



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Abbeyfield**

**Care Home Service**

**Nelson Avenue  
St Helier  
JE2 4PD**

**24 and 30 October 2024**

**Published:  
16 January 2025**

## **1. 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 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

## **2. ABOUT THE SERVICE**

This is a report of the inspection of Abbeyfield care home where there is a registered manager in place.

The home is situated in the parish of St Helier and is a three-storey building with communal facilities on the ground floor and three rooms accommodating care receivers. There is additional accommodation on the second and third floors and a separate cottage and flat. The home has a garden that has a fruit and vegetable allotment and a patio area at the front of the home that has tables and chairs enabling care receivers to enjoy the fresh air. A purpose-built facility is situated across the car park, that houses accessible mobility scooters. The service is ideally located for care receivers to visit the beach, travel to the shops, and attend hospital appointments independently of care staff.

Since the last inspection completed in October 2023, the Commission has received telephone contact from the service as and when queries have arisen, and notifications submitted as the Regulations and Standards require.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Personal care, personal support
Category of care	Adult 60+
Maximum number of care receivers	12
Maximum number in receipt of personal care/personal support	12
Age range of care receivers	60 and above
Maximum number of care receivers that can be accommodated in each room	Bedrooms 1-7 & 9-11, 1 person Cottage 1 Flat 3 Lynton 1
Discretionary Conditions of Registration	
The Registered Manager must ensure that a mobility assessment is conducted for any care receiver accommodated in the self-contained flat attached to the home, due to the limited accessibility of the flat.	
Additional information:	
The Statement of Purpose was updated during the inspection process to reflect the current number of care staff and their qualifications.	

### 3. ABOUT THE INSPECTION

#### 3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Deputy Manager seven days before the visit. This was to ensure that the Registered Manager would be available during the visit. Two regulation officers were present for the first day of the inspection and one Regulation Officer for the second day. References to who gathered the evidence and information during this inspection may change between the Regulation Officer and the regulation officers. Any additional information requested was provided following the inspection.

Inspection information	Detail
Dates and times of this inspection	24 October 2024, 09:00-16:30 30 October 2024, 11:00-16:00
Number of areas for development from this inspection	Two
Number of care receivers accommodated on day of the inspection	12
Date of previous inspection: Areas for development noted in 2023 Link to previous inspection report	13 and 16 October 2023 None <a href="#">IR-Abbeyfield-Care-Home-16102023-complete.pdf</a>

### 3.2 Focus for this inspection

This inspection will focus on the following lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**
- **Discretionary conditions of registration**

## 4. SUMMARY OF INSPECTION FINDINGS

### 4.1 Progress against areas for development identified at the last inspection

At the last inspection, no areas for improvement were identified. Areas for improvement will now be referred to as areas for development.

### 4.2 Observations and overall findings from this inspection

Abbeyfield promotes independent living and provides personal care and support as required. The home prides itself on providing comfort, security and friendship in a warm and friendly atmosphere.

Professional feedback:

*“The staff are very caring and respectful towards the patients and appear to be very much liked by the residents.”*

That was the observation of the regulation officers during the inspection and confirmed during feedback sought from the care receivers. Care receivers also feedback how they are supported to make choices to maintain their independence.

The Registered Manager has been in their role for nine years and this year completed their Level 5 Diploma in Health and Social Care Management and are committed to the continuous improvement of the home.

The Registered Manager is visible in the home and operates an open-door policy and regularly engages with the care receivers and their families.

During the inspection visit, the Registered Manager provided the regulation officers with a tour of the home and surrounding grounds. The home is well maintained and in good decorative order, and it was evident that care receivers are happy, and caregivers are professional, kind and caring.

Since the last inspection, two new employees have joined the staff team, who have considerable experience and there are currently no vacancies.

Professional feedback:

*“The Registered Manager is an excellent leader and always wants the best for her patients. The Deputy Manager and other staff members are always very approachable in their absence.”*

## 5. INSPECTION PROCESS

### 5.1 How the inspection was undertaken

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

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection reports from March 2022 and October 2023, reviews of the Statement of Purpose, variation requests and notification of incidents.

The Regulation Officer gathered feedback from three care receivers and five of their representatives. They also had discussions with the service's management and staff team. Additionally, feedback was provided by two professionals external to the service.

As part of the inspection process, records including policies, care records, staff handbook, incidents and complaints, scheduling interview proforma and a new employee induction checklist were reviewed.

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

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and followed up with an email.

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

## 5.2 Sources of evidence

The sources of evidence reviewed as part of this inspection are listed in Appendix 1.

# 6. INSPECTION FINDINGS

## Is the service safe?

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

The home is operating in accordance with its Statement of Purpose (SoP) which was updated during the inspection process to accurately reflect staffing arrangements.

The Regulation Officer was provided with a copy of the introductory pack given to potential care receivers considering a move to Abbeyfield. The pack emphasises making every day happy, sociable, comfortable, and safe. It states, *“There’s no make yourself at home; it is your home”*, and this was confirmed by the carers, families, and most importantly the care receivers.

Most of the care receivers and staff team have lived or worked in the service for years, and one family member shared, *“The benefit of this is when the health of a loved one deteriorates, and staff can share memories with the care receiver of their life before they became unwell”*.

A family member shared:

*“The benefit of Abbeyfield is its size. It’s small and the care is individualised.”*

As part of the inspection, the Regulation Officer reviewed a sample of care plans, which included the care receiver's initial assessment undertaken by the Registered Manager. The client assessment identified any fall risk, communication problems, or visual impairment and included a moving and handling risk assessment. A written agreement describing how care will be provided was present in each care receiver file, and it was apparent to the regulation officers that care is personalised.

Four Significant Restrictions of Liberty (SROL) are in place, and these were explored during the inspection and evident in the care plans.

Several risk assessments, such as a skin integrity risk assessment were observed, and it was evident that they are updated monthly.

Any care receiver accommodated in the self-contained flat must undergo a risk assessment to determine their suitability, due to the flat's limited accessibility. The flat enhances the quality of life for care receivers, while the staff team provides support, offering them the space needed to live independently. The steps leading to the flat have luminous painted lines along the edge of the steps and a motion-activated light to promote the safety of care receivers.

A care receiver said:

*"I have everything I need."*

Personal Emergency Evacuation Plans (PEEPs) have recently been updated to reflect the fire service recommendation of horizontal evacuation, and signs within the home are to be updated to reflect the evacuation plan.

Following the first day of inspection, the staff team received mandatory fire safety and prevention training which included activating a fire extinguisher. It was positive to note compliance with the weekly fire alarm test.

Advanced care plan wishes were evident within the care receivers' records, which included a preferred General Practitioner (GP) to be contacted and the next of kin details.

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) certificates were also contained within the records where appropriate, and the status was recorded on the front of the Medicine Administration Record (MAR) chart.



Other records held within the care receiver's files were letters from allied health professionals and a signed self-medication consent and authorisation form that required the GP's signature. There was also evidence of referrals to the district nursing team regarding wound care and delegated tasks such as continence care.

A family member feedback how important it was for their parent to have a 'This is me' booklet, which contained family photographs, records of significant events, hobbies, and dislikes, and expressed their gratitude for staff taking the time to create the memory. The Regulation Officer discussed with the Registered Manager that not all care receivers who would benefit from a booklet has one.

Care receivers are encouraged to personalise their rooms with their own furniture, paintings and photographs and monthly resident meetings are held where plans for the home are discussed which provides an opportunity for care receivers views to be heard.

A family member shared that while they didn't know when the monthly resident meetings were held, they found the Registered Manager approachable and accessible and could give feedback and raise any concerns they may have. Minutes of the resident's meetings are available in the office, and they are recommended to be present within the shared areas for families and care receivers to access. The minutes of one resident meeting documented that a music event was too early, and it was agreed that in the future, it would start later. This demonstrates the homes responsiveness to the voice of the care receivers.

During the tour of the home a few areas outside were identified as requiring attention. The Registered Manager arranged for the greenhouse to be removed before the second inspection visit.

There was a Health and Safety Inspection between the two Jersey Care Commission inspection visits, and a contract was signed for this inspection to be undertaken annually.

A hoist and slings were in the home, and it was not easy to establish when they had last been serviced.

Before the 2<sup>nd</sup> inspection visit, both the hoist and slings had been serviced, and an annual service agreement arranged. Due to the hoist and slings not requiring use in some time staff would benefit from a training update.

During the inspection, the safe storage of medications and completion of the MAR charts were reviewed. Overall, these practices were found to be well managed and generally compliant. The office where the care plans and medications are kept was clean, tidy, and organised. The care receiver photograph was present with each MAR chart; however, allergies were not recorded on the MAR charts or the care plans unless there was an allergy. The Regulation Officer suggested that 'no known allergies' be recorded if a care receiver has none. The Regulation Officer recommended using the back of the MAR chart to record when 'as required' medications are administered. This is so the care team can refer to when the medication was last given, rather than relying on their memory following a verbal handover. Carers can also record why the medication was administered and its efficacy.

### **Is the service effective and responsive?**

Assessing the organisation of the service so that care receiver's needs are respected and met.
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Prior to the inspection, policies were requested and provided, including whistleblowing, disciplinary, and medication policies and procedures. Four of the six policies sampled were found to require either a creation date, a review date, or needed to be reviewed to ensure they remain current. Staff knew where the policy folder was kept and are currently asked to sign to say they have read a policy. It is planned to introduce another level of assurance that staff have read and understood the policy by asking questions in relation to the policy read. A helpful staff handbook also allows staff to refer to policies and procedures, including the grievance policy and the health and safety at work policy. The handbook does not have a devised or review date, and its individual policies are not separately dated. Policy created dates and review are an area for development.

The Regulation Officer reviewed a sample of rotas, and the staff handover was discussed with the Registered Manager as the rotas do not support an allocated paid handover period.

There is an informal agreement that staff come in for work early, and during staff feedback, it was confirmed that staff are happy with the informal arrangement. Handover was described as generally being brief as the care receivers are well known to the staff and any acute change in a care receiver or significant event during the shift is shared. A communication book is also used as a secondary handover tool. The regulation officers shared that in future recruitment, the informal agreement of commencing work early for handover should be shared in case this was an issue for a new recruit or consider introducing a formal handover.

The shift rota that has been adopted provides a blend of experienced staff to meet the needs of the care receivers and the Care Home Standards. The rota works on a two-week rolling basis, which staff feedback as being positive as it supported their work-life balance.

Feedback gathered regarding the meals provided was positive.

Care receivers were supported by staff to eat their lunch where required. During feedback, one carer shared how they felt empowered to contribute to improving the approach to supporting care receivers during mealtimes. The kitchen appeared tidy and clean, and the chef prepared trays for the care receivers who chose to take their meals in their rooms.

A professional shared:  
*“Staff don’t rush the clients;  
they sit and support clients to  
eat and drink.”*

The menu is translated for care receivers where English is their second language. This is further evidence of personalised care.

### **Is the service caring?**

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.
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A sample of personnel files was reviewed. The staff members' application forms for their roles and some training certificates were in each file. However, it was apparent that only some information the regulation officers would expect to see as written in the Care Home Standards was filed. The Registered Manager confirmed that there are several filing systems and acknowledged that it would be better for all the information to be held in one place. The Regulation Officer was satisfied the Registered Manager planned to review the system to ensure all documents are relocated into one personnel file.

The Registered Manager shared that during their Level 5 Diploma in Health and Social Care Management course, they had implemented initiatives relating to recruitment. However, due to the excellent retention of staff in the home, the introduced interview assessment form is yet to be trialled. In one case, a new employee induction checklist was found to have been partially completed and in another file one reference rather than two was sought.

The Registered Manager explained that two referee contact details were provided, and one was sought as both referees work in the same place. The Provider recruitment and selection policy and procedure document also cites that a minimum number of two referees are to be contacted.

The Registered Manager, following the first day of inspection, was proactive and accessed the previous manager of the employee, who confirmed there had been no disciplinary or safeguarding concerns. Both recent appointees had a current Disclosure and Barring Service (DBS) certificate. The Regulation Officer requested a consistent approach to the organisation of personnel files.

The regulation officers received feedback from a carer who confirmed they had received an induction period and were competency assessed for medication administration.

A medication competency document was reviewed which was found to be comprehensive and promoted safe medication practice. The carer shared that they have excellent job satisfaction due to the person-centred care approach to care within the home and stated, *"I love it here; I wish I had come here years ago."*

Before the inspection, the Regulation Officer was provided with a training matrix that identified several staff members who still needed to complete their required training for the year. This was a new matrix, and it became clear to the Registered Manager and regulation officers that the matrix was challenging to interpret. Individual staff training records were subsequently reviewed. The staff training records identified many training opportunities but demonstrated inconsistency in which staff members attended which training, and gaps where training had not been completed. Next year, the Registered Manager plans to assign evenly distributed training to staff on the rota. The development of an appropriate training database has been made an area for development.

The Registered Manager provided copies of monthly staff meeting minutes, and within one set of minutes, there was evidence of staff being reminded to complete their training. At the same staff meeting, the minutes state that the team was told that completion of training is considered when awarding performance-related annual bonuses. A carer shared that they feel appreciated, and it is nice to receive a bonus for their dedication and commitment to the service.

The training provided has a blended approach of in-person and online training. A family member gave feedback that *"Residents might benefit from staff receiving some additional training on managing people living with dementia, but I have no complaints"*. A carer also identified that while they had completed online training that taught the physiology of the brain and dementia, they would benefit from training on how to manage behaviours displayed by a person with dementia.

During the inspection, the Registered Manager was requested to arrange Significant Restriction of Liberty (SRoL) training for staff and, by the second day of inspection, had made inquiries.

Staff appraisals and regular supervisory reviews are conducted and aligned to the Commission's Standards, and it is positive to note that the supervision record includes discussing the Care Home Standards. However, it was feedback to the Registered Manager that this was not completed consistently.

The Regulation Officer writing the report found the home's management team to be very responsive to recommendations made during the inspection as well as incidents that occur in the home. The Registered Manager is considerate of their staff's needs and mindful that English is not the first language of all carers. To make the inspection process less daunting for staff, they wrote a document informing staff what they could expect from an inspection by the Commission, which was translated into another language. This is an area of good practice. The management team demonstrated mutual respect and continually seek to improve the home and well-being of the care receivers and the staff.

There is a hairdressing facility within the home, and a hairdresser visits the home approximately every six weeks. The more mobile care receivers shared how they go shopping for, the less mobile care receivers and described the home as a “*community*.” The care receivers often leave the home to attend outings with friends and family, and visitors are welcome. Each carer participates in home-based activities, including puzzles, games, dancing, and singing. There was an air of excitement around the home during the inspection as Halloween was approaching. The dining room was decorated, and plans were made for staff to dress up and have some fun with the care receivers.

Planned improvements for the home include creating more indoor space with the addition of a conservatory and to purchase a minibus to enable care receivers to enjoy activities outside of the home.

## Is the service well led?

Evaluating the effectiveness of the service leadership and management.

The home has an external assessor who conducts monthly compliance checks against the Care Home Standards. A recent recommendation is to commence a kitchen audit. The Registered Manager described a cycle of audit for medication however there was no documentary evidence of an audit tool. The Registered Manager will liaise with the home pharmacist to access a suitable medication audit tool.

Care receivers, their families, and staff all spoke highly of the Registered Manager, who recognises themselves that they have grown and developed as a manager since gaining their Level 5 Diploma in Health and Social Care Management qualification.

Continual professional development and career progression is encouraged, and the Deputy Manager is to commence their Level 5 Diploma in Health and Social Care Management qualification next year, which will provide the Registered Manager with managerial support. The Registered Manager shared that staff work well as a team and that they have a good relationship with the trustees of the home with whom they meet regularly to discuss staff training, the budget and home improvements. The annual general meeting and a party was held recently, and a Christmas party is planned.

Through feedback received from care receivers and their families no one has had cause to raise a formal complaint and feel comfortable to approach the Registered Manager with any issues. Staff members spoken to were also confident that any concerns raised will be addressed and there was evidence within a staff file viewed that management of conflict between staff members had been suitably resolved.

Professional feedback included:

*“Staff are lovely and very approachable.”*

Both the Registered Manager and the Deputy Manager were nominated by a care receiver this year for the ‘Angel of the Year’ award.

Their photographs and explanation for the nomination was published in the local paper and included how they had both made a significant and positive impact on the care receivers wellbeing. Whilst gathering feedback all staff were identified as being caring and compassionate.



## DEVELOPMENT PLAN

There were two areas for development identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p><b>Area for Development 1</b></p> <p><b>Ref:</b> Standard 3.11</p> <p><b>To be completed:</b> by 31 December 2024</p>	<p>The registered person will keep a training database updated with all training booked, completed and due which will be made available to the Jersey Care Commission upon request.</p>
	<p><b>Response by registered provider:</b></p> <p><b>An updated easy to read training database is now in place</b></p>

<p><b>Area for Development 2</b></p> <p><b>Ref:</b> Standard 1.6</p> <p><b>To be completed:</b> by 31 January 2025</p>	<p>The Registered Provider must ensure that the home's policies are in date and regularly reviewed with dates added to the document.</p>
	<p><b>Response by registered provider:</b></p> <p>Although all policies are reviewed annually unfortunately some dates had been missed. These have now been amended.</p>

## **Appendix 1 – Sources of Evidence**

<b>New key lines of enquiry</b>	
<b>Focus</b>	<b>Evidence Reviewed</b>
<b>Is the service safe</b>	<p>Policies including:</p> <ul style="list-style-type: none"> <li>• Whistleblowing</li> <li>• Disciplinary</li> <li>• Safeguarding Adults</li> <li>• Grievance</li> <li>• Recruitment and Selection</li> <li>• Medication Policy and Procedures</li> </ul> <p>Discussion with the staff team</p> <p>The service Statement of Purpose</p> <p>Review of the environment</p> <p>Training records</p> <p>Care records</p> <p>Staff handbook</p>
<b>Is the service effective and responsive</b>	<p>The service information leaflet</p> <p>Care records</p> <p>Feedback from care receivers</p> <p>Feedback from professionals external to the service</p>
<b>Is the service caring</b>	<p>Observation</p> <p>Feedback from care receivers</p> <p>Resident meeting minutes</p> <p>Care records</p>
<b>Is the service well-led</b>	<p>Discussion with staff at a variety of levels.</p>

	Minutes of staff meetings Staff rota
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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for development 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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