Jersey Care Commission

INSPECTION REPORT

Abbeyfield

Care Home Service

Nelson Avenue
St Helier
JE2 4PD

Inspection Dates
09 July & 04 August 2026

Date Published
21 September 2026

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 service is operated by Abbeyfield Jersey Society and there is a registered manager in place.

Registration Details	Detail
Type of regulated activity	Care Home Service
Mandatory Conditions of Registration	
Category of care	Adult 60+
Maximum number of care receivers	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 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 to be the resident of Flat 3 Lynton has a mobility assessment that demonstrates the care receiver is fully ambulant.	
Additional information	
An updated Statement of Purpose was requested as part of the inspection process and provided on day one of the inspection. With prior consent obtained the Regulation Officer was shadowed by a Regulation Officer from Guernsey on day one of the inspection.	

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration and the discretionary condition 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 announced and notice of the inspection visit was given to the Registered Manager three days prior to the first inspection visit.

The Registered Manager was not present for the initial announced visit. However, the Regulation Officer was able to undertake the initial inspection with an experienced deputy manager. A separate face to face meeting was held with the Registered Manager on 04 August 2026.

Inspection information	Detail
Dates and times of this inspection	09 July 2026 07:30-15:50 04 August 2026 13:00-17:40
Number of areas for improvement from this inspection	Five
Number of care receivers accommodated on the day of the inspection	10
Date of previous inspection	15 & 18 August 2025
Areas for improvement noted at the last inspection	Two
Link to the previous inspection report	RPT_ABF_Report_20250818.pdf

3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection, as well as these specific 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 improvement identified at the last inspection

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 plan was discussed during this inspection, and it was noted that insufficient progress had been made to address one of the areas for improvement. This means that the registered provider has not met the Standards in relation to ensuring staff receive fire safety training and does not currently have a plan in place to resolve this. This will be discussed in more detail within the main body of the report.

The Regulation Officer was informed that carers have been competency assessed for the management of medication, however the assessments have been mislaid. A sample of medication competency assessments completed after the inspection were provided within the inspection timeframe.

4.2 Observations and overall findings from this inspection

The inspection found that care receivers are well cared for and positive about life in the home. The home provides a welcoming environment where care receivers feel comfortable and supported. Feedback consistently highlighted that staff treated the care receivers with dignity, respect and compassion, while promoting independence and choice.

The inspection identified a number of positive practices within the service. Staff demonstrated a strong understanding of individual care receivers' needs, preferences and routines, and care was observed to be delivered in a person-centred manner. Care plans and risk assessments were regularly reviewed, reflected the wishes and choices of care receivers and their representatives, and provided clear guidance to staff to support consistent care delivery. Effective multidisciplinary working was also evident, with the service maintaining positive engagement with a range of healthcare professionals, including the dietetic service, to help meet care receivers' assessed needs.

Staff spoke positively about working in the home and described a supportive culture that prioritised the wellbeing of both care receivers and employees. The management team demonstrated a commitment to continuous improvement and responded constructively to inspection findings. Areas of strength included regular staff supervision and appraisal, initiatives to support staff wellbeing, and a proactive approach to identifying and addressing concerns.

Following the inspection, the provider took action to introduce confidential staff handovers, commence regular fire drills, review staffing levels, and develop a transport policy for care receivers.

Five areas for improvement were identified. Recruitment records require greater organisation to provide assurance that safe recruitment practices are being consistently followed and thorough recruitment checks including obtaining a Disclosure and Barring Service (DBS) certificate obtained.

Staffing arrangements lacked sufficient resilience to effectively manage unexpected staff absence, resulting in members of the management team regularly undertaking care shifts.

Medication management processes also require further development, including enhanced oversight, robust competency assessment procedures, improved monitoring of controlled drugs, and ensuring staff receive training appropriate to their responsibilities.

In addition, fire drills should be conducted in accordance with the requirements of Jersey Fire and Rescue Service. All mandatory practical training, including moving and handling and first aid, should also be completed and kept up to date.

Overall, the inspection found a caring, responsive and person-centred service led by a committed management team that was receptive to feedback and motivated to improve outcomes for care receivers.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Care and Support Services with Accommodation 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, the Statement of Purpose and notification of incidents.

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

As part of the inspection process, documents including policies, care records, staff human resource (HR) files and monthly provider reports were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Deputy Manager and confirmed the identified areas for improvement by email on 07 August 2026. Details of the follow-up actions required to evidence that improvements have been made were also set out by the Regulation Officer.

This report presents our findings from the inspection and outlines the range of observations made.

Throughout the report, we may highlight any areas of good practice identified, along with suggestions where practice could be strengthened or further enhanced. Where specific improvements are required, these are set out in detail and accompanied by a defined improvement plan 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 improvement	
Focus	**Evidence Reviewed**
Fire safety training	• The management team informed the Regulation Officer that fire drills had not been conducted in line with the requirements set out by Jersey Fire and Rescue
Annual review of care workers' competency in the management of medicines	• The management team informed the Regulation Officer the annual medication competency assessments had been completed and mislaid. Examples of medication competency assessments completed following the inspection were provided.
Key lines of enquiry	
Focus	**Evidence Reviewed**
Is the service safe	• Sample of recruitment records and staff files • Recruitment and selection policy • Induction records • Training – learning and development records • Safeguarding adults' policy and handbook • Analysis of notifications made to the Commission • Risk Assessments • Care records • Staff rotas • Health and Safety policy and audit • Observations of the environment and care delivery • Medication Administration Records (MAR) • Medication policy and procedure • Equality and diversity policy
Is the service effective and responsive	• Statement of Purpose • Pre-admission assessments • Written agreements • Risk assessments • Care records • Observations of mealtime support and staff handover • Resident meeting minutes
Is the service caring	• Care records • Observations of staff interactions with care receivers • Observations of mealtime support • Activity provision • Feedback from care receivers and relatives • Feedback from staff and professionals external to the home
Is the service well-led	• Staff meeting minutes • Monthly provider reports • Medication Audit

	• Supervision and appraisal records • Care receiver feedback • Staff feedback • Abbeyfield information leaflet • Organisational chart

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

Care receivers consistently reported that they felt safe, well cared for, and supported within the home. Throughout the inspection, it was evident that care was delivered in a person-centred manner, with a strong emphasis on promoting and maintaining individual independence. Care receivers were treated with dignity, respect, and compassion, and interactions observed demonstrated that staff members knew the care receivers well and understood their individual needs and preferences. One member of staff described their approach to care as being the same standard and level of care they would wish for their own parents, reflecting the caring culture within the service.

The inspection process included a review of a sample of staff recruitment files. Due to the lack of structure and organisation within personnel records, the Regulation Officer was unable to gain full assurance that safe recruitment practices had consistently been followed.

Documentation relating to previous employment periods was combined with current employment records, making records difficult to review.

The Registered Manager acknowledged that the files required further organisation and provided assurance following the inspection that the expected documentation was available.

Evidence was seen of the Registered Manager taking steps to satisfy themselves of a candidate's suitability for employment where standard references could not be obtained, including seeking a character reference from a healthcare professional and, in another case, requesting a third reference to strengthen recruitment checks. However, appropriate recruitment procedures including obtaining a Disclosure and Barring Service (DBS) certificate were not followed when emergency housekeeping cover was arranged, and this was discussed with the Registered Manager during the inspection.

The home's Recruitment and Selection Policy require a DBS certificate to confirm an individual's suitability to work in a care setting. The Standards also require providers to have robust recruitment procedures for anyone who may have contact with people receiving care and support. Safe recruitment has therefore been identified as an area for improvement.

Whilst induction checklists were completed for new staff members, there was no formal competency assessment process in place to evidence practical competence following completion of the induction programme. As carers should not undertake unsupervised duties until they have been assessed as competent during their induction period, the service is required to introduce induction competency assessments for future employees. The implementation of a structured competency assessment process will provide assurance that staff have the necessary knowledge and skills to carry out their roles safely and effectively before working independently. The introduction of induction competency assessments is an area for improvement.

During the inspection, the Regulation Officer was informed that the home did not have a staffing policy. It was explained that the staff team works collectively to cover unexpected sickness absence and that the employment of some carers on zero-hours contracts provides flexibility to manage both planned and unplanned leave, while ensuring staff do not work in excess of 48 hours per week.

The staff team operates a fixed rota, which includes alternate weekends off and supports a healthy work-life balance. Samples of the rota were reviewed and demonstrated that care staff were not working beyond 48 hours per week.

However, the records also showed that the Registered Manager was regularly undertaking care shifts in addition to their managerial responsibilities.

Carers employed on zero-hours contracts had limited availability, resulting in both the Deputy Manager and Registered Manager undertaking direct care duties and working additional hours to maintain service provision. This indicated that there was insufficient contingency within existing staffing levels to effectively manage unplanned leave. Feedback from a care receiver also suggested that additional staffing would be beneficial.

Furthermore, rota records did not always accurately reflect the hours worked, limiting effective oversight and workforce management. Following inspection feedback, the Regulation Officer was informed that staffing levels would be reviewed, including the introduction of a second staff member on duty overnight.

Regular fire drills had not been undertaken, despite this having been identified as an area for improvement at the previous inspection and a requirement following a health and safety inspection conducted earlier in the year. The barriers preventing fire drills from taking place were discussed with the Deputy Manager, and potential solutions were identified. When the Regulation Officer returned to the home three weeks later, fire drills had subsequently commenced for both day and night staff.

A review of a care receiver's Personal Emergency Evacuation Plan (PEEP) demonstrated that fire safety arrangements were being considered, and staff described the procedures in place for horizontal evacuation.

Additional fire safety measures included sprinkler protection and fire doors, while the introduction of a second member of staff on duty overnight will provide further support in the event of an emergency. Following the inspection, the Registered Manager advised that they had been working closely with Jersey Fire and Rescue Service and were reviewing PEEPs to ensure they remained effective and up to date.

Despite the progress made since the inspection, regular fire drills have only recently been introduced, and further evidence is required to demonstrate that the recent changes have been sustained. Therefore, fire drills remain an area for improvement.

During the inspection the Regulation Officer was informed that training is discussed during staff supervision and any identified training arranged. The Standards require providers to ensure that all mandatory training, including practical training, is completed and kept up to date. During the inspection, a training matrix was requested to demonstrate completion of all mandatory training requirements. Practical safe moving and handling training, first aid training, and basic life support had not been completed by all staff at the time of inspection, although arrangements have since been made for staff to attend. Mandatory staff training is therefore identified as an area for improvement.

Medication practices observed during the inspection gave cause for concern and were immediately discussed with the carer involved and the Deputy Manager. While it is acknowledged that staff and care receivers know each other well, established medication procedures must be followed consistently to ensure the safe administration of medicines.

Staff responsible for administering medication are required to complete an annual competency assessment to provide assurance that practice remains safe and effective. During the inspection, completed competency assessments were not available for review as they had been misplaced. Following the onsite visit, two completed competency assessments were provided.

In addition, the Regulation Officer highlighted areas in medication management which did not meet the Standards including the monitoring of controlled drugs, timely completion of the MAR, and ensuring care receiver photographs within MAR folders remain up to date. The management team had adopted a proactive approach by observing and supervising medication administration where required. This oversight by the management team provides assurance; however, further work is needed to ensure safe medication practices are consistently monitored and embedded across the service. Medication management and annual medication competency assessments are an area for improvement.

Incident reports notified to the Commission were reviewed prior to the inspection and reporting thresholds were discussed during the inspection visit.

Documentation provided evidence of the service's commitment to recognising safeguarding concerns and prioritising the welfare of care receivers.

Staff members spoken to during the inspection demonstrated an understanding of their safeguarding responsibilities and were able to clearly describe the procedures they would follow in response to safeguarding concerns.

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.

An updated Statement of Purpose was provided during the inspection and was found to meet the mandatory conditions of registration. One of the stated aims of the service is to uphold care receivers' rights to privacy, dignity, choice, independence, fulfilment, and equality, while providing care in an environment that respects cultural needs and is free from discrimination. Observations made during the inspection, together with feedback received from care receivers and others, indicated that these aims are being successfully achieved in practice.

The care home is registered for adults 60+ and it is universally recognised that as adults age there can be changes in cognitive ability. Carers receive basic level training in dementia and have awareness of challenges care receivers may experience.

Information is provided to prospective care receivers and their families that explains the home is 'your home' and the atmosphere is tranquil and secure. Care receivers personalise their room with their own belongings, are provided with nutritious meals and have access to a well-maintained garden.

A care receiver shared:

Feels like family & what's not to like!

A care receiver shared:

I walked in (to Abbeyfield) and yes, it just felt right. The staff are fantastic, just friends really.

Additional information is provided that describes what services are included in the homes fees including but not limited to the parish rates and television licence. It clearly states the minimum fee per month explaining prices vary according to the level of need. This demonstrates transparency.

Two written agreements were reviewed which included information relating to the complaint's procedure, Long-Term Care Benefit, top-up fees and contract termination arrangements. Although both agreements had been signed by the care receiver or their representative and a representative of Abbeyfield Care Home, one agreement did not specify the weekly fee payable. The Registered Manager acknowledged this oversight and confirmed that the matter would be addressed as a priority.

The information provided in paper format and on the website is not necessarily reflective of the home currently and the Registered Manager agreed to update the information about the home to reflect the current provision. There is one volunteer who visits the home on a weekly basis and provides company and conversation for the care receivers who access community activities less frequently.

The majority of care receivers are accompanied by their relatives to health appointments. On rare occasions the senior management team may use their own vehicle to transport a care receiver and there is no policy available to support this. The Registered Manager was advised that should this arrangement continue a policy for the safe transportation of care receivers is required. Within one week of the inspection the Regulation Officer was provided with a comprehensive 'Use of a Staff Member's Personal Vehicle for Resident Transport' policy that meets the Standards required by the Commission.

The range of activities available within the home is limited; however, staff explained that the activity programme is tailored to the preferences and interests of the current care receivers. Some care receivers choose not to participate in organised activities, while others access leisure and social opportunities within the local community.

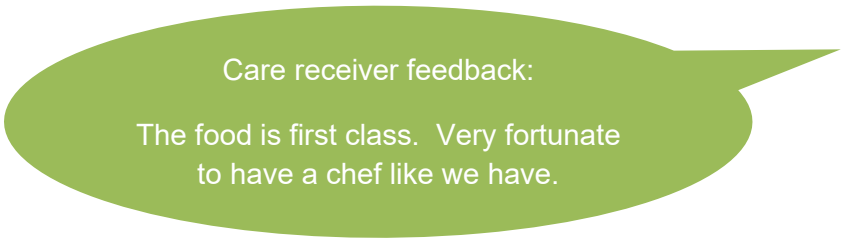
Dominoes was identified as a particularly popular activity, and access to the daily newspapers promotes care receivers to gather for morning coffee and discuss current affairs. The mobile library visiting bimonthly to change books that have enlarged text and the provision of access to audio books.

Feedback from care receivers indicated that they would like bingo sessions to be held more frequently. This request was also reflected in the minutes of the residents' meeting held in April. During the inspection, staff advised that efforts had been made to increase the number of bingo sessions; however, attendance had often been low, which had limited the viability of running bingo on a regular basis. In an effort to broaden and enhance the activity provision, the home plans to reintroduce boxercise sessions.

During the previous inspection, it was noted that a dedicated vehicle for transporting care receivers had not yet been purchased, and this remained unchanged at the time of this inspection. However, care receivers did not identify this as a concern. The Deputy Manager explained that taxis are arranged whenever transport is required to support care receivers in accessing community activities and events. An example provided was the celebration of a care receiver's birthday at a local restaurant, which was attended by several care receivers who were supported to travel to and from the venue using arranged transport.

During the inspection, the Regulation Officer visited the kitchen and dining room and observed the lunchtime experience. The Chef demonstrated a good understanding of the care receivers' individual food preferences, and nutritious alternatives were made available when the main meal did not meet a care receiver's choice. Meals were attractively presented and appeared to be well received by those dining.

Feedback from care receivers regarding the quality of the food was consistently positive, with one care receiver commenting that the food was "*restaurant quality*."



Is the service caring?

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

The service provides care that is tailored to each individual's needs, recognising that some care receivers are fully independent while others require varying levels of support with their personal care and daily living activities.

A review of care records demonstrated that care is delivered in a person-centred manner, with the views and preferences of care receivers and, where appropriate, their representatives reflected within initial assessments completed by the Registered Manager. These assessments are used to determine individual care needs and inform the development of care plans and risk assessments.

Care plans and risk assessments were found to be dynamic documents, reviewed at least monthly and updated as required. A sample reviewed included moving and handling, communication, and eating and drinking plans. Communication care plans detailed non-verbal cues and provided clear guidance for staff on appropriate responses.

Evidence of effective multidisciplinary working was also observed, including collaboration with the dietetic team to support a care receiver's nutritional needs. During the inspection, the Regulation Officer observed a care receiver being supported at lunchtime in accordance with their care plan, with staff providing assistance that was appropriately paced to meet the individual's needs.

A significant restriction of liberty was identified within one care receiver's records, with a sensory mat in place to reduce the risk of falls. During an observed staff handover, it was reported that two-hourly wellbeing checks of the care receiver had been undertaken overnight. Staff demonstrated a good understanding of the care receiver's needs, describing the support provided during the night and reflecting a compassionate and dignified approach to care.

Records reviewed evidenced that the Registered Manager regularly engaged with care receivers regarding decisions about their care and support.

Signed mandates demonstrated that the wishes of some care receivers had been respected, including requests not to receive overnight checks and to self-administer medication without direct observation. This reflected a person-centred approach in which individual choice, independence, privacy and dignity were actively promoted.

Care records contained correspondence relating to health appointments, together with communications with relatives and representatives. Where appropriate, relevant information from these documents had been incorporated into care plans to ensure care remained responsive to changing needs.

Daily care records were completed, dated and signed; however, they did not consistently appear contemporaneous as specific times of care delivery were not recorded. The Regulation Officer was informed that care provided before 14:00 was documented in records held upstairs, while care delivered after 14:00 was recorded within an information diary located downstairs. This resulted in fragmented documentation and could make it difficult for visiting healthcare professionals to follow a clear chronology of care. Although verbal handovers were provided to healthcare professionals, the current recording system presented a risk of incomplete oversight. The planned introduction of an electronic care record system is expected to address this issue.

In the interim, the Registered Manager has taken remedial steps and provided guidance to staff to discontinue this disjointed recording practice with immediate effect, which demonstrates a positive culture of learning, reflection and responsiveness to feedback.

The home has a discretionary condition applied to their registration with the Commission, which requires a regular review of a risk assessment for a care receiver residing in accommodation attached to the home that is accessed via an external staircase. A recently completed risk assessment was provided and demonstrated that the individual remained suitably mobile to safely access and exit the property.

Feedback from staff was positive regarding the culture within the home. One carer described enjoying their role and highlighted the flexibility available to organise tasks around the needs of care receivers rather than routine-led practices.

The carer explained that sufficient time was available to provide meaningful engagement, including conversations and games, supporting the development of positive relationships and enhancing the wellbeing of care receivers.

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.

Observations made during the inspection indicated that the Deputy Manager had a good understanding of the operational requirements of the home and demonstrated a commitment to continuous improvement.

As part of the inspection process, monthly quality assurance reports completed by an external professional were reviewed. These reports are undertaken regularly and focus on specific Standards each month. Although the reports provided evidence of ongoing quality monitoring, there was limited evidence that feedback had been sought from care receivers, their representatives, staff, or external professionals.

Feedback within the home is primarily gathered through regular residents' meetings, which are minuted, and through day-to-day engagement with staff and the Registered Manager. The Registered Manager was observed to be visible, approachable and accessible to care receivers, relatives and visitors.

Evidence gathered during the inspection suggested that these arrangements were effective, with care receivers reporting that they were happy living in the home. They also commented positively on the staff team, describing them as supportive and working well together, and considered the management team to be approachable.

A formal dependency tool to determine staffing levels in the home is not in use. Given the size of the home, the consistency of the staff team and the management team's detailed knowledge of individual care needs, staffing arrangements appeared sufficient to meet the needs of care receivers. Staff demonstrated a good understanding of the individuals they supported, and the minimum staffing levels imposed by the home and the Standards appropriate for the service being provided.

The Regulation Officer observed the morning handover, during which staff shared updates relating to events and care needs arising overnight. While the handover was comprehensive, it took place in the dining room, which is not a confidential setting. Although no care receivers were present at the time, it was recommended that a private area be used for the sharing of personal information.

Following the inspection, the Regulation Officer received confirmation that staff handovers are now conducted in the office, ensuring greater confidentiality and protection of care receivers' information.

A review of staff supervision and appraisal records demonstrated that these were undertaken at regular intervals and provided opportunities to discuss performance, identify areas of good practice, and highlight any additional training needs. The Registered Manager demonstrated a balanced approach to staff management, recognising individual strengths while also addressing concerns relating to performance, attitude and behaviour when required. One staff file contained a structured action plan designed to support improvement, including guidance from the management team, regular monitoring and review meetings. This reflects a proactive and supportive management approach that is focused on staff development and maintaining expected standards of care.

The home has arrangements for auditing and quality assurance.

A health and safety inspection was completed in February resulting in recommendations, most of which have since been implemented, including the plan for a Control of Substances Hazardous to Health (COSHH) audit. In addition, an external person conducted a Person-Centred Medicines Audit which included a review of medication ordering, supply, administration and controlled drug procedures. Recommendations included strengthening the recording of allergies and allergy severity within the MAR documentation.

The home has since liaised with the pharmacy and confirmed that allergy information would be included on MAR charts from the next medication cycle.

The Regulation Officer also suggested involving care staff in record-keeping audits, as participation in audit activities can promote learning, increase ownership of good practice and contribute to continued service improvement.

Regular staff meetings are held, and a review of meeting minutes demonstrated that relevant information was routinely shared with the team. Topics discussed included professional responsibilities and the importance of the duty of candour, helping to ensure staff remained informed and accountable in their roles.

The Deputy Manager is currently undertaking a Level Five Diploma in Leadership for Health and Social Care and demonstrated a commitment to professional development. They described a range of support mechanisms available to staff, including access to external emotional and psychological wellbeing services, in addition to the informal support provided within the staff team.

The home has a suite of policies and procedures including an Equality and Diversity Policy demonstrating a positive approach to supporting staff with their individual needs. Examples included providing alternative learning methods to enable staff to develop the knowledge and skills required for their role. The policy states that equality and diversity training should be available to all employees and incorporated into induction programmes. The Registered Manager acknowledged the importance of this area and advised that the management team would initially undertake training in neurodiversity to strengthen their understanding and enhance their ability to support staff effectively, with learning intended to be shared more widely across the team.

Following the inspection, the Registered Manager and Deputy Manager reflected constructively on the feedback provided by the Regulation Officer and demonstrated a positive and proactive approach to addressing recommendations and areas for improvement.

Actions taken included sharing inspection findings with the homes committee and seeking support to strengthen staffing arrangements by increasing workforce capacity to provide greater resilience during periods of unexpected absence and the introduction of a sleep-in night care worker.

The Registered Manager reported feeling well supported by the committee and confident in the home's ability to continue developing and improving the service provided to care receivers.

IMPROVEMENT PLAN

There were five 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 6.6 Regulation 17 **To be completed:** with immediate effect	All safe recruitment employment checks must be completed prior to workers (including volunteers) commencing employment.
	Response by the Registered Provider: This was one incidence where last minute cover was required and therefore insufficient time to carry out checks. All other staff members have had all checks carried out prior to commencing employment.

Area for Improvement 2 **Ref:** Standard 7.11 and 7.12 Appendix 6 Regulation 14 **To be completed:** with immediate effect	Management of medication is to comply with legislative requirements, professional standards and best practice guidelines. The provider must also ensure that care workers' competency in the management of medicines is reviewed at least annually.
	Response by the Registered Provider: All staff members medication competencies have been completed and reviewed this year along with the medication yearly audit.

Area for Improvement 3 **Ref:** Standard 7.3 Regulation 17 **To be completed:** 31/12/2026	All mandatory training of staff is to be completed including practical safe moving and handling and first aid training.
	Response by the Registered Provider: All mandatory training is set out according to our annual training timeline. Any outstanding training has now been booked for out-of-date certification.

Area for Improvement 4 **Ref:** Standard 8.5 Regulation 10 **To be completed:** 31/12/2026	The Provider must ensure that all staff receive fire safety training in line with the requirements set by the Fire and Rescue service.
	Response by the Registered Provider: All staff have completed online fire safety training with person led training taking place later this year. Fire drills have been carried out and will be carried out every quarter.

Area for Improvement 5 **Ref:** Standard 6.8 Regulation 17 **To be completed:** With immediate effect	Care/support workers will not work without supervision until they have been assessed as competent during their induction period.
	Response by the Registered Provider: Medication, induction and shadowing will continue to be supervised during the induction period until competent.

To ensure there is clear evidence that the required improvements have been made, the following action will be taken:

- The Provider must submit written confirmation to the Commission when the areas of improvement have been achieved

These actions will be used to track progress, confirm completion, and provide assurance that the necessary improvements have been achieved.

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.

Jersey Care Commission

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