



Jersey Care
Commission

INSPECTION REPORT

Abbeyfield

Care Home Service

**Nelson Avenue
St Helier
JE2 4PD**

**Inspection Dates
15 and 18 August 2025**

**Date Published
4 September 2025**

1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014 ('the Law'), 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. The care home is operated by Abbeyfield Jersey Society and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Personal care and 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 years and above
Maximum number of care receivers that can be accommodated in each room	Bedrooms 1 – 7 & 9 – 11 One person Cottage 1 One person Flat 3 Lynton One person

Discretionary Conditions of Registration
The Registered Manager must ensure that the care receiver who is resident of Flat 3 Lynton has a mobility assessment that demonstrate the care receiver is fully ambulant.
Additional information:
The home has maintained compliance by submitting required notifications to the Commission and has appropriately sought guidance when needed.

As part of the inspection process, the Regulation Officer evaluated the home's compliance with the mandatory and discretionary conditions of registration required under the Law. The Regulation Officer concluded that all requirements have been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was completed over two separate visits to the home; the first visit was unannounced and coincided with the Registered Manager being unavailable. The second visit, completed three days later, was announced and occurred at a time when the Registered Manager was working.

Inspection information	Detail
Dates and times of this inspection	15 August 2025 10.15am – 12.30pm 18 August 2025 1.45pm – 6.15pm
Number of areas for improvement from this inspection	Two
Number of care receivers accommodated on day of the inspection	11
Date of previous inspection:	24 and 30 October 2024

Areas for development noted in 2024	Two
Link to previous inspection report	IRAbbeyfield2024.10.30Final.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for development identified at the previous inspection on 24 and 30 October 2024, as well as these specific new lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for development identified at the last inspection

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

The development plan was discussed during this inspection, and it was positive to note that both developments had been made. This means that there was evidence of staff training and development plans, and review dates are now included within policies.

Areas for development will now be referred to as areas for improvement.

4.2 Observations and overall findings from this inspection

The home provides a high standard of accommodation in a welcoming and homely environment which is suitable to meet the aims and ethos of the home. Care receivers expressed intense satisfaction with many aspects of their daily lives. All staff and management were highly regarded by care receivers and their relatives. Care receivers described the care and support they receive as being of an excellent standard, and relatives also gave positive feedback about the quality of care.

The staff team appeared motivated to provide care that reflected personal preferences and showed a genuine interest in caring for people. Observations made during the inspection noted that care receivers were treated with compassion, dignity, and respect. Provision was made to ensure that care receivers' health needs were addressed promptly by relevant health professionals, with evidence of regular visits recorded.

Care receivers are encouraged to share their concerns and preferences, which were reflected in care plans, resident meeting notes, and direct feedback. Personal plans contained detailed information regarding interests, likes, and dislikes and are supported by regularly reviewed risk assessment tools. Health promotion is actively encouraged, and care receivers are encouraged to maintain links with the wider community.

A proactive approach ensures safety through appropriate staffing levels, ongoing staff training, and regular supervision. The home is transparent about care fees and has strong governance arrangements to support the Registered Manager. The home operates in line with its Statement of Purpose and its core values of respect, care, compassion, integrity, and professionalism.

This inspection identified two areas for improvement: assessing care staff's competency to administer medication and ensuring fire training is provided in accordance with Fire and Rescue requirements.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care Home Standards were referenced throughout the inspection.¹

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, review of the Statement of Purpose, reporting of deaths and other notifiable events.

The Regulation Officer gathered feedback from seven care receivers and two of their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was requested from three health professionals; however, no responses were received.

As part of the inspection process, various records were reviewed, including policies, care records, medication administration records, staff supervision and appraisal records, menus, fire safety records and written agreements.

Two days after the inspection visit, the Regulation Officer emailed the Registered Manager to provide feedback and confirm the identified areas for improvement.

This report sets out our findings and includes any areas of good practice identified during the inspection. Areas for improvement have been identified and described in the report. An improvement plan is attached at the end of the report.

¹ All Care Standards can be accessed on the Commission's website at <https://carecommission.je/>

5.2 Sources of evidence.

Follow up on previous areas for development	
Focus	Evidence Reviewed
Policies	<p>Sample of policies reviewed</p> <p>Discussion with Registered Manager</p>
Training	<p>Staff training records</p> <p>Discussion with staff and the Registered Manager</p>
New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	<p>Medication administration records (MAR)</p> <p>Medication policy</p> <p>Staff rosters</p> <p>External medication audit from January 2025</p> <p>Fire safety records</p> <p>Water management records</p>
Is the service effective and responsive	<p>Samples of care records</p> <p>Notifiable events records</p> <p>Discussion with care receivers</p> <p>Care fee information guide</p> <p>Written agreements</p> <p>Resident meeting minutes</p>
Is the service caring	<p>Discussion with care receivers</p> <p>Discussion with relatives</p>

	<p>Discussion with Registered Manager</p> <p>Observations during inspection</p> <p>Risk assessments</p>
Is the service well-led	<p>Monthly governance reports</p> <p>Statement of Purpose</p> <p>Samples of staff supervision and appraisal records</p> <p>Samples of team meeting minutes</p> <p>Samples of staff training records</p> <p>Abbeyfield Information brochure</p>

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

The home's safety was reviewed by examining the staffing levels, staff turnover, managerial oversight, policies, governance arrangements, medicine management, and environmental safety.

The staffing rosters showed that staffing levels were consistently maintained without significant variations and always met the minimum requirements. Staff said they could carry out their roles effectively, which included time to engage socially with care receivers rather than focusing solely on physical care tasks. Staff turnover was low, with a constant team in place, several of whom have been employed for many years.

Care receivers reported having strong, positive relationships with staff, which will be described in the 'caring' section of the report. The first unannounced visit to the home coincided with a day the Registered Manager was not working; however, the home continued to run safely. Staff demonstrated a precise knowledge of their roles and responsibilities, ensuring the home was well managed.

Samples of medication administration records (MAR) were reviewed which were found to be well maintained, with staff signatures and relevant codes to demonstrate administration. An up-to-date staff signature list was available, and important care receiver information was recorded alongside the MAR for ease of reference.

Medication storage was noted to be safe and appropriate for various types of medication, including medicines requiring a higher level of oversight. In addition to the home's own routine internal medication audits, a pharmacist conducted an external audit. This review assessed the entire medication management process, from prescribing to dispensing and administration practices, to identify potential areas for improvement. This was considered an example of good practice.

Staff who administer medication had either completed the required type of training in line with the Standards or are scheduled to begin this in September. One member of staff had a competency assessment completed; however, not all staff had their annual competency assessment as required by the Standards. This is an area for improvement.

The home has an ongoing servicing programme for equipment, including beds, chairs, the passenger lift, and hoists, which are maintained regularly. The fire sprinkler system is also subject to routine servicing. The fire log book confirmed that all required safety checks were completed and that care receivers had individual emergency evacuation plans. While staff receive fire safety training, the frequency does not meet Section 5 of the Fire and Rescue Service logbook requirements. This has been identified as an area for improvement.

The home has a system in place for the regular review and improvement of service quality, which includes monthly visits from an external professional with experience in health and social care, who provides a report on their findings. Samples of reports completed this year were reviewed, showing that various Standards are assessed monthly, and the outcomes are shared with the Registered Manager.

Is the service effective and responsive?

Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Care receivers described that overall, they enjoyed their lives in the home and felt that they promote a good quality of life. The layout and décor of the home were presented as comfortable, well-maintained, and decorated in a homely style. Care receivers and relatives commented that the home had changed their bedroom arrangements in response to their wishes. Several bedrooms were reviewed and noted that they were highly personalised to individual tastes. This demonstrated a strong commitment to recognising and supporting care receivers' identities and ensuring their personal space contributes positively to a sense of belonging and well-being.

During both visits, the atmosphere was calm, relaxed, and natural, with care receivers and their families free to spend their time as they wished, with no evidence of rigid routines being imposed. One family member described their thankfulness for being able to visit the home at any time and commented that this flexibility had helped them begin to accept their relative's transition into care.

The Statement of Purpose (SoP) outlines that care receivers will be fully involved in the home's operation wherever possible and will be encouraged to express their feelings and raise any concerns. The minutes from monthly resident meetings confirmed that this approach is implemented. Additionally, care receivers told the Regulation Officer about upcoming plans and changes in the home, further evidencing that they are kept well informed of relevant information. They said they enjoyed attending these meetings and felt they were well informed, including staff changes last year.

Two care receivers commented:

We have monthly meetings, and we're asked if we have any gripes. We can all speak up, but nobody ever has any complaints. We'd go straight to the Registered Manager, and she would sort it out.

There's nothing to worry about here at all, nothing could be made better. When you take your medication, they stay with you until it's swallowed and they're always on time with it.

The SoP also suggests that care receivers' ongoing needs will be appropriately addressed and that plans will be reviewed monthly, which was confirmed through a review of care records. Meals are planned and shared on the menu board at the home's entrance, which was seen during the inspection. Care receivers commented favourably about the quality and variety of food and said they could request alternatives if they preferred something different from the menu.

A review of care records, discussions with the Registered Manager, and direct feedback from care receivers suggested that the home has supported positive recovery from health issues such as pressure ulcers and weight loss, which some care receivers had experienced. One care receiver provided a detailed account of how effectively their long-term condition has been managed and described significant improvements in their life since moving into the home. They reported increased confidence, enabling them to engage in activities they had not done for a long time. They attributed these improvements to respecting their personal preferences, living in a homely environment, and receiving support from staff who encourage autonomy and independence. Care receivers' foot health needs are managed through the services of a registered chiropodist.

Samples of written agreements signed by care receivers or their relatives were reviewed. While they were found to meet some requirements regarding accommodation, it was felt that they could be further enhanced to reflect the Standards fully. Greater clarity was suggested around the services provided and the responsibilities for covering additional costs outside care home fees, such as GP visits and dental expenses.

The home appropriately submits notifications of incidents and deaths to the Commission and confirmed that the service is transparent in reporting incidents.

Is the service caring?

Care is respectful, compassionate, and dignified. Care meets people's unique needs.

Based on feedback from care receivers, relatives, a review of care records, governance reports, and observations during the inspection, it was evident that care receivers are supported by a competent, well-led team who have a detailed understanding of their needs, preferences, and how they want to be cared for. The caring and compassionate nature of staff was consistently highlighted in feedback provided to the Regulation Officer. The home's values are clearly embedded in staff attitudes and how they deliver care, which was described by care receivers.

Samples of care plans and risk assessments were reviewed, which contained detailed information on how care receivers should be supported and cared for. Referrals for advice and professional input were sought as needed, and records confirmed that provision is made for access to GPs, dieticians, district nurses, chiropodists, and social workers. Care plans and care record entries showed that they were developed with the care receiver and their families, where possible. One relative commented that they are kept informed on their family member's health, and correspondence in another care record showed the home maintained regular communication with a relative.

The care plans reviewed showed varying needs and levels of dependency. The records for one care receiver requiring a higher level of support, as described by the staff team, were more detailed and comprehensive than those of another individual described as having greater independence.

The Regulation Officer spoke at length with one care receiver who described their experience from admission into the home and the support they receive from the staff team. They described that they could maintain independence in many aspects of their life, and that living in the home has not restricted this.

The verbal account provided was exactly the same as the information recorded in their care plan, confirming that the staff team know and understand care receivers well. A comprehensive risk assessment relating to a care receiver's mobility was reviewed, which met the discretionary condition on registration.

During both inspection visits, care receivers were observed freely choosing how to spend their time. Some went out of the home, others spent time in their bedrooms, and confirmed this was their preference, others took part in games in the lounge, while others spent time with their relatives. The home's ethos promotes a blend of both spontaneous and planned activities, which was evidence during both inspection visits. Both lunch and evening meals were observed to be relaxed and sociable occasions.

Responsibility for supporting social interaction and meaningful activity is shared across the staff team, ensuring that activities are integrated into daily life. The Registered Manager described this approach as helping to maintain a homely, natural environment where staff respond to care receivers' interests and preferences in the moment rather than limiting social interaction and engagement to pre-arranged, planned sessions. It is hoped that a minibus will be provided for the home soon.

Care receivers told the Regulation Officer the following:

"It's very good, they look after you. There are no concerns here, I can do what I want."

"It's lovely, and they're really attentive. They look after you very well, the food is good and there's a good response when I ring my bell. I've got everything I need and if you just ask for something, they will get it."

"The staff are very caring, and they respond when you need them to. I feel safe here, nothing is too much trouble, and I'm pleased with my room."

“I had a choice of two homes, but I knew this was the one straight away when I visited, as it felt warm, welcoming and the staff were smiling. I had lots of information about it before I came and the food’s great, my room’s fantastic and I’ve settled really well. The staff check on you but give you peace as well.”

“I love it, it’s the best place I’ve lived. The staff are so kind, and you always see the same staff. They clean my room and the food is great, we have resident meetings, and we’re all kept up to date. I’m happy with everything I think it’s a great quality home.”

“It’s good as everyone is friendly, and the staff are very good. There are different meals each day, so you look forward to something different every day. It’s ideal as I can walk round the path in the garden with the staff and I like that. Nothing could be made better, I’ve got no worries being here at all.”

Is the service well led?

The leadership, management and governance of the organisation assures delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

A leaflet about the home provides an overview and is supplemented by more detailed information, updated in January 2025. This is provided before admission, and copies are placed in the home for reference. One care receiver who had recently moved in confirmed they had received the leaflet, and a copy was observed in their bedroom.

The home demonstrated transparency concerning care fees, with a published list that reflects Long-Term Benefit Rates. A complaints procedure is in place, and information on how to raise a complaint is displayed in the hallway.

No complaints have been made since the previous inspection, and care receivers confirmed that they would feel confident in raising a complaint and would expect the Registered Manager to address these appropriately.

The Registered Manager and Deputy Manager have been in post for many years, maintain a constant presence within the home, and strive to promote a supportive, inclusive, and respectful culture. Staff spoke positively of how the home is led and described the opportunities available for learning and development. They felt that communication was good and felt supported in their roles by the management team. The provider recognised the contribution of the staff team by awarding a financial bonus and pay increase last year.

The Deputy Manager is progressing through a Level 5 Diploma, and most staff have a Level 2 vocational award in health and social care. Training records showed that staff receive a combination of practical and e-learning training relevant to their role within the home. For instance, kitchen and administrative staff had undertaken training in different areas from those required for care staff. Staff had individual development plans in place.

Examples of training delivered by external professionals included diabetes awareness, end-of-life care, and emergency first aid. Other mandatory training has been completed through e-learning, and practical moving and handling training will be provided in September 2025.

Within the staff folders, there was good evidence that the Standards relating to supervision and appraisals were met, with frequent documented discussions of staff performance. Minutes of team meetings confirmed that these occur frequently also. The minutes from one team meeting showed that the impact of care receiver deaths on the staff team was discussed, demonstrating the Registered Manager's recognition of the importance of staff wellbeing and openness regarding deaths in the home.

In addition to resident meetings, relatives are involved in the home's quality assurance processes, with their feedback valued and taken into account. Some feedback reflected a positive attitude toward the care, support, and homely environment provided for their relatives. Based on care receiver feedback to the Regulation Officer, they feel involved in the home and listened to.

The home's management follows the Statement of Purpose and registration conditions and consistently reflects its core values.

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 6.6, 6.7 Appendix 9 Regulation 14</p> <p>To be completed: by 18/11/2025</p>	<p>The provider must ensure that care workers' competency in the management of medicines is reviewed at least annually.</p> <p>Response by the Registered Provider:</p> <p>Three members of staff have been booked on a medication unit course.</p> <p>All staff will complete a medication competency assessment annually.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 4.2 Regulation 10</p> <p>To be completed: by 18/11/2025</p>	<p>The provider must ensure that all staff receive fire safety training in line with the requirements set by the Fire and Rescue service.</p> <p>Response by the Registered Provider:</p> <p>All staff will receive more frequent fire safety training in line with the Fire and Rescue Service.</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.



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