Jersey Care Commission

Summary Report

Abbeyfield

Care Home Service

Nelson Avenue
St Helier
JE2 4PD

Inspection Dates
09 July & 04 August 2026

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.

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.

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.

The full report can be accessed from here.