residents are clearly documented, with evidence of care plans being updated accordingly to ensure they remain current and reflect each resident's circumstances. The service is also aware of independent advocacy services and has used these where appropriate to strengthen person-centred care and ensure residents' voices are heard.

Residents are treated as individuals and encouraged to take responsibility for tasks in line with their preferences, ability and capacity. Levels of independence vary, with some residents supported under Significant Restriction of Liberty (SRoL) arrangements. The Regulation Officer reviewed the SRoL arrangements and was satisfied that these were managed effectively. Staff adapt their approach to respect personal choice, dignity, and lifestyle.

Most residents with diabetes have their condition managed through diet; however, where medication is required, care plans were appropriate and tailored to individual needs. The home benefits from the expertise of a senior carer with extensive knowledge of diabetes management, which further enhances the quality of care. The Regulation Officer was assured that footcare is delivered by a qualified professional, with evidence of proactive planning and regular monitoring. These arrangements promote safe practice and help to reduce the risks associated with diabetes.

The Regulation Officer reviewed the supervision and appraisal arrangements for care staff and noted compliance with the Standards in terms of frequency. Staff complete a pre-supervision document, which helps to inform the agenda and ensure meaningful discussions. Year-end supervision forms part of the annual appraisal process and is a more comprehensive review of performance and development. Supervision sessions also include a personal element, allowing staff to raise any matters outside of the work environment that may affect their role.

The Registered Manager confirmed that they have supervision with the Registered Provider, which occurs at least monthly. These sessions cover both personal matters and the safe and effective running of the home.

The Regulation Officer examined feedback questionnaires from care staff, which are completed twice per year. Feedback was generally positive, with the Registered Manager reporting that where themes are identified, these are discussed and acted upon.

The Registered Manager reported that they operate an open-door policy for care staff and gave examples of the recognition and support provided to care staff experiencing grief due to bereavement.

Other care staff comments:

"I love working here. The staff team is excellent, and the residents are a fantastic group to care for."

"The team gets along really well, and we work together to meet the residents' needs. I love it here; the manager is fantastic and supportive."

"It is like a family here; we are supportive of each other, with our focus on the residents."

Other feedback from residents:

"It's great here, I have friends, but I also have space when needed."

"The food is good and there is always a choice."

"I really enjoy the activities, especially bingo and the quiz night."

Feedback from representatives:

"My Xxx is well-looked after, he is always clean, and I am very happy with the care they receive."

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 Regulation Officer reviewed the Statement of Purpose for this home, which remains reflective of the home's aims and objectives, how care will be delivered, and how the home will meet its regulatory requirements.

Although there is no formal written service development plan, the Regulation Officer was satisfied that regular evaluation of the home's operations and resources takes place. Such matters are discussed monthly between the Registered Provider, Registered Manager, and maintenance officer, ensuring that any concerns are promptly identified and addressed.

In addition, the Registered Provider visits the home quarterly to review care delivery and conduct a walk-around with the Registered Manager and maintenance officer to identify areas requiring repair, replacement, or redecoration. The Regulation Officer was assured that these arrangements contribute to effective governance, continuous improvement, and the overall quality of care provided to residents.

The workplace culture in this home is positive, with care staff demonstrating a cohesive and collaborative approach to delivering person-centred care. Staff work well together, supporting one another to meet residents' individual needs and maintain high standards of care. The Registered Manager and leadership team provide a supportive environment where the dedication to quality care and continuous improvement is evident. This positive culture promotes staff morale, encourages professional development, and ensures that residents consistently receive compassionate, safe, and effective care.

One care staff member commented:

The manager is great, supportive and flexible, which makes working here a pleasure.

The Regulation Officer reviewed this home's policies and procedures. Most were regularly reviewed, and those requiring review were rectified during the inspection period. The Regulation Officer noted that the home's caring staff policy was clear about how the home intended to care for residents, care staff, and visitors. The home had also implemented a new well-led service policy, which sets out how the service will provide effective leadership and governance and how this will be monitored and reviewed.

Training is well managed, and where training had been missed due to individual staff leave, sickness, or unavailability, dates were planned to complete it. The Regulation Officer was satisfied that staff had either completed mandatory training or were scheduled for later this year, such as Capacity and Self Determination and Control of Substances Hazardous to Health (COSSH) training. This is no longer an area for improvement.

Induction processes for new care staff conform to the home's policy, and the Regulation Officer noted that all new staff members had fully completed their inductions. As part of this process, care staff confirm that they have read and understood the professional standards of practice and behaviour for health and social care support workers, as set out in the Code of Practice. This ensures that staff know the expected standards from the outset, supporting safe, effective, and person-centred care.

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.

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