



**Jersey Care
Commission**

Summary 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**

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.

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.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection, so an improvement plan is not required.

The full report can be accessed from [here](#).