Jersey Care Commission

Summary Report

Fig Tree House

Care Home Service

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

Inspection Dates
1 and 4 June 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 is delivered in a safe, effective, caring, and well-led manner, supported by strong governance arrangements and a person-centred approach. Robust recruitment and induction processes were in place, with appropriate safeguarding measures, including regular DBS checks for existing staff. Staffing levels were consistently maintained above minimum requirements and aligned to individual dependency needs, ensuring safe care delivery. Training compliance was strong, with staff equipped to meet the specific needs of residents.

Medication management was generally well controlled, with regular audits and safe administration practices observed; however, minor amendments to policy and closer monitoring of storage temperatures were required. Health and safety systems, incident management processes, and safeguarding practices were effective, promoting a culture of learning and continuous improvement.

Care delivery was underpinned by comprehensive assessments, detailed care plans, and strong multidisciplinary collaboration, ensuring responsive and evidence-based support. Communication systems, including structured handovers and engagement with residents, supported continuity of care and responsiveness to changing needs. Residents were actively involved in decision-making and benefited from a range of meaningful activities promoting well-being and social inclusion.

Observations confirmed that staff provided respectful, person-centred care within a comfortable and dementia-friendly environment. Independence, dignity, and choice were consistently promoted, alongside appropriate management of risks and health needs.

Leadership within the home was effective, with clear oversight, regular auditing, and a commitment to continuous improvement. Staff were well supported through supervision, training, and inclusive communication, contributing to a positive culture.

Feedback from staff surveys was highly positive, reinforcing the presence of a supportive and well-managed service focused on delivering safe, high-quality care. Additionally, feedback from residents, a relative and a professional were consistently positive.

IMPROVEMENT PLAN

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

The full report can be accessed from here.