



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Abbeyfield**

**Care Home Service**

**Nelson Avenue  
St Helier  
JE2 4PD**

**23 February 2021**

## THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 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.

## ABOUT THE SERVICE

This is a report of the inspection of Abbeyfield Care Home. The service is situated in the parish of St Helier with local amenities such as cafes, a park, and the seafront nearby. The service became registered with the Commission on 17 July 2019. The home has been operating since early 2017 and prior to registration with the Commission, had been subject to twice yearly inspections under the previous law in 2017 / 2018.

Registered Provider	Abbeyfield Jersey Society
Registered Manager	Anne Marie Murray
Regulated Activity	Adult Care Home
Conditions of Registration [Mandatory and discretionary]	Maximum number of care receivers in receipt of personal care or personal support is 10. Age range is 60 years and above Category of care is Old Age
Dates of Inspection	23 February 2021
Times of Inspection	09:30-16:10
Type of Inspection	Announced
Number of areas for improvement	Four

Abbeyfield Jersey Society operates the Care Home Service and the registered manager is Anne Marie Murray. There is a discretionary condition applied in that the registered manager is required to complete the Level 5 Diploma in Leadership in Health and Social Care by 17 July 2022.

At the time of this inspection, there were 10 people accommodated in the registered beds within the home and two people on the waiting list. It was noted that other people are living on the same site as the care home, accommodated in two cottages and five independent living units / flats adjoining the home. These dwellings have individual lease agreements.

Since the last inspection, nearly all of the bedrooms have undergone a total refurbishment and it was positive to note that care receivers could choose whether they wished to take up this offer or not.

The Statement of Purpose reflects that the philosophy of the care home is, 'based upon the belief that all residents are entitled to be treated as individuals'.

## **SUMMARY OF INSPECTION FINDINGS**

This inspection was announced and was completed on 23 February 2021 by two Regulation Officers. Further to the inspection visit, one of the Regulation Officers made contact with relatives by phone on 10 March 2021. The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

The Regulation Officer focussed on the following areas during the inspection:

- the service's Statement of Purpose and conditions on registration
- safeguarding (adults and children)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

Overall, the findings from this inspection were positive, and there was evidence of care receivers being provided with a service that is safe, and which takes their wishes and preferences into account.

The service continues to work within its Statement of Purpose and conditions of registration. The registered provider made an application to the Commission to vary the age range of care receivers (changed to 60 and above) and this was approved by the Commission on 30 December 2020.

At the time of the inspection, the revised age range was yet to be updated in the Statement of Purpose. Also requiring updating were out of date contact details for the Commission and a change of committee member. The registered manager agreed to submit an updated Statement of Purpose and an application for the new committee member to the Commission. The application had been received and the revised Statement of Purpose had been drafted and was due to be finalised at the time of writing this report.

There had been no safeguarding notifications / referrals to the Commission since the last inspection. There were safeguarding and whistleblowing policies in place to

---

<sup>1</sup> The Care Home Standards and all other Care Standards can be accessed on the Commission's website at <https://carecommission.ie/Standards/>

protect staff and care receivers. Accidents / incidents were clearly recorded on the Commission's template and filed in a folder. There had however, been under reporting of such incidents to the Commission since the beginning of 2020 and this has been identified as an area for improvement.

A medicines management inspection undertaken on behalf of the Commission by a Senior Pharmacist employed by Health and Community Services, took place on 18 February 2021. At the time of that inspection, the medication policies for the home required some updating and it was recommended that monthly audits for medicines management within the home should take place. In addition, it was identified that staff signatures were not being consistently recorded immediately following the administration of medication to residents. While it was acknowledged that the registered manager had begun to put in place measures to address these findings, this is an area for improvement that requires immediate action to be taken.

The complaints policy is on display in the entrance hall to the care home and in the staff office. No complaints had been reported to the Commission since the last inspection.

The service's arrangements for recruiting staff were satisfactory, and there were sufficient arrangements in place for staff induction and staff supervision.

The staff rota and other records reviewed (including the accident / incident log) demonstrated that staffing numbers were at times not sufficient to meet care receivers' needs. Specifically, there was only one staff member on the rota between the particularly busy time of day of between 17:00 to 20:00 with some additional cover from the registered manager. This has been identified as an area for improvement.

A random sample of care plans was reviewed at inspection and were found to be clear and comprehensive. All of the care plans included a 'This is me' booklet. The booklets were completed to a high standard and the attention to detail and level of personalisation in these booklets was identified as an area of particularly good practice.

An independent representative (a qualified nurse), visits monthly on behalf of the provider to assess the quality of care provided and completes a report. The Commission's monthly report template is used as a guide for this process and a separate report is produced. The Regulation Officer reviewed a sample of these reports at inspection and the reports were satisfactory in content.

## **INSPECTION PROCESS**

Prior to our inspection visit, information submitted by the service to the Commission since the service became registered was reviewed. This included any notifications and any changes to the service's Statement of Purpose. The requirements / recommendations made from the previous inspection, carried out on 25 September

and 10 October 2019, were also considered and followed up on at this inspection. Due to the Covid-19 situation, the scheduled inspection was not undertaken in 2020. However, a structured discussion with the manager took place on 28 April 2020, the outcomes of which were reviewed prior to this visit.

The inspection was announced and one week's notice was given in advance of the inspection in view of Covid-19. This inspection visit was undertaken in accordance with the home's infection prevention and control protocols and the current government guidance in relation to Covid-19 and care homes.

The Regulation Officer sought the views of the people who use the service, and / or their representatives, and spoke with managerial and other staff. Six care receivers, two members of staff and two relatives were spoken with during the inspection visit or separately as part of the inspection process.

During the inspection, records including policies, care records, incidents and staff rotas were examined.

The Regulation Officers undertook a physical inspection of the premises that included the kitchen and dining area, a number of the residents' rooms and the outside area. The lounge and dining room were found to be tastefully decorated and the choice of décor and furnishings appropriate to the age of the residents. On the day of the inspection, a number of residents were enjoying the sunshine in a seated patio area in front of the care home.

It was positive to note the welcoming and homely feel, which was evident on arrival to Abbeyfield and throughout the visit. The ease of interaction between staff and residents and between fellow residents contributed to this homely, family atmosphere. There was evidence of personalisation in a number of bedrooms and where this was less apparent, it was confirmed to the Regulation Officers that this was a matter of personal choice. Indeed, as part of the recent refurbishments to the home, care receivers were given the option to opt out of the redecoration of their rooms if preferred.

The kitchen area was clean and well organised and the chef discussed a three-week rolling menu which is adjusted seasonally because of availability of produce. However, residents can also request something different from the menu if preferred and can eat earlier or later than the usual meal times if required.

At the conclusion of the inspection, the Regulation Officers provided feedback to registered manager.

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an action plan is attached at the end of the report.

## INSPECTION FINDINGS

### The service's Statement of Purpose and conditions on registration

The Care Home Service's Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The Care Home Service's Statement of Purpose was provided upon initial registration and was reviewed prior to inspection. It was discussed with the registered manager that the Statement of Purpose needed to be amended with respect to the age range of care receivers, the retirement of a committee member and the contact details for the Commission. The registered manager agreed to submit an updated Statement of Purpose to the Commission following the inspection. The Statement of Purpose continues to reflect the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the manager fully understood their responsibilities in this regard.

The Care Home Service is, as part of the registration process, subject to the following mandatory and discretionary conditions:

Conditions of Registration	<u>Mandatory</u>  Type of Care: personal care, personal support Category of Care: Old Age Maximum number of care receivers: 10 Age range of care receivers: 60 years and above Maximum number of care receivers that can be accommodated in each bedroom: Bedrooms 1-7 & 9-11 1 person.
	<u>Discretionary</u>  Anne Marie Murray registered as manager of Abbeyfield must complete a Level 5 Diploma in Leadership in Health and Social Care by 17 July 2022.

A discussion with the manager and an examination of records provided confirmation that these conditions on registration were being fully complied with at the time of the inspection. The registered manager plans to commence the Level 5 Diploma in 2021 and still hopes to complete this within the given timeframe.

It was confirmed that care receivers have been encouraged and assisted with accessing a range of social activities that, while significantly restricted during the prolonged period of lockdown, have nonetheless been made available wherever practical. These have included walks in the outside area, 'hands and nails', bingo and Monday Movie Night. A number of the residents commented to the Regulation Officers on their enjoyment of these activities.

The staff and management of the home continue to work with other professionals, as well as care receivers and their families to provide an inclusive and multidisciplinary approach to care

The Regulation Officer was satisfied that all conditions were being met at the time of the inspection.

### **Safeguarding (adults and children)**

The Standards for the Care Home Service set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

Systems are in place at the home to support the safety and protection of care receivers. An example of this is the infection control measures that are in place for defence against Covid-19. The Regulation Officers underwent a screening process on arrival at the home, including a temperature check and completion of a health-screening questionnaire.

The registered manager and senior carer currently undertake the PCR swabbing for all staff and residents to help protect against Covid-19.

No safeguarding concerns had been reported to the Commission since the previous inspection in 2019. The manager advised the Regulation Officer that all staff must read and sign the safeguarding policy. The policy is kept in a folder and is easily accessible to all staff in the office. This was reviewed at inspection, in addition to the Safeguarding Adults Alert form. The registered manager provided assurance that staff are confident in reporting any safeguarding concerns to the manager and of the escalation process if required. Staff can also discuss any concerns at staff meetings. A random sample of five staff members' training records confirmed that staff were up to date with safeguarding training.

A requirement from the previous inspection in 2019 was for medication records to be clear and up to date and to evidence staff signatures when medication had been administered. The medicines inspection on 18 February 2021 identified a number of doses of medication that had not been signed for as administered or coded as non-administration on the medication administration record (MAR). This practice has been identified as an area for improvement and must be actioned with immediate effect.

It was positive to note that, at the time of the inspection, which took place less than one week after the medicines inspection, that the manager had already put in place a number of measures to improve medication management. All members of staff involved have had a review of their medication competency training, whilst awaiting access to the formal training in medication (Level 3). The Regulation Officer was advised that the manager is also undertaking 'spot checks' and had committed to

weekly medication audits. The medication policies had already been updated using the guidance as was suggested by the senior pharmacist.

A review of the accidents / incidents log by the Regulation Officer identified a number of incidents since the beginning of 2020 that should have been reported to the Commission in accordance with the Standards and Regulations. Although a clear record of these incidents had been retained, they had not been reported to the Commission. The failure to notify the Commission of such events in a timely manner reduces the Commission's ability to have effective oversight of care practices that have implications for rights and safety of care receivers. This is an area for improvement.

There was one incident which had resulted in the home's front door being locked after 18:00 preventing any of the residents from freely leaving the home. It was reported to the Regulation Officers during the inspection that this action had been taken in response to concerns about the safety of two particular care receivers. The appropriateness of this response was discussed at length during the inspection and the registered manager was advised to seek relevant professional support in relation to the management of risks to care receivers. The registered manager undertook to engage relevant professionals in the assessment of risks associated with the care receivers leaving the home unaccompanied. The Regulation Officers advised that any restrictions on the care receivers' freedoms arising from this assessment must take account of the home's category of care and Statement of purpose. This is an area for improvement.

## **Complaints**

The Standards for Care Home Service set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

The complaints procedure is clearly displayed in the entrance hall to the home. Both staff and residents have been given a copy of the policy that is easily accessible to staff working in the home. The manager discussed that staff are aware of the escalation policy; to report concerns to the senior on shift in the first instance, then the manager then the committee as required. There is also a clear whistleblowing policy that was reviewed at inspection however the contact details for the Commission were out of date. The manager agreed to rectify this.

The manager was able to give an example of a recent concern that was raised by one of the residents to the committee that had resulted in a positive outcome for all residents. The resident had alerted the committee to the difficulty of walking on gravel especially if a walking aid was required. As a result, the gravel in the driveway in front of the home was replaced with tarmac. During lockdown, a number of residents were still able to enjoy exercise and fresh air by walking in this outside area.



The manager discussed how the Committee welcomed such an approach and were very involved with the home management.

Complaints are recorded informally in resident's care plans and kept in email format. It was suggested to the Registered Manager that a central complaints log might be useful. Records of any resident meetings are also kept.

A compliment in the form of a thank you card was also on display on the staff notice board.

One of the care receivers commented that she was very clear about what steps to take if she had any concerns and of who they would speak to.

A relative, although not aware of any formal complaints policy, praised the staff at the home by saying that 'we do feel that we are heard, and things are always dealt with and never left'.

### **Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)**

The safe recruitment of staff is an important element in contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.

A summary of the staff profile and staffing levels are included in the Statement of Purpose. The staff team consists of the registered manager, senior carer, day carers, three night carers, an administrator, a chef, and domestic worker. The registered manager has been in post since 2017.

The Regulation Officers reviewed a sample of two to three weeks' of the staff duty rota. There was evidence that twice weekly there was one member of staff on shift between 17:00 – 20:00, although it is acknowledged that additional support can be provided by the manager. This is an extremely busy time for staff, assisting with the residents' evening meal and medications often in preparation for settling down for the night. The decision to lock the home's front door after 18:00 had been related in part to this issue and so it was discussed with the manager that the staffing ratio needed to be increased at this time to reflect the residents' care needs and this has been identified as an area for improvement with immediate effect. The manager had begun to address this recently with the recruitment of a new member of staff to cover this busy period. There is a plan now in place to cover the shifts seven days a week. It was discussed that the effectiveness of this increased staffing should be kept under constant review by the manager.

There was evidence of regular supervision and appraisal of staff by management. The staff supervision policy and supervision records include progress, targets, and achievements of staff to assist in this process. Supervision of carers and non-clinical (for example the chef) staff takes place every three months. Staff meetings also provide a forum for support and discussion. The registered manager also works alongside staff on a regular basis.

The home has a clear induction process, involving in-house training (shadow shifts), medication competency and mandatory training. All carers working within the home have achieved RQF / QCF Healthcare Level Two or Three. A random sample of five staff members' training records showed that four out of the five were completely up to date with their mandatory training and had undertaken some service specific training in relation to dementia. The registered manager was able to describe dementia training entitled 'Yesterday, today and tomorrow' that had been particularly useful. The in-house medication competency paperwork was reviewed at inspection in view of the medicines inspection. The paperwork was found to be detailed and comprehensive. Three of the night staff are awaiting the Level Three medication module but have completed the in-house medication competency.

During discussions with care receivers and relatives, they remarked positively on their engagement with staff and of staff members' care and support.

One relative commented on 'the best care' and 'excellent food' at the home.

Another relative remarked positively on 'the happy environment' within the home and of the staff being attuned and responsive to the needs of their relative.

All of the care receivers spoken with during the inspection commented positively on the home environment, of their interactions with staff and about freedom to choose regarding participation in activities or equally how, 'you can do your own thing'.

## **Care planning**

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

Prior to admission to the home, care receivers are usually encouraged to visit the home first to meet with staff and other residents. There were no admissions to the home during the pandemic but the home had recently accepted a respite admission.

The registered manager works closely with the person's social worker to determine the level of care that they require prior to admission. On admission to the home, the manager would work closely with the individual to develop a care plan according to the level of support that is required and takes in to account personal preferences. The dependency levels of care receivers varied considerably with some requiring minimal support and care.

The care plans are in paper format and are stored securely in a locked cupboard. The Regulation Officers reviewed a small sample of care plans at inspection. It was discussed with the manager that the care plan folders could perhaps be reorganised a little with respect to content, to make the care plans easier to navigate. Despite

this, there was evidence that the care plans included all of the relevant information and were updated regularly, as is a requirement of the Standards.

It was positive to note good evidence of personalisation in the care plans. An example of this was the 'Life Story Book' completed with or by each resident. It was clear to see that residents had contributed heavily in the development of their life story and that personal photographs had been added to the narrative. This was identified as an area of good practice, as these 'Life Stories' would be invaluable to any new staff member in getting to know residents within the home. Care receivers are given their own copy of the 'Life Story Book' as well as the copy in the care plan folder.

Also included in the care plans were appropriate assessments for example in relation to specific areas of need including continence and falls.

### **Monthly quality reports**

The quality of care provision should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

A registered nurse is employed by the care home to carry out a monthly audit of the service provision. The Regulation Officer at inspection reviewed a small sample of these reports. The reports were clearly written with a different focus each month with appropriate actions and outcomes identified. One of the findings from the report in January 2021 was regarding missing signatures on the MAR sheets for medications, which corresponds with the medicines inspection and this inspection report. The monthly reporting was maintained during lockdown.

The staff meet monthly and minutes of the staff meeting on 20 February 2021 confirmed that a discussion took place regarding the findings of the recent medication inspection and recorded the actions that were to be taken. During the pandemic, the manager has also kept staff up to date with rapidly changing requirements in relation to Covid-19. They had developed a designated Covid information folder and each staff member has an individual file in relation to Covid-19. The staff also have their own group chat on social media for support.

Resident meetings are also held on a regular basis, at which residents are encouraged to raise any concerns they might have.

The registered manager meets with the committee members once monthly to discuss any matters that have arisen in relation to the residents or the building.

## IMPROVEMENT PLAN

There were four areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Regulation 21</p> <p><b>To be completed by</b> with immediate effect.</p>	<p>The registered person must notify the Commission of any incidents, accidents or other events that have posed or may pose a risk of harm to care receivers, as per the list of notifiable incidents in Appendix 8 of the Care Home Standards.</p> <hr/> <p><b>Response by registered provider:</b> This has been put in place with immediate effect.</p>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 14</p> <p><b>To be completed by:</b> with immediate effect.</p>	<p>The registered person must ensure that the arrangements for the administration and management of medicines are in accordance with the Regulations and Standards.</p> <hr/> <p><b>Response by registered provider:</b> All medication will be audited daily to monitor for errors.</p>
<p><b>Area for Improvement 3</b></p> <p><b>Ref:</b> Regulation 17 (4) (a)</p> <p><b>To be completed by:</b> with immediate effect.</p>	<p>The registered person must ensure the number of staff is sufficient at all times to meet the needs and to ensure the health, welfare and safety of care receivers.</p> <hr/> <p><b>Response by registered provider:</b> Sufficient staff have been on duty at all times, but extra shifts put in place were not included on the rota. The rota has been updated with immediate effect.</p>
<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>To be completed by:</b> with immediate and ongoing effect.</p>	<p>The registered person must ensure that suitable care plans are in place to address any risks associated with care receivers leaving the home unaccompanied.</p> <hr/> <p><b>Response by registered provider:</b> A meeting was held with the Capacity Officer to discuss and the resident in question has undergone a Capacity Assessment on the Significant Restriction of Liberty and all forms have been completed and put in place.</p>

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.



Jersey Care Commission  
2<sup>nd</sup> Floor  
23 Hill Street, St Helier  
Jersey JE2 4UA

Tel: 01534 445801

Website: [www.carecommission.je/](http://www.carecommission.je/)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)