



**Jersey Care  
Commission**

## **Summary Report**

**Aztec House Care Home**

**37 Kensington Place**

**St Helier**

**JE2 3PA**

**25 October and  
1 November 2023**

## 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 care provided to service users in this service is of high quality. The continued development of providing clinics by partner agencies on-site is a good area of practice and has improved outcomes for service users.

Care planning and management of risk using the 'Outcomes Star' model is robust, person-centred, relationship-based, and tailored to individual communication needs. It provides a structured and holistic approach to care that focuses on an individual's strengths, goals, and outcomes. This is an area of good practice.

The management and staff team have successfully dealt with significant additional challenges in the six months prior to this inspection, which is commendable and evidences their dedication and passion in supporting people who access this service.

The process of referral, assessment, and the induction of new service users is effective and provides an immediate indication of an individual's needs.

Complaints and feedback are dealt with effectively. It was observed before the inspection that notifiable events, as outlined in the Commission's Care Home Standards, were not being completed. However, it is noteworthy that this issue has been rectified during the inspection period, reflecting a positive corrective action.

The induction of new staff is robust and effective. Compliance with mandatory training was evidenced, and the development of trauma-informed practice is positive. The supervision of care staff has not met the required level for 2023 as per the Care Home Standards. This is an area for improvement for 2024.

The management of medicines in this service did not fully meet compliance with the Standards; however, the service has taken on board advice and the Regulation Officer is satisfied that these measures will lead to improved medicine management.

Health and Safety in the service could be improved by developing a risk register. It was noted that Portable Appliance Testing (PAT) was not taking place; hence, this is an area for improvement.

**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.

<b>Area for Improvement 1</b>	The Registered Provider must ensure that Supervision is provided to staff as per the Care Home Standards, i.e., four times per year.
<b>Ref:</b> Standard 3.14	
<b>To be completed by:</b> within 14 months of this inspection report (25 October 2024) 25 December 2024	<b>Response of Registered Provider:</b>  I can confirm that three of the four Supervisions did take place in 2023.

<b>Area for Improvement 2</b>	The Registered Provider must ensure that Portable Appliance Testing (PAT) is carried out as per the Health and Safety Executive (UK) guidance.
<b>Ref:</b> Standard 4.6	
<b>To be completed by:</b> within five months of the date of this report (25 October 2024) 25 March 2024)	<b>Response of Registered Provider:</b>  To-date, our ‘maintenance of equipment and appropriate record keeping’ under Standard 4.6 has not included an internal PAT trained individual. In this context, we will ensure a nominated individual completes this training asap.

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