



**Jersey Care
Commission**

Summary Report

TESH Healthcare Jersey Ltd

Home Care Service

**Suite 13, Bourne House
Francis Street
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JE2 4QE**

**Inspection Dates
23 and 24 February 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.

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

Last year, the previous Registered Manager and several senior care staff left the service at the same time. Although this created challenges for the Registered Provider, they successfully recruited new team members and also stepped in to assume the role of Registered Manager.

The service has robust compliant safe-recruitment practices, including extra checks for overseas staff and close liaison with customs and immigration to ensure all processes meet best-practice standards.

Medication management needs improvement, with missing 'as required'(PRN) medication protocols, incomplete staff competency assessments, inadequate recording of disposed medicines, and a lack of signatory lists. This is an area for improvement.

The medication training completed by staff was found not to be accredited or equivalent to a Regulated Qualifications Framework (RQF) Level 3 standard. As a result, most care staff do not hold the required level of training to administer medicines. This is an area for improvement.

The service uses a clear training matrix and staff certificates to evidence compliance with mandatory training. The Registered Manager keeps their own skills and knowledge up to date and uses this to assess staff learning, ensuring that training is well understood and applied in practice.

The service had not submitted any notifications to the Commission since April 2025, which was unusual for the type of service.

A review of internal incident records showed that some events met the criteria for notification but had not been reported. This is an area for improvement.

It was noted that carers were completing tasks identified as delegated tasks, such as blood pressure monitoring and blood sugar glucose testing (finger prick), without the required training or formal delegation.

Induction processes were found to be inconsistent. While recent new starters had clear evidence of completed inductions, there were no induction or competency records for staff employed for four months or longer. This highlights the need for a more consistent and well-documented induction process.

IMPROVEMENT PLAN

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

<p>Area for Improvement 1</p> <p>Ref: Standard 6.12 Regulation 14</p> <p>To be completed: By 27/03/2026</p>	<p>The Registered Manager is required to strengthen medication management, as several essential administration processes were missing. These included the absence of PRN protocols, a lack of annual medication competency assessments, and records of disposed medicines were insufficient.</p> <hr/> <p>Response by registered provider:</p> <p>PRN protocols are in place. Signature List in place in every client folder. Standard and Controlled Medication disposal charts in place. Medication competency assessments in place and 80% completed Working on merging the three medication policies to make it user friendly and easy</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 6.11 Regulation 14</p> <p>To be completed: by 27/03/2026</p>	<p>The Registered Manager must ensure that care workers responsible for administering medication complete an accredited RQF or equivalent Level 3 medication management qualification, to ensure safe and effective medication practices.</p> <hr/> <p>Response by registered provider:</p> <p>Working with Jersey General hospital for RQF training in Medication level 3 and our first lot of 9 members of staff are attending in June due to course dates and availability.</p>

Area for Improvement 3 Ref: Standard 6.7 Regulation 17 To be completed: 27/05/2026	The Registered Manager must ensure that only staff with appropriate training and formal delegation are authorised to perform delegated tasks.
	Response by the Registered Provider: Working with Family nursing to make sure staff are appropriately trained.

Area for Improvement 4 Ref: Standard 5.8 Regulation 17 To be completed: 27/03/2027	The Registered Manager must ensure that all new staff receive a structured and fully documented induction, including competency assessments, to confirm they are equipped with the skills and knowledge required for their roles.
	Response by the Registered Provider: Care Competency book in place and staff assessed and 100 percent compliant.

Area for Improvement 5 Ref: Standard 7.2, Appendix 6 Regulation 21 To be completed: With immediate effect	The Registered Manager must ensure that any incidents, accidents or other events that have posed or may pose a risk of harm to care receivers, are notified to the Commission.
	Response by the Registered Provider: All incidents have now been captured and reported to JCC as required. Deputy Manager and care coordinators has been trained on how to notify JCC within 24 hours of the incident.

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