



**Jersey Care
Commission**

INSPECTION REPORT

Abbeyfield

Care Home Service

**Nelson Avenue
St Helier
JE2 4PD**

17 and 23 March 2022

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 and has been subject to annual inspections since that time.

Regulated Activity	Care home
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: personal care, personal support.</p> <p>Category of care: Adult 60 +</p> <p>Maximum number of care receivers: 10</p> <p>Maximum number in receipt of personal care / support: 10</p> <p>Age range of care receivers: 60 and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: bedrooms 1-7 & 9-11, one person.</p> <p><u>Discretionary</u></p> <p>Anne Marie Murray registered as manager of Abbeyfield must complete a Level 5 Diploma in</p>

	Leadership in Health and Social Care by 17 July 2022.
Dates of Inspection	17 March 2022 and 23 March 2022
Times of Inspection	10:30-15:15 and 10:30-14:15
Type of Inspection	Unannounced (17/03/22) Announced(23/03/2022)
Number of areas for improvement	Two
Number of care receivers accommodated on the day of the inspection	Ten

Abbeyfield Jersey Society operates the Care Home Service, and the Registered Manager is Anne Marie Murray.

The discretionary condition on the service's registration was discussed during the inspection, and the Registered Manager confirmed that they are actively working towards completion of the Level 5 Diploma. It has been discussed with the Commission that due to circumstances beyond the Registered Managers control an extension to this discretionary condition may be required. It is anticipated a formal application for consideration about this issue will be submitted in due course.

At the last inspection on 23 February 2021, an updated copy of the Service's Statement of Purpose was requested. This was duly submitted.

SUMMARY OF INSPECTION FINDINGS

The following is a summary of the inspection findings. Further information about our findings is contained in the main body of this report.

The first part of the inspection was a medication inspection undertaken by the Senior Community Pharmacist, with the Regulation Officer in attendance. It was positive to note that there were no areas of concern, as this had been an area for improvement at the previous inspection.

There was considerable discussion around fire procedures, risk assessment and Personal Emergency Evacuation Plans (PEEPs) within the home. This is highlighted further under the heading of 'Safety' later in this report and with an area for improvement recorded about this matter.

Staffing within the home was reviewed. The home is currently trialling an on-call system overnight and consideration is being given to employing an extra member of staff to sleep-in overnight.

The home's policies were reviewed and found to be adequate in detail and appropriate to the home. However, the dates of ratification and review were often missing. Therefore, the Regulation Officer was unable to assess whether the policies were due for review or still in date. This was discussed with the Registered Manager and is an area for improvement.

Prior to any new admissions to the home, an assessment of needs is undertaken, and the Registered Manager usually does this. An assessment that includes reference to the home's Statement of Purpose and the category of care in addition to the individual's care needs was discussed in some detail during the inspection. This is highlighted further under the heading of 'care and support'.

There was evidence of person-centred care and noted a homely and family atmosphere within the home. This was evident from direct observations and the positive feedback received from care receivers and relatives as part of the inspection process. There is a small program of activities within the home that are based on what is meaningful to the care receivers.

There was evidence of adequate staff induction, training, supervision, and appraisal. There was a blended approach to training that was consistent with the Standards between e learning and classroom / face-to-face. Both statutory and mandatory training requirements were up to date.

INSPECTION PROCESS

The first inspection visit was unannounced and conducted on 17 March 2022. The second visit on 23 March 2022 was announced and provided an opportunity to consult further with staff who had been unavailable due to training taking place at the time of the first inspection.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report.

The Regulation Officer sought the views of the people who use the service, and of their representatives, and spoke with managerial and other staff. The Regulation Officer spoke with three care receivers and three staff members in addition to the Registered Manager on the day of the inspection.

The views of one health professional were also obtained as part of the inspection process.

Further to the inspection visit, the Regulation Officer made contact by phone with four relatives and the nurse who visits monthly to undertake the monthly quality report on behalf of the Provider.

During the inspection, records including policies, care records, incidents and fire policy / procedure were examined. The Regulation Officer was able to spend some

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

time in the communal areas of the home and chatting face to face with residents in their bedrooms and the garden.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager. A poster providing contact details of how to contact the Regulation Officer was left in the home for reference by visitors and staff encouraging them to contact the Commission to provide any feedback as part of the inspection process.

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 improvement plan is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, four areas for improvement were identified and the registered provider set out how these areas would be addressed by submitting an Improvement Plan to the Commission.

The Improvement Plan was discussed during this inspection and it was positive to note that, all of the improvements had been made. This means that there was evidence of administration and management of medications in accordance with the Regulations and Standards. In addition, the Commission had been receiving appropriate and timely notifications since the previous inspection. The rota had been updated to accurately reflect staffing levels and an additional member of staff now works in the evening to provide additional support at the busiest time of the day. The care receivers who may be at some risk if leaving the home unaccompanied now have appropriate plans in place and if required capacity assessments have been undertaken. This is to establish whether any formal restrictions are required to safeguard welfare and rights to liberty.

Safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.

On the day of the first inspection visit, a Senior Community Pharmacist carried out a medication inspection with the Regulation Officer in attendance. The findings from the inspection were positive with no areas for concern. The medicines were appropriately stored, administered and audited within the home. It was recommended that a formal controlled drugs register be obtained for the recording of controlled drugs balance. It was positive to note that at the time of the second inspection visit, the Registered Manager already had this in place.

The medication inspection also highlighted areas of good practice in relation to administration and storage of as required medication (PRN) and correct practice for returning medications. The home uses the National Institute for Health and Care Excellence's (NICE) medication policy (2014) at the recommendation of the Senior Community Pharmacist, made after the last medication inspection. New staff responsible for medicines administration must read the policy and sign to record that they have understood it. All staff responsible for medicines administration are required to complete an in-house medication competency training and Regulation Qualifications Framework (RQF) Level 2 module as a minimum requirement. There are currently two staff members awaiting the RQF Level 2 training and until that is completed, they would not be responsible for administering medicines on their own. It was positive to note that the Improvement Plan had been met with respect to this area of improvement from the previous inspection in February 2021.

The home had undergone a fire inspection at the end of 2021; there had been discussion around only one member of staff being on duty overnight in the home and whether this would be sufficient to manage an evacuation of the home safely in the event of a fire. The home does have a sprinkler system in place and appropriate fire doors.

The Registered Manager informed the Regulation Officer that the home was undertaking a review of all the PEEPs required for residents within the home (with the exception of those who are fully independent) and using updated paperwork for this purpose. This paperwork was reviewed on the day of the second visit and was found to be clear and comprehensive. The home has also purchased an evacuation chair that can be used by one member of staff to safely evacuate residents who require additional help. All staff are trained in the use of the evacuation chair and day / night-time evacuation procedures.

The Registered Manager also commented that the home was considering having a member of staff to 'sleep-in' overnight. The Regulation Officer discussed with the Registered Manager, that the completed PEEPs plans would help assess the level of need / risk for the additional member of staff.

However, the responsibilities for one member of staff were extensive as they involved raising the alarm, summoning support and starting the evacuation. It was discussed following the inspection visit, that formal engagement with the Fire Service would be well advised and helpful. This would confirm the current policy and procedures including staffing levels over a 24-hour period are adequate and acceptable. This is made as an area for improvement.

As mentioned under the heading of 'summary of inspection findings', the home's policies were reviewed at inspection, for example the Supervision Policy and the Safeguarding Adults Policy. The Regulation Officer found the content of these policies to be adequate and appropriate, but the Regulation Officer was unable to assess whether the policies were still in date, as the majority did not include a date of the first copy and subsequent review dates. This is an area for improvement that was discussed and agreed with the Registered Manager.

The home operates a locked door policy after 18:00; the residents were consulted regarding this policy and written consent obtained. The residents were issued with keys unless a Significant Restriction on Liberty authorisation (SROL), was in place for their own safety. The Regulation Officer checked that appropriate assessments had been completed prior to authorisations being put in place and that SROLs are

securely stored in the care receivers' care plans. The feedback received regarding the locked door policy from care receivers and relatives was generally favourable.

The Regulation Officer was assured of safe recruitment practices from a discussion with the Registered Manager, although no new staff members had been recruited since the previous inspection. Any complaints that had occurred were low level and had been managed internally. There had been a recent safeguarding consideration within the home but again this was dealt with appropriately internally and did not require further escalation.

Although the home did not have need of many pieces of equipment, it has a lift, a bath hoist, a recliner bed and recliner chairs. Approved contractors in Jersey service the equipment regularly. The Registered Manager also confirmed that the home was due to be decorated internally in 2022, as there was some evidence of slight wear and tear of the paint on the internal walls of the home. One care receiver commented that they would welcome a small quiet lounge within the home but appreciated that this was difficult due to the size of the home.

A nurse visits the home on a monthly basis on behalf of the Provider to monitor the quality and safety of the service. They do this by reviewing the Standards and compliance with the Regulations. The Regulation Officer reviewed the monthly reports for January and February 2022, there was evidence of different areas being audited for example the care plans and infection control procedures. The report generates actions and review of the previous month's actions, which are then acted upon by the Registered Manager.

Care and support

<p>The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.</p>

Care receivers are admitted into the home following an assessment which is usually carried out by the Registered Manager. The Registered Manager recognised that

the care needs of some of the residents were increasing but that the home could still manage these needs currently in line with their category of care and Statement of Purpose.

While the home is not registered to meet the needs of individuals with a diagnosis of dementia, it was acknowledged that this and a range of other conditions could be diagnosed during the care receivers' stay at the home. The Registered Manager described a circumstance that had recently occurred in the home that led to an urgent request for a care receiver's needs to be reassessed and a more appropriate placement possibly being sourced. The Manager has identified this as a learning experience in relation to future referrals and / or reassessments.

It was also discussed that staffing levels within the home would need to reflect any change / increase in care requirements.

A sample of three care plans was reviewed during the inspection visit. These were found to be detailed and up to date. There was good evidence of personalisation in most of the plans, although some could still be improved upon further in this regard. There was also evidence of the care plan being completed with care receiver involvement.

The Regulation Officer spoke with several care receivers who spoke positively of the care and attention they received and were complimentary of the staff team. The following are examples of what was directly reported:

'I feel listened to' and 'enjoy being looked after'

'The staff are helpful'

'I am treated with dignity'

'My family are kept well informed and up to date by the staff'

Feedback from relatives was also positive and the following are examples of what was directly reported:

'The staff do a great job and create a homely atmosphere'

‘Staff treat my relative like a family member’

‘The staff are considerate and respectful; they are also proactive in managing the care needs of my xxx’

‘I can’t praise the staff highly enough’

Relatives also confirmed their appreciation of being kept up to date with any change in their relatives’ condition and any concerns being listened to and acted upon.

One relative did comment that ‘an additional pair of hands’ would be beneficial to the staff team, but that they had no concerns around the safety of care receivers. One staff member confirmed that if extra staff are required then the Registered Manager would bring staff in.

A health professional commented positively regarding their observation of and interaction with the home.

The Registered Manager provided the Regulation Officer with two weeks of duty rota at the inspection visit. The staffing levels were adequate at the time of the inspection, although as described earlier staffing in general was an area of consideration in relation to increasing care needs and staffing overnight.

There was evidence of a small programme of activities within the home but also of person-centred one-to-one activity as well. A volunteer supports in the home once weekly with activities within and outside of the home. One resident spoke positively of their enjoyment of the activities within the home and of how the home is ideally placed for walks along the seafront.

Training

<p>The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.</p>

The statutory and mandatory training requirements for the home were discussed with the Registered Manager; there was a blended approach to education with both online learning and face-to-face training.

The home has a subscription with 'Social Care TV' online training, which provides a number of online resources and the home has access to another online, local provider of education. Examples of the social care online training courses are safeguarding of vulnerable adults, safe administration of medicines and infection control. The quality of the online provision was discussed with the Registered Manager who was satisfied that it was of good quality.

The provision of fire training, manual handling and First Aid is face-to-face from an accredited trainer. It is anticipated that in 2022, infection control training will also be delivered as face-to-face.

Training needs are identified at supervision and the Registered Manger has recently updated the supervision form to accurately record these. The Registered Manager undertakes annual appraisals with staff and monthly supervision. Medication training and competencies are mentioned under the earlier heading of 'Safety'. Evidence of any training completed is stored securely in the staff personnel files. There is also a structured induction programme for new staff members to introduce them to the home and its operating procedures.

The Regulation Officer was able to observe first-hand some staff fire training on the first inspection visit, this training involved engagement of the whole staff team and was extremely hands on, at the second visit, the Registered Manager was able to demonstrate some of the positive outcomes from this training. The staff had also had recent training from the Capacity and Self-Determination Team and the Registered Manager was able to describe positive learning outcomes from the case studies that they had looked it.

The Home also holds regular staff meetings where staff receive updates and residents' needs are discussed.

There is an appropriate skill mix of Regulated Qualifications Framework (RQF) in the team, with the majority of the staff team trained to RQF Level 2 or 3.

IMPROVEMENT PLAN

There were two 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 1.6</p> <p>To be completed by: within 3 months of inspection date.</p>	<p>The Registered Provider must ensure that the home's policies are based on best practice, in date and provide evidence of regular review.</p>
	<p>Response by registered provider:</p> <p>This was done immediately.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 12.3</p> <p>To be completed by: ongoing.</p>	<p>The Registered Provider must engage with the Fire Service to confirm that the current policy and procedures including staffing levels over a 24-hour period are adequate and acceptable.</p>
	<p>Response by registered provider:</p> <p>I have updated the Fire Service and fire alarm monitoring system is in place. Currently advertising for more night staff. Fire Service are aware of our current situation.</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
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je