



**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**

**24 to 27 February and 2 March 2026**

**Date Published**

**24 April 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 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 Services
Mandatory Conditions of Registration	
Categories of care	Adult 60+, dementia care, physical disability and/or sensory impairment, learning disability, autism and mental health
Maximum number of care hours each week	More than 2250 hours per week
Maximum number of hours for nursing care	30 hours
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
None	
Additional information	
The Commission removed the category of care for 'end of life' care on the 24 April 2025.	

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory 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 unannounced with no prior notice provided to the Registered Manager.

Inspection information	Detail
Dates and times of this inspection	24/02/2026 – 11.10am to 4.30pm 25/02/2026 – 1pm to 4.30pm 26/02/2026 – 2pm to 3.15pm 27/02/2026 – 12pm to 12.30pm 02/03/2026 – 9.45am to 11.15pm
Number of areas for improvement from this inspection	None
Number of care hours on the week of inspection	4318.85 hrs
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	12 and 28 February, 3 and 7 April 2025 None <a href="#">RPT_4H_Inspection_20250407.pdf</a>

#### 3.2 Focus for this inspection

This inspection will focus 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**

The Regulation Officer found that the service operates safely, with effective recruitment, induction, and training systems. Personnel files for newly recruited staff were well maintained and demonstrated compliance with safe recruitment, and criminal record checks for existing staff were consistently renewed every three years.

The induction programme was identified as a strength, with comprehensive checklists, policy workbooks, and structured sign-off processes that promote competence, accountability, and safe practice. Mandatory and refresher training were completed within required timescales, and specialist competencies were overseen by registered nursing staff. Health and safety systems were robust, supported by high levels of incident reporting, effective oversight, and evidence of a positive no-blame culture.

Safeguarding procedures were effective, with a recent referral appropriately investigated and resulting in improved Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) accessibility and clearer end-of-life pathways. Medication management processes were safe, with no harmful errors and effective electronic monitoring. The service had a clear Statement of Purpose and an improved complaints-handling process. Information for care receivers was accessible, and care plans were person-centred and responsive to communication, nutritional, and social needs, supported by timely reassessments and multidisciplinary input.

Regular team meetings ensure coordinated care. Falls management was proactive and informed by quarterly audits, and restrictions on liberty were managed appropriately. Quality assurance was in place, including quarterly home checks, spot checks, and external audits.

The service is deemed caring, with positive feedback from care receivers, families, and professionals. Care plans were detailed and clearly structured using electronic task lists. Engagement with care receivers and families was routine, and palliative care was delivered sensitively with specialist partners.

The service was well led, with clear governance structures, regular annual general meetings (AGMs), effective business continuity planning, strong anti-discrimination practice, and staffing levels that met contracted hours. Supervision and appraisal processes aligned with Standards, and staff policy workbooks strengthened understanding and implementation of policies and procedures.

## **5. INSPECTION PROCESS**

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

The Home Care and Support in the Community 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 previous inspection report, reviews of the Statement of Purpose, variation requests and notification of incidents.

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

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

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

At the conclusion of the inspection visit, the Regulation Officer provided feedback to the Registered Manager and the Compliance and Office Manager. This was followed up with written feedback on 3 March 2026.

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

## 5.2 Sources of evidence.

Key lines of enquiry	
Focus	Evidence Reviewed
<b>Is the service safe</b>	Personnel files Safe recruitment and criminal record checks Induction policy and practice Training of care staff Health and safety with the service Review of notifiable events from the service Safeguarding policy and practice Management of medication
<b>Is the service effective and responsive</b>	Statement of purpose Review of complaints handling Care receiver, relative, professionals and staff feedback Information provided to care receivers and their families Communication, social and nutritional needs of care receivers and how these are met Team meetings and communication with care staff Care staff newsletter Quality Assurance measures and audit activity Spot check and home check documentation Care receiver falls policy, practice and response (including audit) The management of care receiver who have their liberty restricted
<b>Is the service caring</b>	Initial assessments (including 'this is me' records) Sampling of care plans, risk assessments and review procedures Consultation with and visits to care receivers and their relatives Service feedback activity Meeting the individual needs of care receivers Care receiver exercise programme Palliative and end of life care, (including management of do not attempt cardiopulmonary resuscitation (DNACPR))

<b>Is the service well-led</b>	Organisational structure Business plan (Annual General meeting every 6 months) Business continuity plan Anti-discrimination policy and practice Staffing levels – meeting contacted hours Supervision and appraisal of care staff Review of policies and procedures
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## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

A review of new staff personnel files confirmed that they were well organised and demonstrated adherence to safe recruitment practices. For existing care staff, systems were in place that evidenced that criminal record checks were consistently renewed every three years.

The induction process for new care staff represents an example of good practice in this service. Evidence showed that policies are adhered to and that induction checklists are consistently completed to a high standard. The induction programme incorporates staff policy and health and safety workbooks, each of which includes structured questionnaires and required sign-off arrangements. This structured approach ensures staff develop a clear understanding of their responsibilities and promotes competence, accountability, and safe practice.

One professional commented:

With nurse led oversight of care delivery, this provides an extra layer of assurance that my clients are getting safe and responsive care.

The Regulation Officer examined the training matrix and the associated systems used to ensure that mandatory and refresher training is completed in accordance with requirements. The review confirmed compliance with the mandatory training programme and the timely completion of refresher training. In areas where specialist training was required to support delegated tasks, documentation showed that nursing staff maintained effective oversight through annual competency checks.

The systems in place for managing health and safety, including incidents, accidents, near misses, infection control and food safety, were found to strengthen the service's safety culture. The Regulation Officer observed high levels of reporting by care staff, supported by effective oversight processes, clearly documented actions and a sustained commitment to continuous learning. This embedded 'no-blame' ethos promotes professional confidence and equips care staff with the skills required to deliver safe, consistent care throughout the organisation.

The Regulation Officer reviewed, with the Registered Manager, all notifiable events reported to the Commission since the last inspection. This review evidenced that notifications were submitted appropriately and that subsequent actions were proportionate and focused on protecting the welfare of care receivers, care staff and others.

The Regulation Officer examined a single adult safeguarding referral submitted since the last inspection. The subsequent investigation was found to be comprehensive, resulting in appropriate disciplinary measures and demonstrable improvements to service practice and procedures. Notably, enhancements were made to the accessibility of DNACPR documentation, and clearer identification of end-of-life circumstances and the required follow-up actions. The Regulation Officer also noted a safeguarding policy workbook for care staff which effectively strengthens staff understanding by ensuring that each team member is equipped not only with knowledge of safeguarding requirements, but also with the confidence and competence needed to apply safeguarding practice appropriately.

The Regulation Officer reviewed medication management processes and found that errors reported since the last inspection were mainly missed staff signatures for medication that had been administered, and no errors resulted in harm to care receivers. The electronic care-recording system identifies medication administration as a required task and generates an alert if it is not recorded as completed, allowing timely oversight by nursing staff. This system enhances the safety of medication practices and reduces the likelihood of doses being missed. The medication policy and procedure was found to meet the Standards required by the Commission.

### **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 was reviewed by the Regulation Officer and was noted to be a cohesive and comprehensive document that meets regulatory expectations. It clearly outlines the aims and objectives of the service, including how care will be delivered by appropriately trained care staff and what governance and quality assurance arrangements are in place to ensure the quality of care and the safety and welfare of care receivers.

A review of the complaints policy and handling of complaints was undertaken with the Registered Manager. The policy met the requirements in the Standards, however there had been some changes to the procedure regarding complaints handling to make this clearer, following one complaint that had not been handled appropriately. The Regulation Officer was assured that there had been meaningful learning and development of the complaints handling process as a result.

One relative commented:

If I have any issues, I can phone the office as they are really approachable.

The user guide provided to care receivers and their families supports them in understanding what to expect from the service. The Regulation Officer noted that the guide is written in plain language, is concise, and was easily accessible during visits to care receivers' homes. Care receivers also had access to their written agreement, schedules of fees, and their care records, which were available electronically. The service has also developed a live-in-carer leaflet which defines such matters as a live-in-carers role, working hours and expectations.

The Regulation Officer examined how the service responds to the communication, social and nutritional needs of care receivers. A sample of care plans demonstrated that these needs were clearly identified and addressed appropriately. In cases requiring additional expertise, appropriate training had been delivered by the service or by external professionals, including specialist input from a dietician for dysphagia-related needs.

Team meetings take place on a regular basis and may involve care staff directly responsible for a package of care or be held at a nursing and management level. These meetings ensure that care delivery is timely, consistent with agreed care plans, and responsive to any changing care needs. The Regulation Officer observed the weekly nurses' meeting, which followed a structured agenda. This included discussion of care receiver referrals and updates, leading to clear directive actions such as reassessments or referrals to external agencies where appropriate.



One professional commented:

I find that they are professional and person-centred in terms of their care provision as well as responsive to any change in care needs.

The service's response to care receivers who experience falls is timely and supported by appropriate policy, practice and procedures. Falls risk assessments are routinely completed and contribute to a reduction in falls through early identification of risks and implementation of preventative measures. All falls are reviewed quarterly through a structured audit process, which identifies key findings, trends, and recommendations. These reviews inform improvements in prevention strategies, staff training, and engagement with care receivers.

The Regulation Officer reviewed the management of care receivers who have their liberty restricted and was satisfied that application and renewals were made appropriately and within timescales.

The service conducts an annual staff feedback survey; however, the Registered Manager reported that staff participation is often low. To strengthen engagement and improve communication, the service has recently introduced a staff newsletter. This provides care staff with timely updates on policy and practice developments, learning from audits, and wider organisational information.

The Regulation Officer carried out a short survey with care staff to gather feedback on their experiences of working for the service. The results indicate that 4 Health Home Care is a well-led and supportive organisation, where concerns are addressed promptly and communication is effective. Staff reported feeling confident in providing person-centred and respectful care, supported by strong training and induction processes. Overall, this feedback reflects a positive culture and a clear commitment to delivering safe, high-quality care.

One relative commented:

I would recommend them, as we are very happy with the care our Xxx receives.

Quality Assurance measures and audit activity is a strength in this service. Every care receiver receives a quarterly home check, during which they and their relatives are invited to provide feedback on the service they receive. During the visit, their overall care plan is reviewed, and an environmental health and safety check is completed. Senior carers and nurses also undertake spot checks regularly to ensure care is being delivered in line with the care receivers care plan.

The service employs an external auditor to provide independent oversight of how well the service is operating. The Regulation Officer reviewed the resulting monthly and quarterly audit reports, which were comprehensive and enabled the service to identify trends requiring improvement and respond appropriately. Overall, the Regulation Officer was satisfied that the auditor's activity supports care delivery that is safe, effective, well-managed, and compliant with regulatory requirements.

Additional comments from professionals:

*“Xxx was excellent, communicated very well and their professionalism shone through.”*

*“4Health management and care staff worked well alongside our team.”*

*“They are also responsive to any feedback from clients and their families as well as professionals.”*

*“Reviews of the care package happen regularly, and risks assessments are shared and co-produced.”*

Additional comments from relatives:

*“They are on the ball and don’t let anything slip.”*

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

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

The feedback gathered during visits to care receivers and their relatives during this inspection provided the Regulation Officer with assurance that the service is delivering the care in line with the stated objectives in their Statement of Purpose. Overall, care receivers and their relatives felt well-supported, did not feel rushed during care delivery, were confident in nursing oversight, and informed about how to raise concerns should the need arise.

One care receiver commented:

I am very satisfied with 4Health, they are meticulous and I am most impressed with my carers.

The Regulation Officer reviewed several care records to consider the quality and effectiveness of initial assessments and the resulting care plans and risk assessments. The initial assessment includes a 'this is me' section, which contains information shared by the care receivers and/or their representatives about their identity, preferences, routines and what matters most to them. The Regulation Officer noted this information feeding into person-centred care plans. Where risks were identified, appropriate risk assessment were in place. There was evidence of regular review of care plans and risk assessments.

Individual care plans are broken down into clear and concise person-centred task lists, detailing all required elements of daily care. These tasks include, but are not limited to:

- Personal care, including oral hygiene
- Medication administration
- Pressure area care
- Mobility
- Nutrition and hydration
- Care receiver's social needs

These task lists are incorporated into the service's electronic record-keeping system and must be checked as completed (or not provided and reason for this), which provides assurance that essential care activities are consistently completed.

One care receiver commented:

My carers are kind and gentle with me and never feel rushed."

Care receivers and their relatives are provided with the opportunity to share feedback with the service at least every quarter through a formalised home check process undertaken by nursing staff. This structured approach ensures that individuals and their families are routinely engaged and able to comment on the quality of care, their experience, and any areas for improvement. This feedback is recorded electronically, enabling effective management oversight of the visit alongside timely follow-up on any agreed actions.

Palliative and end of life care is supported by the registered nurses in this service alongside specialist services such as Jersey Hospice and Family Nursing and Home Care. Care is person-centred and respectful of care receivers' individual wishes, cultural needs and preferred place of care, ensuring that what mattered most to them was central to all planning and decision-making.

The service offers a seated exercise programme for care receivers with reduced mobility. It is well-designed, accessible, and recognises best practice for promoting physical activity, mobility, and functional independence in a home-care setting. It is safe, comprehensive, and encourages self-management and gradual improvement.

Additional comments from care receivers:

*"They are amazing and the nicest ladies."*

Additional comments from relatives:

*"The carers are dedicated and committed to the task, and I am impressed with 4Health."*

*"Our carer was so respectful and kept Xxx dignity."*

## 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 organisational structure demonstrates clear lines of accountability and incorporates key governance functions, including human resources, training, rostering, and compliance. Registered nurses oversee care delivery, supported by a team of senior health care assistants, providing effective clinical oversight

The service holds AGMs every six months, which function as a key governance mechanism. These meetings provide structured oversight of the service by reviewing operational challenges, assessing performance over the reporting period, and identifying areas requiring further development and improvement.

The service has an effective business continuity plan that outlines how care will be maintained during disruptions by identifying which care receivers can have their support safely reduced or delivered through alternative arrangements, and which individuals require uninterrupted, essential care.

The service's anti-discrimination policy and practice align with the Standards, and the Registered Manager has provided historical examples demonstrating how the policy has been applied to protect care staff from discrimination.

Staffing levels are closely monitored to ensure the service can continue to meet its contracted hours, with accessible reporting showing an average 96% capacity, meaning care packages are not routinely missed due to staff shortages.

The Regulation Officer reviewed the supervision and appraisal arrangements of care staff and was satisfied that this was completed in accordance with the Standards, noting that the supervision template facilitates ongoing assessment of staff performance, development, and support needs, ensuring that care staff remain competent and compliant with regulatory requirements.

Several policies and procedures were reviewed by the Regulation Officer during the inspection period, providing assurance that they incorporated the Commission's Standards, and the use of staff policy workbooks further enhanced care staff's understanding of their responsibilities and the effective implementation of these policies and procedures.

Additional comments from professionals:

*"It is easy to escalate anything, somebody in the management team is always available."*

## **IMPROVEMENT PLAN**

There were no areas for improvement 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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