



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Abbeyfield**

**Care Home Service**

**Nelson Avenue  
St Helier  
JE2 4PD**

**Dates of inspection  
13 and 16 October 2023**

## THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) 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, which is situated in the parish of St Helier.

Regulated Activity	Care Home
Conditions of Registration	<u>Mandatory</u>  Type of care: personal care and personal support  Category of care: adults 60+  Maximum number in receipt of personal care and support: 11  Age range of care receivers: 60 years and above  <u>Discretionary</u>  For the Registered Manager to complete a Level 5 Diploma in Leadership in Health and Social Care by 26 January 2024.
Dates of Inspection	13 and 16 October 2023
Times of Inspection	13:00 – 14:30 and 14:25 – 18:00
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	10

The Registered Provider is Abbeyfield Jersey Society, and a Registered Manager is in place.

Since the last inspection on 17 and 23 March 2022, the Commission has received an application from the Registered Provider to vary a condition on the service's registration. The application was to increase the maximum number of care receivers who can receive personal care and support for 10 to 11. The application was successful, and the registration was amended on July 15, 2022. Following the variation application, an updated copy of the service's Statement of Purpose was submitted.

The service had a discretionary condition for the Registered Manager to complete a Level 5 Diploma in Leadership in Health and Social Care by July 17, 2023. The Registered Manager applied for an extension. This was granted until January 26, 2024.

## **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 Registered Manager engaged fully with the inspection and was responsive to advice and suggestions. They are a stable presence in the care home, and the staff spoke of feeling supported.

All care receivers and staff remarked that the size of the home was vital to feeling a homely and friendly place to live or work. The Regulation Officer observed that Abbeyfield has a welcoming and harmonious atmosphere.

There were examples of the care receivers' choices and wishes being gained and respected. Medication management demonstrated a balance of choice and safety. Staff supervision and training met the standards by which it was measured.

The two areas for improvement from the last inspection have been addressed. There are no areas for improvement.

## INSPECTION PROCESS

The inspection was announced and was completed on 13 and 16 October 2023. The Pharmacy Inspector was present for part of the October 16, 2023, inspection. Notice of the inspection visit was given to the Registered Manager on the day before.

The Care Home Standards were referenced throughout the inspection.<sup>1</sup>

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection reports, applications to vary conditions of registration, and notifications from the service.

The Regulation Officer sought the views of the people who use the service and professionals external to the service. On the inspection days, the Regulation Officer spoke with five of the ten care receivers, the Registered Manager, and six staff in various roles. The view of one health professional was also obtained as part of the inspection process. The Regulation Officer's contact details were displayed at Abbeyfield to invite feedback. No further feedback was forthcoming.

Policies, procedures, staff files, and care records, including medication administration records (MAR) charts, were examined during the inspection. At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager. Feedback was given on the last inspection day and via email and telephone when the inspection process was complete. This report sets out our findings and includes areas of good practice identified during the inspection.

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

## INSPECTION FINDINGS

At the last inspection, two areas for improvement were identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The improvement plans were discussed during this inspection, and it was positive to note that both areas for improvement had been made. There was a range of policies, based on best practice, in date, and with review dates set. The Registered Manager explained that they have engaged with the Fire Service and fire safety practices, documentation, and staffing levels are appropriate. Both areas for improvement have been removed.

### **Management of the service**

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size and complexity of the service.

The Regulation Officer spoke with the Registered Manager regarding their role. They have a stable presence in the care home as they have been in a management post for eight years. This is their fourth inspection undertaken in accordance with Article 80 and their seventh inspection in total. The role involves management and care delivery, which is appropriate due to the size of the service. It was acknowledged this has, at times, caused challenges with studying for the Level 5 Diploma in Health and Social Care Leadership. However, the manager is confident they can complete their studies by January 31, 2024.

Governance oversight of the service is provided by the board of trustees, who meet regularly with the Registered Manager. The service recently enlisted the assistance of an external consultant for an independent review of governance and quality assurance. The organisation's structure enables a clear governance framework with clear lines of escalation and met Standards 11.1 and 12.1.

There are seven care staff. This included a deputy manager, a senior health care assistant (SHCA), three health care assistants (HCA) who work day shifts, and three HCA who work night shifts. There is a six-month probation period for new staff with a structured induction that covers organisation requirements and individual learning and development.

The Registered Manager spoke of staff development within the care team. The plans involved experienced staff expanding their responsibilities as newly recruited staff embedded into their roles. This appeared to be a sensible progression. Staffing levels are appropriate to the size and complexity and align with Appendix 5 of the Home Care Standards. There is also an administrator, a chef, an assistant chef, and a housekeeper working at Abbeyfield.

The Regulation Officer received feedback from six staff members who all spoke of good teamwork. It was commented that the size of the home means all staff know each other, their roles and can communicate easily. It was stated, "We are small and friendly, like a family". Staff spoke of feeling supported by the Registered Manager and knowing they can talk to them if they have any concerns.

Staff supervision is structured and undertaken monthly. Supervision is one-to-one and in a group. This was evidenced by staff feedback and records of the session. Staff described and stated that supervision was supportive. The frequency of the sessions exceeded the requirements of Standard 3.14.

Staff training records were reviewed. Training is delivered online and in-house, and the topics meet mandatory and statutory requirements as specified in the Standards. Topics included safeguarding, capacity and self-determination, manual handling, infection control, fire safety, and first aid. There is also bespoke training to develop individual staff knowledge, experience, and skills.

Care staff were aware of how to access the policies and procedures. Two care staff gave examples of when they had recently accessed the sickness and absence policy and the infection control procedure.

In addition, they spoke of how the documents and new knowledge were shared with the team. Hearing that the newly revised policies and procedures were being used dynamically was encouraging.

The service met the management of service Standards by which it was measured.

### **Care and support**

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.

Abbeyfield is a welcoming, light, clean, and tidy environment. The décor is modern and subtle, and the healthy indoor plants give an impression of a cared-for space. Care receivers and their families were sat in several areas within and outside the home. Some care receivers were gathered together talking whilst others were sitting quietly. The Regulation Officer observed that the lounge atmosphere was relaxed and harmonious, a space where people could be as they wished. This met Standards 7.1 of the Home Care Standards.

Feedback from the health professional external to the service was that the team are "lovely friends, welcoming and helpful". One professional commented that when they visit Abbeyfield, "Residents always seem happy".

Care receivers described the staff as kind and helpful. "They will help with anything". One care receiver stated, "It's not perfect, but it is as perfect as it can be". All spoke of the size of the home, making it feel "homely" and this helped the transition from living alone to moving to Abbeyfield.

All staff spoke with respect regarding care receivers, which is a vital principle of the Standards. Care staff spoke articulately about the balance of Abbeyfield feeling homely and "like a family" with professional boundaries, acknowledging the importance of both.

Care records were reviewed. The documents contained a photo of the care receiver, demographics, diagnosis, medical history, and relevant psychological, social, and spiritual information. It enables a holistic perspective of care receivers needs and preferences. One example is that care receivers were asked if they wished to be checked on at night. If they do not, then 'Do Not Disturb' is recorded in the notes. All information was relevant, clearly presented, and aligned with the requirements of Standards 2.7.

Initial assessments and risk assessments had been undertaken, which informed care planning. Care plans detail the problem, goal, and intervention. A system is in place to review and update care needs and plans. The language was person-centred, factual, and non-judgmental.

The Registered Manager explained that if a care receiver does not wish to be resuscitated, the team ensures the relevant documentation is in place, which is communicated to care staff. In addition, the team is mindful of revisiting care receivers advance care planning wishes and preferences sensitively.

As part of the inspection, the Registered Manager completed a care needs questionnaire. On review, the care needs relating to mobility and personal care appropriately reflect the services registration. The referrals, for example, to occupational therapy and district nursing services, demonstrate the teams' awareness of involving other professionals as and when required.

The service produces written information that describes the home's ethos, environment, and level of support. It notes, "The Abbeyfield idea is to provide the kind of life that older people are used to with the kind of house that reminds them of home". It explains the different types of residences: individual en-suite and self-contained cottages and apartments. Care and support are categorised into levels one to three. It was encouraging that the information mirrored the Regulation Officer's observations and findings. It was also positive to note that the service was transparent about costings, as stated in the information.



The Registered Manager stated there have not been any complaints since the last inspection. They reflected this is possibly because they have an "open door policy" and encourage open discussion with care receivers and their representatives.

The care and support delivered at Abbeyfield met the Standards by which it was measured.

### **Choice and safety**

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled and empowered to be as independent and autonomous as practicable. People's rights will be supported and protected.

Care receivers' feedback was that meals are very good and there is lots of choice. The Regulation Officer spoke with the chef and assistant chef. Meal plans for the week were available and flexible. Care receivers chose where they wished to eat.

There is a choice of activities and entertainment for care receivers to be involved in. These range from board games to live music and visiting musicians. Feedback from care receivers is that this meets their needs, and there is a nice balance between being involved or sitting quietly when in the lounge, "You can be involved or not". Daily routines and activities were flexible and varied to suit people's expectations, preferences, and abilities, as required in Home Care Standard 5.4.

Medication management was reviewed with the Pharmacy Inspector. Each MAR chart recorded the care receiver's name, date of birth, sensitivity, and /or allergy status. A photo of each care receiver was available for cross reference. Risk assessments were in place for care receivers who were self-administering medications. Transdermal patches are recorded with the date, time, and application position.

Lockable medication drawers in each care receiver's room have recently been installed. The drug disposal records are kept. Medication fridge temperatures were being measured when the fridge was in use.

However, the Pharmacy Inspector advised on how to improve accuracy. The Registered Manager undertakes weekly review of medication stock and MAR charts.

Staff were transcribing medications onto MAR charts when charts were not available. Transcribing was discussed with the Registered Manager in detail, and supportive information was provided to them following the inspection. The inspectors were satisfied that the Registered Manager is aware of safe transcribing practices and that transcribing is only undertaken in exceptional circumstances.

All care staff who administer medications have achieved in-house competencies. The majority of staff have either obtained level three medication training or are scheduled to undertake it. Where level three training has yet to be undertaken or scheduled, the Register Manager has risk-assessed the situation to mitigate the risk of harm. This was appropriate to the size and complexity of the care home.

The findings demonstrated safe medication management that balances choice and safety. There was documentation to guide this practice. However, this was not in the form of a comprehensive medication policy. This was highlighted to the Registered Manager and was immediately rectified. The Commission has seen evidence that a comprehensive medication policy has been produced.

The choice and safety Standards by which the service was inspected were met.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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.



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