



Jersey Care
Commission

Summary Report

Abbeyfield

Care Home Service

Nelson Avenue

St Helier

JE2 4PD

17 and 23 March 2022

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.

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.

Area for Improvement 1 Ref: Standard 1.6 To be completed by: within 3 months of inspection date.	The Registered Provider must ensure that the home’s policies are based on best practice, in date and provide evidence of regular review.
	Response by registered provider: This was done immediately.

Area for Improvement 2 Ref: Standard 12.3 To be completed by: ongoing.	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.
	Response by registered provider: 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.

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

