



Jersey Care  
Commission

## **INSPECTION REPORT**

**Family Nursing and Home Care**

**Home Care Service**

**Le Bas Centre  
St Saviours Road  
St Helier  
JE2 4RP**

**Inspection Dates  
10 September, 8 and 9 October 2025**

**Date Published  
8 December 2025**

## **SUMMARY OF INSPECTION FINDINGS**

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

### **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 Regulation Officer witnessed clients being treated with dignity and respect and in receipt of kind and compassionate care.

The staff team is well-supported by the senior staff and the Registered Manager, and all the staff spoken to as part of the inspection process shared, they are happy in their work. The service is flexible and adapts to the needs of its clients and to other adult services within FNHC.

The Registered Manager recognises that the governance structure within FNHC supports them and the team to have the skills and knowledge to provide person-centred care. This is a key strength of the service.

Regular meetings are held to share best practices and drive quality improvement initiatives, including discussions on policies, audit activities, and staff training. The service maintains a suite of policies that are regularly reviewed and easily accessible to the staff team.

FNHC has a suite of regularly reviewed policies that are accessible to the staff team and there is good compliance with statutory and mandatory training requirements within the Home Care service.

Audit activities currently occur informally during spot checks conducted by a senior carer while care is being delivered in the client's home. The findings are not consolidated to provide an overall assessment or to identify actions for improvement. Consequently, the introduction of regular medication audits has been identified as a key area for development to monitor compliance and ensure safe practice.

The service regularly receive compliments directly that are not logged on the central compliments and complaints platform but are shared with the staff team. Complaints are logged, and the complaints policy is followed.

The rota was reviewed, and it is positive that staff have set protected days off and do not exceed their contracted hours. The staff consulted provided positive feedback on their work-life balance and job satisfaction.

During the inspection the staff team evidenced that it is dedicated to providing safe, kind, and compassionate care while promoting client independence. It was evident that there is good teamwork, with staff supporting one another.

Professional feedback:

They offer very supportive and professional person-centred care, and I highly recommend them.

## IMPROVEMENT PLAN

There is one area for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 6.8, Regulation 14  <b>To be completed:</b> by 31/01/2026	A management of medicine audit is to be introduced and conducted on a regular basis.  <b>Response by registered provider:</b> In response to your recommendation and identified area of improvement, we have reviewed our current medication competency document for non-registered staff, which is currently awaiting ratification. We will also be conducting a medication audit in Homecare in January 2026 and will produce a report outlining our findings.
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The full report can be accessed from [here](#).