



The Office of the  
Committee for  
Health & Social Care

**REGISTRATION AND INSPECTION  
OF  
PRIVATE NURSING AND RESIDENTIAL HOMES**

**LE PLATON RESIDENTIAL HOME  
(RESIDENTIAL AND DEMENTIA CARE)**

**INSPECTION REPORT**

**DATE: 30th April 2024**

**This report may only be quoted in its entirety and may not be quoted in part or in any  
abridged form for any public or statutory purpose**

**HEALTH & SOCIAL CARE REGISTRATION AND INSPECTION OF PRIVATE NURSING AND  
RESIDENTIAL HOMES**

**INTRODUCTION**

The Registration and Inspection unit of Health & Social Care (HSC) has a statutory responsibility to inspect private nursing and residential homes within the Bailiwick of Guernsey at least twice per year. The Registration and Inspection Officer undertakes a minimum of one announced and one unannounced inspection per year.

The inspections are undertaken in order to establish whether the care home is meeting the legal requirements i.e. The Nursing and Residential Homes (Guernsey) Law 1976 and its associated Ordinances, together with the agreed standards.

In reading the report the following factors should be borne in mind:

- The report is only accurate for the period when the home was inspected.
- Alterations to physical facilities or care practices may subsequently have occurred in the home.
- Feedback will have been given orally to the senior person on duty at the time of the visit.
- Both the Inspector and the Registered Home Owner/Care Manager of the home to which it refers will agree the report as an accurate report.
- The report will show the compliance with the Regulations and Standards and the required actions on behalf of the provider.

Name of Establishment: **Le Platon Residential Home**

Address: **Clifton, St Peter Port, GY1 2PW**

Name of Registered Provider: **Le Platon Home LBG**

Name of Registered Manager: **Ms Gillian Kelly (RNLD)**

<b>CATEGORY</b>	<b>NUMBER OF REGISTERED BEDS</b>
<b>Residential</b>	<b>50</b>

<b>Date of most recent inspection: 01/11/23 – Announced</b>
<b>Date of inspection upon which this report is based – 30/04/24</b>
<b>Category of inspection – Announced</b>
<b>Vanessa Penney - Registration and Inspection Officer (Quality &amp; Patient Safety Team - HSC)</b>

## **SUMMARY OF FINDINGS**

Le Platon Care Home provides care and support for up to 50 people with residential care needs; many people are living with dementia. On the day of inspection there were 48 people living in the home.

The main house is not purpose-built but has been adapted to provide care at residential level. Not all rooms (2 in original part of home) are ensuite; but all are single occupancy. The new build that links on to the main house has been purpose-built for people who are living with the effects of dementia. Rooms have been personalised to create a homely and comfortable environment and are bright and spacious. Upgrading work continues in the original house.

There is a large patio garden where people can exercise and sit out. There is a large drop to the lower level on 2 sides of this area. However, this is securely fenced off and more aesthetically pleasing fencing / railing is on order, which will be installed as soon as it arrives. The brick planter areas around the patio pose a trip hazard as people with visual impairment may not see them in their current state; these require attention now the summer weather is here as people will want to spend more time outdoors.

People receive the information they require to be able to make an informed decision as to whether Le Platon is the right home for them and their relative. However, now that the new building is complete, the information in the service user guide and on the website needs to be updated to ensure it remains current.

People's care needs are assessed prior to moving in to the care home. The assessments take in to account the person's care and support needs; to include choices, preferred routine, communication needs and social interests. Risk assessments are completed; how these are managed is included in the person's care plan. Staff handovers on the change of shift highlight any changes in people's health and care needs to ensure all staff are aware.

People are encouraged to remain active, with support from the activity and care teams and to maintain relationships with people who are important to them.

Following an initial assessment to establish a person's nutritional status, people's care plans include information for special dietary requirements and preferences, which is also communicated to the chef. Each person's dietary intake is monitored with referrals made to the person's GP or other relevant healthcare professional where there is a concern. Residents spoken to had no complaints regarding meals and the choices they have.

People are supported to take their medication by staff who have completed training and this is regularly monitored by the deputy care manager as part of her practice development role; working alongside carers.

Processes are in place to keep people safe from abuse. Safeguards raised are used as an opportunity to learn and improve the care people receive. Staff spoken to understood safeguarding and know how to report their concerns.

The staffing level in the home is satisfactory for the number of residents and their current care needs. Some staff said they felt the level needed to be increased now they have more residents. The care manager was able to confirm additional staff have been recruited and recruitment of staff for various positions continues.

All new employees have a period of supervised induction when they commence employment at the home. This is followed by supervision sessions with the deputy care manager. Annual appraisal had fallen behind due to other priorities within the home. However, now that the deputy care manager post has been filled, she is working on catching up with this.

All staff have a programme of training, which is mainly through the home's e-learning training site. The deputy care manager is in the process of developing a training package specific for each role and with introducing more face to face training sessions. Although most staff have completed initial training for safeguarding and infection control, some staff are behind with their refresher sessions.

Staff are supported to undertake the VQ awards. However, to have 50% of care staff with a VQ award is a big ask for care homes. The current turnover of care staff throughout the care sector both locally and nationally continues to be problematic. However, the introduction of the care certificate will support staff to gain the knowledge and skills they require to continue to care for their client group.

Staff are aware of their role and responsibilities and are kept informed of what is going on in the home through both informal and formal meetings of groups of staff. The management have an open-door policy where people can speak to them at any time.

There are systems in place to monitor the quality of services being provided for people. Audits are completed both inhouse and by external healthcare professionals and feedback has been very positive.

Accidents / incidents are reported appropriately when things go wrong and are incorporated into further training and discussion with the care managers to minimise the risk of a re-occurrence.

Residents spoke very favourably about living at Le Platon. The said staff are kind and they felt safe living there. This is a positive reflection on the care manager and her team.

## GUERNSEY STANDARDS FOR CARE HOMES AUDIT

<b>Standard 1: Information</b> <b>Outcome – Prospective service users have the information they need to make an informed choice about where to live</b>	YES	NO	In Part	COMMENTS
Website (optional)	✓			Evidence – Discussion with care manager, website, service user guide.
Marketing Brochure (optional)	✓			
<b>There is a Statement of Purpose that sets out the:</b>	✓			People receive the information necessary to enable them to decide whether Le Platon is the right home for them.
Philosophy of care, aims and objectives	✓			
Terms and conditions of the home	✓			
Updated at least annually or when changes to services and home occur		✓		Information not in the handbook or on the website is explained when a person and / or their NOK representative visit to have a look around. However, now that the new extension is complete and is fully operational, the website and service user guide require updating (action not completed from previous inspection).
<b>There is a Service Users Guide/Resident's Handbook</b>	✓			
Prospective and current residents are provided with/have access to a copy	✓			
Written in the appropriate language and format for intended service user	✓			<b>Some action required.</b>
Brief description of accommodation & services provided	✓			
Detailed description of individual and communal space			✓	
Qualifications and experience of registered provider, manager and staff	✓			
Number of residents registered for	✓			
Special needs & interests catered for e.g. diets, activities etc	✓			
How to access a copy of most recent inspection report	✓			
Procedure for making a complaint	✓			
Service users views of the home			✓	
Summary of fees payable and any extras payable e.g. newspapers, incontinence products & toiletries etc	✓			
The home's policy for alcohol	✓			
The smoking policy	✓			
The home's policy for pets	✓			

A statement that service users can expect choice in the gender of those who provide basic care whenever possible	✓			
Insurance – what is and is not covered (does resident need to take out personal insurance for personal items e.g. valuables, money, antiques, false teeth, spectacles and hearing aids etc)	✓			
The contact for HSC is displayed in the resident's handbook or is visible on the home notice board	✓			

<b>Standard 2: Contract</b> <b>Outcome – Each service user has a written contract/statement of terms and conditions with the home</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Contract provided on admission	✓			Evidence – Discussion with care manager.  Care manager confirmed this information is included in the resident's contract, which is supplemented with information on the website, service user guide and a visit to the home to ask any questions prior to signing the contract. Both the home and the resident / NOK / representative retain a copy of the signed agreement.  <b>Standard Met.</b>
Identifies room to be occupied	✓			
Care and services covered (including food)	✓			
Additional items and services listed to be paid for including; food, equipment, insurance, medical expenses and SJA	✓			
Fees payable and by whom (service user, long term care benefit scheme, relative/ other)	✓			
Rights and obligations listed and liability if breach of contact	✓			
Terms and conditions of occupancy e.g. including period of notice	✓			
Charges during hospital stays or holidays	✓			
Charge for room following death (social Security pay 3 days only following death)	✓			
The contract is signed by the service user or named representative, and the registered person for the home	✓			

<b>Standard 3: Assessment</b> <b>Outcome - No service user moves in to the home without having had his/her needs assessed and been assured that these will be met</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Pre-admission assessment prior to moving in to the care home	√			Evidence – Discussion with care manager, admission information, care plans.
Involvement of others; relatives, GP other allied health professionals	√			
Assessment for all admissions covers the following:	√			Each person is assessed prior to moving in to the care home to ensure the care team can manage the person's care needs.
• Personal care & physical well-being	√			
• Mental state & cognition	√			A person's NOK / representative provides some of this information; along with healthcare professionals who are involved with the person's care e.g. community nurse, social worker, GP, mental health team.
• Diet & weight	√			
• Food likes and dislikes	√			
• Sight, hearing & communication	√			
• Oral health	√			
• Mobility & history/risk of falls	√			
• Continence and skin integrity	√			
• Medication usage	√			
• Social interests, hobbies, religious & cultural needs	√			
• Personal safety & risk	√			
• Carer, family, other involvement/relationships	√			<b>Standard Met</b>
Care plan developed from the outcome of the assessment	√			

<b>Standard 4: Meeting Needs</b> <b>Outcome - Service users and their representatives know that the home they enter will meet their needs</b>		<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Registered person can demonstrate the home's capacity to meet people's assessed needs	√			Evidence – Discussion with care manager.
The services of specialised personnel are sought to meet people's care needs	√			
Social/cultural needs are met to the preference and needs of the person and are understood by the people caring for them	√			The care home has residential and residential EMI status (dementia care).

Policies for discrimination & Equality (equal access to services)	✓			<p>Policies are in place to ensure everyone is treated equally. Management have completed training in relation to Guernsey's discrimination law.</p> <p><b>Standard Met.</b></p>
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Standard 5: Trial Visits Outcome – Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home	YES	NO	In part	COMMENTS
Provision for staff to meet a service user in their own home or other place of residence	✓			<p>Evidence – Discussion with care manager.</p> <p>Trial period is flexible. The care manager said it can take people varying lengths of time to settle in; especially for a person who is living with dementia as this is a significant change in their life. The person already has some cognitive impairment and the move may initially cause additional confusion and anxiety.</p> <p>An emergency admission is accepted if there is a vacancy at the time needed; however, the care manager said a planned admission is preferred to enable staff to organise a relaxed approach to helping a person settle.</p> <p><b>Standard Met.</b></p>
Residents or their representative are encouraged to visit the home before deciding	✓			
Provision for a trial before final decision made to move into home	✓			
Emergency admissions to the home are accepted?	✓			
Information process in standards 2-4 is in place within 5 working days	✓			



<b>Standard 6: Intermediate Care</b> <b>Outcome: Service users assessed and referred for intermediate care are helped to maximise their independence and return home</b>	YES	NO	In part	COMMENTS
Dedicated accommodation available		✓		Evidence – Discussion with care manager.  There is no dedicated room/s for respite care. It is optional for care homes to offer this service. However, should there be a vacancy at the time respite is required, this is accommodated where possible.
Specialised facilities, therapies, treatment and equipment are available to promote activities of daily living and mobility	✓			
Are staff qualified in techniques for rehabilitation and promotion of programmes to re-establish community living?			✓	
Is there appropriate supervision of staff by specialists from relevant professions to meet the assessed needs of the service-user	✓			
If a person is unable to return home the person is able to remain living at the care home			✓	Where additional support is required from external healthcare professionals e.g. community nurse, specialist services; a referral is made for them to visit.  When a person's period of respite is completed, the person is able to remain living in the home if there is a vacancy. If not, the person's social worker would assist with finding suitable alternative placement.  <b>Standard Met.</b>

<b>Standard 7: Service User Plan</b> <b>Outcome: The service user's health and personal and social care needs are set out in an individual plan of care</b>	YES	NO	In part	COMMENTS
Care plan is in place and is based on assessment	✓			Evidence – Discussion with care manager, care plans.  Care plans are held electronically and are password protected for confidentiality and data protection.
Risk assessments in place for:				
• Moving & handling, mobility & risk of falls	✓			
• Nutrition	✓			
• Skin condition & Pressure sore prevention	✓			

• Other dementia	✓			Care plans include risk assessments and how staff support people with managing the identified risks.
Minimum of 3-monthly review of care plan, or as needs change if before review date	✓			
Evidence of user/relative involvement	✓			
Restrictions on choice & freedom are agreed and documented (Mental Health, Dementia)	✓			Care plans and risk assessments are regularly reviewed and updated.
Format of care plan is acceptable	✓			
Handover discussions: verbal, written on changeover of each shift	✓			
All entries on documentation are legible, dated and signed	✓			People involved in the person's care and who have contributed to information and people who are kept updated of changes, are recorded in the care record e.g. NOK / representative.  <b>Standard Met.</b>

<b>Standard 8: Health Care Needs</b> <b>Outcome: Service user's health care needs are fully met</b>	YES	NO	In part	COMMENTS
Service users are supported and facilitated to take control and manage own healthcare wherever possible; staff assist where needed	✓			Evidence – Discussion with care manager, care plans, discussion with individual residents and staff.  Care plans show people are supported to maintain as much independence as possible; with staff assisting with elements of care where needed.  Residents who were spoken to had no issues to raise about their care and liked living at Le Platon.  Staff were observed to respond swiftly when a resident called them for assistance and they were kind and caring in their manner. Staff were also quick to respond when they noticed a person becoming anxious and provided distraction techniques which were successful
Access is provided to specialist health services e.g. medical, nursing, dental, pharmaceutical chiropody and therapeutic services and care from hospitals and community services according to need	✓			
Care staff maintain the personal and oral care of each person and wherever possible support the person's independence	✓			
People are assessed by a person who is trained to do so, to identify those people who have developed, or are risk of developing a pressure injury. Appropriate intervention is recorded in the plan of care	✓			
People are free of pressure injuries	✓			
The incidence of pressure injuries, their treatment and outcome are recorded in the person's care plan	✓			
There are preventative strategies for health care: link nurses, equipment etc	✓			

The registered person ensures that professional advice about the promotion of continence is sought and acted upon and the necessary aids and equipment are provided	✓			e.g. stroll out in to the garden, moved to a quiet area for a chat.  <b>Standard Met</b>
A person's psychological health is monitored regularly and preventative and restorative care is sought as deemed necessary	✓			
Opportunities are given for appropriate exercise and physical activity; appropriate interventions are carried out for individuals identified as at risk of falling	✓			
Results from appointments, treatments and problems and from health care professionals are recorded in care plan and are acted upon	✓			
Nutritional assessment completed on admission and reviewed regularly thereafter (weight recorded). Identified problems are documented and are acted upon	✓			
Regular night checks are in place	✓			
Service users, relatives and/or advocates have the opportunity to discuss service users' wishes on their care with an informed member of staff	✓			
The support service needs of each resident are assessed and access provided – choice of own GP, advocacy services; alternative therapy; social worker; bereavement councillor; specialist nurses; dentist; audiologist; spiritual advisor; optician etc	✓			
Residents are referred for reassessment at appropriate time if this becomes necessary e.g. residential to nursing care needs or EMI	✓			
The registered person ensures that peoples' entitlements to Health & Social Care services are upheld by providing information about entitlements and ensuring access to advice	✓			

<b>Standard 9: Medication</b> <b>Outcome: Service user's, where appropriate, are responsible for their own medication and are protected by the home's policies and procedures for dealing with medicines</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
There are policies for the receipt, recording, storage, handling, administration, disposal, self-medication, errors, re-ordering, homely remedies and for administration during a pandemic	✓			<p>Evidence – Discussion with care manager, MARS.</p> <p>Residents are unable to self-medicate due to dementia or frailty. Medication is therefore administered by carers who have been trained to do so. This is overseen by the deputy care manager.</p> <p>No person is currently receiving medication covertly. However, the care manager and the deputy care manager are aware of the authorisations required prior to this being put in place.</p> <p>MARs are audited on the changeover of the medication cycle. Areas for further development are used as an opportunity for reflection and solutions for any difficulty's carers experience. Deputy care manager manages this as part of her training role.</p> <p>A pharmacy inspection was completed in December 2023 where the process was found to be well-managed. There were no concerns raised.</p> <p><b>Standard Met.</b></p>
NMC guidance and BNF (within 6-month date) available	✓			
There is a self-medication assessment completed for each resident if person wanting to continue with this process and this is reviewed regularly	N/A			
There is safe storage within a person's room to store the medication to which suitable trained staff have access with the person's permission	N/A			
Records for:	✓			
• Meds received	✓			
• Meds administered	✓			
• Meds leaving the home	✓			
• Meds disposed of	✓			
• Medication Administration Record (MAR) in place	✓			
• Photo of service user (consent)	✓			
If medication is required to be administered covertly, this is in the care plan, consent from GP and from resident's next of kin	✓			
Controlled drugs (CDs) are stored in line with current regulations	✓			
Register in place to monitor CD usage and stocks	✓			
Compliance with current law and codes of practice	✓			
Medicines, including controlled drugs, (except those for self-administration) for people receiving nursing care, are administered by a medical practitioner or registered nurse	✓			

Daily check of medication fridge, which is documented, to ensure remains within advised range (between 2-8°C)	✓			
Staff training programme in place for residential homes where Carer administering medication e.g. VQ standalone unit for the administration of medication or other accredited training at level 3	✓			
Competency assessment in place for Carers (residential home) for the administration of medication and this is reviewed at least annually, which is recorded	✓			
Pharmacist advice used regarding medicines policies within the home and medicines dispensed for individuals in the home	✓			
Each person's medication is reviewed regularly by a GP. Any concern in a person's condition as a result of a change in medication must be reported to the GP immediately	✓			
Has a Medication Inspection been undertaken by HSC's Pharmacist	✓			
Are flu vaccinations offered to residents, staff annually	✓			
Medications are kept in the home for a minimum of 7 days or after burial or cremation following a death	✓			
Audit of MARs in place	✓			

<b>Standard 10: Privacy and Dignity</b> <b>Outcome: Service users feel they are treated with respect and their right to privacy is upheld</b>	YES	NO	In part	COMMENTS
Privacy and dignity are provided when assisting a resident with washing, bathing, dressing etc	✓			Evidence – Discussion with care manager and individual residents.  All rooms in the home are single occupancy. For the 2 that are not ensuite, there is a bathroom within close proximity to the resident's room.
Bedrooms are shared only by the choice of service users e.g. couples, siblings	N/A			
Screens are available in shared rooms	N/A			
Examinations, consultations legal/financial advisors, visits from relatives are provided with privacy	✓			

Entering bedrooms/toilets - staff knock and wait for a reply before entering	✓			<p>Throughout the day, interactions between staff and residents were very positive. Staff were patient, kind and showed compassion. This was also reflected in conversation with residents; some were able to give examples.</p> <p>The care manager said residents are not provided with a telephone when they move in to the home as some people are unable to manage this. However, if wanted, this is risk assessed and discussed with person's NOK / representative and provided where appropriate. Some residents have their own mobile phone. All residents have access to a telephone with the level of support needed from staff; to make or receive a telephone call.</p> <p><b>Standard Met.</b></p>
Wear own clothing	✓			
Laundry undertaken in house	✓			
Mail is only opened by staff when instructed to do so	✓			
Preferred term of address in consultation with resident & this is documented in person's care plan	✓			
Wishes respected and views considered	✓			
Treated with respect - verbally	✓			
Privacy and dignity are included in staff induction	✓			
There is easy access to a telephone	✓			
Telephone adaptations are available to meet the needs of service users e.g. large buttons, amplifier	✓			

<b>Standard 11: Death and Dying</b> <b>Outcome: Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect</b>	YES	NO	In part	COMMENTS
Resident given comfort and attention in privacy	✓			<p>Evidence – Discussion with care manager.</p> <p>End of life care (EOLC) pathway policy in place.</p> <p>When a person moves in to EOLC a referral is made to the community and / or palliative care nurses who provide additional support to manage medication to ensure the person has a comfortable and dignified death.</p>
Current nutritional needs are met	✓			
Pain relief/palliative care - where the home has RNs syringe pump training is available and practice is current. For a residential home support is sought from the Community/Palliative Care Team	✓			
Suitable equipment available	✓			
Family involvement & needs met - provision to stay with relative and involvement in care	✓			
Service user's wishes are respected (including after death)	✓			

Religious/cultural needs met	✓			Both the care manager and the deputy care manager are registered nurses so are able to provide training and advice for the care team.  <b>Standard Met.</b>
Changing care needs met	✓			
Dignity of possessions after death	✓			
Staff training – includes supporting dying person and their family	✓			
Bereavement counselling is offered to staff if needed (palliative care nurses can support if needed)	✓			
Resuscitation status documented for each person	✓			
Notification of death reported to Medical Officer & Inspection Officer	✓			
Policies in place for end of life care and following death and for resuscitation	✓			

<b>Standard 12: Social Contact and Activities</b> <b>Outcome: Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs</b>	YES	NO	In part	COMMENTS
Social interests and hobbies are recorded	✓			Evidence – Discussion with care manager, residents and staff.  There are 2 activity assistants in the team with a 3 <sup>rd</sup> currently in the process of recruitment.  People's NOK / representative is encouraged to provide information about a person's life history so that activities and outings can be planned and organised around people's hobbies and interests.  Carers also undertake activities with residents in the lounges; either as a group or with individuals. At least one carer remains in the lounge during the day to minimise the risk of falls.
Flexibility and choice of daily living routines e.g. no restriction for getting up or going to bed	✓			
Able to go out independently or with friends & relatives freely	✓			
Involved in normal household chores if wanted attending to garden, collecting dishes etc	✓			
There is a choice of leisure and social activities	✓			
Religious/cultural choices are acknowledged	✓			
Level of engagement in activities is recorded	✓			
Does the home have an Activity Co-ordinator	✓			
Evidence of activities e.g. photo boards, albums, social media site, conversations with residents	✓			

				<p>Residents spoken to enjoy the activities. Several staff said they would like to see a television in the lounge for people to watch during the day. This was discussed with the care manager who said this had been raised and she is still considering it. However, she was concerned that this would detract from staff sitting and talking with residents or doing activities. Care manager said there are 2 television rooms; one on each floor that carers can assist people to if they want to watch the television or a CD film.</p> <p><b>Standard Met.</b></p>
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<b>Standard 13: Community Contact</b> <b>Outcome: Service users maintain contact with family/friends/representatives and the local community as they wish</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
There is a written visiting policy, which is flexible	✓			<p>Evidence – Discussion with care manager and individual residents.</p> <p>Residents are able to go out with family and friends when they choose. Several residents spoke about trips out for a drive, lunch, shopping and to a garden centre.</p> <p>External entertainers also visit the home for music and singing sessions and pet therapy.</p> <p>There is a kitchenette in the lounge where a relative can make a drink when they visit. Residents are also supported to use this area if they are able to.</p> <p><b>Standard Met.</b></p>
Is there a visitors' book in place	✓			
Privacy when receiving visitors	✓			
Choice of whom visits respected and documented as necessary	✓			
Hospitality for visitors e.g. offered a drink, can book to have a meal with their relative	✓			
Supported to maintain social networks in the community	✓			
Residents inform staff when going out and returning	✓			



<b>Standard 14: Autonomy and Choice</b> <b>Outcome: Service users are helped to exercise choice and control over their lives</b>	YES	NO	In part	COMMENTS
The registered person conducts the home so as to maximise service users' capacity to exercise personal autonomy and choice	√			Evidence – Discussion with care manager, walk through the home.
Service users are encouraged to bring personal possessions into the home e.g. small furniture, pictures & ornaments etc	√			Residents are supported by the care home staff and by relatives to be as independent as possible and to make the choices they can manage.  Some people require best interest decisions to be made or have a Lasting Power of Attorney or Guardianship in place.  <b>Standard Met.</b>
Service users encouraged to manage own financial and other affairs as long as they have capacity to do so	√			
Service users and their relatives and friends are informed of how to contact external agents (e.g. advocates) who will act in the person's best interests	√			
Access to personal records in accordance with the current local data protection legislation, is facilitated	√			

<b>Standard 15: Meals and Mealtimes</b> <b>Outcome: Service users receive a wholesome, appealing, balanced diet in pleasing surroundings at times convenient to them</b>	YES	NO	In part	COMMENTS
The registered person ensures that people receive a varied, appealing, wholesome and nutritious diet, which is suited to individual assessed and recorded requirements and a reasonable choice is available as to when and where residents eat their meal	√			Evidence – Discussion with deputy care manager, chef, individual residents, care plans and menus.
Each person is offered 3 full meals each day (at least 1 of which must be cooked) at intervals of not more than five hours	√			Each person is assessed in relation to their nutritional requirements when they move in to the home e.g. special dietary requirements, likes and dislikes etc. This is included in the person's care plan and is shared with the chef.
The menu is varied and is changed regularly	√			
The food reflects popular choice	√			
The food is appealing and is served in an attractive manner	√			Discussion with the chef suggested he has a good understanding of people's dietary needs and
Service user's nutritional needs are assessed, regularly monitored and reviewed including	√			

factors associated with malnutrition and obesity				<p>preferences. He has been working closely with the deputy care manager for ongoing developments of the catering service to meet individual's needs. As a result, the chef now cooks a 'special' breakfast each week to give a bit more variety and to give residents something a bit different to look forward to.</p> <p>Residents said they enjoy their meals and they have good choices.</p> <p>People are weighed regularly as part of the monitoring process for a person's nutritional status. Where there is a concern a referral is made to the relevant healthcare professional e.g. GP, dietician. One person is currently on a food chart due to weight loss, which is closely monitored.</p> <p>Several staff have completed training for IDDSI – preparation of modified foods and fluids for a person who is at risk of choking – A Speech and Language Therapist (SALT) referral is made if a person requires a swallowing assessment.</p> <p>An environmental health officer completed a food hygiene inspection in March 2024; now the new kitchen is fully operational, and a 4-star rating was awarded.</p> <p><b>Standard Met.</b></p>
Fresh fruit and vegetables are served/offered regularly	✓			
There is a choice available at each mealtime	✓			
Individual likes/dislikes are met	✓			
Hot and cold drinks and snacks are available at all times and are offered regularly	✓			
A snack available in the evening/night	✓			
Special therapeutic meals are provided if advised e.g. diabetic, pureed, gluten free etc	✓			
Swallowing problems/risk of choking identified in risk assessment and is incorporated into the care plan	✓			
Aware of International Dysphagia Diet Standardisation Initiative (IDDSI) – training, information	✓			
Person has Percutaneous Endoscopic Gastrostomy (PEG)	N/A			
Supplements are prescribed if needed	✓			
Religious and cultural needs are met	✓			
The menu is written or displayed e.g. in dining room or on notice board	✓			
Mealtimes are unhurried	✓			
Staff assist residents if needed	✓			
The dignity of those needing help is supported	✓			
Staff attitude is satisfactory	✓			
Food covers are used to transport food to rooms	✓			
Table settings are pleasant	✓			
Crockery, cutlery, glassware and napery are suitable	✓			
General ambience and comfort is satisfactory	✓			
Temperature satisfactory	✓			
Lighting satisfactory	✓			
Flooring satisfactory	✓			
Cleanliness satisfactory	✓			
Odour control (no unpleasant odour should be present)	✓			
Furnishings are satisfactory	✓			
Décor is pleasant	✓			

Safer Food, Better Business manual is completed	✓			
Food preparation areas are clean	✓			
Waste disposal – there is a foot operated bin	✓			
Kitchen & dining room hygiene is satisfactory	✓			
Staff hand washing facilities are available	✓			
Food Hygiene rating available	✓			

<b>Standard 16: Complaints</b> <b>Outcome: Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon</b>	YES	NO	In part	COMMENTS
There is a complaints procedure which is clear and simple, stating how complaints can be made	✓			Evidence – Complaints policy, discussion with care manager and individual residents.  Residents (where able) and their NOK / representative know how to make a complaint. This information is provided on admission. Residents spoken to had no concerns to raise.  Where a formal complaint is raised, the care manager reports this to the registration & inspection officer.  <b>Standard Met</b>
The procedure is accessible e.g. reception notice board, resident's handbook	✓			
Are there timescales for the process	✓			
The procedure states who will deal with them	✓			
Records are kept of all formal complaints	✓			
There is a duty of Candour – transparent and honest	✓			
Details of investigations and any action taken is recorded	✓			
There is written information available, clearly displayed, in an accessible place, for referring a complaint to the HSC	✓			

<b>Standard 17: Rights</b> <b>Outcome: Service users' legal rights are protected. Service users know that information about them is handled appropriately and that their confidences are kept</b>	YES	NO	In part	COMMENTS
The home facilitates access to available advocacy services	✓			Evidence – Discussion with care manager.
The home facilitates the individual's right to participate in the local political process	✓			

There are written policies are in place for Data Protection (Bailiwick of Guernsey) Law, 2018 and for confidentiality	✓			Residents rights are protected. Support is sought from the individual's NOK / representative where needed.
Prior consent is obtained for any photographs taken	✓			<p>Data protection and confidentiality is included in a new employee's induction programme.</p> <p>Consent for photographs is discussed and confirmed on admission.</p> <p><b>Standard Met</b></p>

<b>Standard 18: Protection</b> <b>Outcome: Service users are protected from abuse</b>	YES	NO	In part	COMMENTS
<b>Polices &amp; procedures are in place for Safeguarding Vulnerable Adults against:</b>				Evidence – Discussion with care manager, individual residents and staff.
• Physical abuse	✓			
• Sexual abuse	✓			
• Inappropriate restraint	✓			There is a policy in place for safeguarding.
• Psychological abuse	✓			
• Financial or material abuse	✓			
• Neglect	✓			Safeguarding forms part of a person's induction. Staff then go on to complete a safeguard unit through the home's online training programme, as a refresher. This should occur at regular periods throughout the person's employment at the home. However, not all staff have yet completed refresher training (progress action from previous inspection not completed).
• Discrimination	✓			
• Whistle-blowing	✓			
• Safe storage of money & valuables	✓			
• Staff non-involvement in resident's financial affairs or receiving of gifts	✓			
Safeguard allegations are reported to the Safeguard Lead & Inspection Officer (HSC)	✓			
Allegations/incidents are recorded, followed up and actioned appropriately	✓			
Staff who the Care Manager considers may be unsuitable to work with vulnerable adults makes a referral to HSC	✓			
Staff undertake regular training for safeguarding			✓	Residents who were spoken to said they receive good care. There were no concerns raised of roughness when being assisted with care or staff speaking to them in a

				<p>disrespectful manner. Staff appeared aware of people's ability and were observed to be patient and compassionate.</p> <p>Care manager has previously reported safeguard concerns to the appropriate department from within HSC as needed and issues have been resolved. There were a few 'teething' problems with the automatic doors for a period when the home became operational, which enabled a person to leave the building unsupervised. However, this has now been resolved by the contractor and there have been no further issues.</p> <p><b>Some action required</b></p>
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<b>Standard 19: Premises</b> <b>Outcome: Service users live in a safe, well-maintained environment</b>	YES	NO	In part	COMMENTS
Facilities within the home are safely accessible	✓			Evidence – Discussion with care manager, walk through the home.
Restricted entry/exit to the home is appropriate	✓			
The home is free of trip hazards			✓	The new part of the home is bright and spacious with wide corridors for people to walk around and have their own space. It is nicely decorated throughout taking in to account the needs of people with dementia e.g. colours of doors and walls, non-shiny floors and handrails where needed.
Facilities in the grounds are safe and accessible for varying abilities e.g. wheelchair			✓	
Routine maintenance programmes with records kept	✓			
Routine renewal of fabric and decoration with records kept	✓			
The building is safe, homely and comfortable	✓			There is restricted entry and exit to the home, which is acceptable practice for dementia specialist care homes. This is to minimize the risk of a person leaving the building
The furniture is suited to individual needs and is in good order	✓			
Décor is satisfactory	✓			
Lighting, internal and external is satisfactory	✓			
There is relevant fire equipment throughout the home	✓			
CCTV (entrances only)	✓			

Cleanliness is satisfactory	✓			<p>unsupervised if not safe to do so.</p> <p>Also, to prevent people who are unknown to staff in the home from entering. There is CCTV at the entrance to the home.</p>
Odour control	✓			
Flooring satisfactory	✓			
General equipment is maintained with records	✓			
Insurance certificates on display and in date	✓			
Environmental audit undertaken	✓			<p>A passenger lift enables people to move about the home; mostly with assistance from staff.</p> <p>The older part of the home was clean and tidy and refurbishment of this area is ongoing.</p> <p>There is a large patio garden with seating that residents can walk around and sit out when the weather is fine. However, the raised brick areas in their current state e.g. no plants over hanging the bricks, which people would automatically avoid being a visual obstacle, is a trip hazard. This needs to be reviewed and planted out as soon as possible as residents will want to be walking around in the garden in the summer.</p> <p>There are railings around the patio area where there is a considerable drop on the other side. Currently there is temporary fencing in place to ensure safety until a more permanent structure can be erected (currently on order).</p> <p><b>Some action required.</b></p>

<b>Standard 20: Shared Facilities (communal areas)</b> <b>Outcome: Service users have access to safe and comfortable indoor and outdoor communal facilities</b>	YES	NO	In part	COMMENTS
Recreational area is provided	✓			<p>Evidence – Walk through the home.</p> <p>Communal areas in the new extension are spacious and bright.</p> <p>Communal areas are also available in the older part of the home (residential) and are also suitable for various activities or for a person who wishes to sit and have some quiet time.</p> <p>A smoking area is provided outdoors in a designated area.</p> <p><b>Standard Met</b></p>
Private area is provided	✓			
Lighting is domestic and is flexible for different needs/activities	✓			
Furnishings are non-institutional, in good order and suitable for client group	✓			
Odour control	✓			
Cleanliness is satisfactory	✓			
Good quality flooring	✓			
General ambience is good	✓			
Ventilation is good	✓			
Smoking Policy in place	✓			

<b>Standard 21: Lavatories and Washing Facilities</b> <b>Outcome: Service users have sufficient and suitable lavatories and washing facilities</b>	YES	NO	In part	COMMENTS
The toilets near to the lounge and dining areas are clearly marked	✓			<p>Evidence – Walk through the home.</p> <p>Areas were clean and hygienic throughout. In the new extension, grab rails and toilet seats are in contrasting colours for ease of use for people with dementia.</p> <p><b>Standard Met</b></p>
There is clear access	✓			
Doors can be locked	✓			
Lighting is suitable	✓			
There is adequate ventilation	✓			
Temperature is suitable	✓			
Staff hand washing provision - e.g. soap and paper towel dispenser and foot swing bin are available	✓			
Aids and adaptations are in place as required	✓			
Odour control	✓			
Call bell is available	✓			
Décor is satisfactory	✓			
Flooring is suitable	✓			

Cleaning schedule is in place	✓			
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<b>Standard 22: Adaptations and Equipment</b> <b>Outcome: Service users have the specialist equipment they require to maximise their independence</b>	YES	NO	In part	COMMENTS
Ramps where necessary	N/A			Evidence – Walk through the home, discussion with care manager.
Handrails/grab rails where appropriate	✓			
Passenger lift	✓			
Stair chair lift	N/A			Each floor has a name displayed on the wall so residents can become familiar with where they live. Each floor has different colour walls.
Aids, hoists etc. for individual needs	✓			
Assisted toilets & baths to meet needs	✓			
Doorways (800mm wheelchair user – new builds)	✓			Seating areas are available all around the home so people can rest when they are walking around and there are pictures of scenes people will be familiar with on the corridor walls.
Signs and communication systems to meet needs (as and where necessary)	✓			
Storage for aids, hoists & equipment	✓			
Call bell in every room	✓			
If bed rails are used is there a risk assessment in place and evidence of a regular review	✓			<b>Standard Met</b>

<b>Standard 23: Individual Accommodation: Space Requirements</b> <b>Outcome: Service users own rooms suit their needs</b>	YES	NO	In part	COMMENTS
Adequate size for user's needs and any equipment used: sizes pre-June 30 <sup>th</sup> 2002 at least the same size now <ul style="list-style-type: none"> <li>new build and extensions single rooms 12m<sup>2</sup> (16m<sup>2</sup> some nursing beds)</li> <li>22m<sup>2</sup> shared residential rooms</li> <li>24m<sup>2</sup> shared nursing rooms</li> </ul>	✓			Evidence – Walk through the home.  The majority of the rooms in the care home are ensuite; in the new build all rooms are ensuite. For those that are not ensuite (2 in the older part of the home), there is a toilet facility within close proximity to the person's room.
Room layout suitable taking in to account fire safety and limitations due to mobility	✓			
Shared rooms by choice e.g. couple or siblings	N/A			



Choice to move from shared room when single vacant (may be subject to finances)	N/A			Rooms are laid out according to the person's choice and mobility needs.  <b>Standard Met</b>
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<b>Standard 24: Individual Accommodation: Furniture and Fittings Outcome: Service users live in safe, comfortable bedrooms with their possessions around them</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Bed width is 900mm (if not own bed)	✓			Evidence – Walk through the home, discussion with care manager and individual residents.
Bed height is suitable (residential)	✓			
Adjustable height (nursing)	✓			
Bed linen, towel and flannels are changed frequently	✓			Rooms are spacious and comfortable. Residents have personalised their room with familiar and sentimental possessions from their home. Each room reflects people's personality & interests.
Furniture is in satisfactory a condition	✓			
Adequate number of chairs in room	✓			
Décor is satisfactory	✓			The rooms do not have keys (new extension). However, a resident can lock their door from the inside as they all have a turn lock. Should a member of staff need to gain access in an emergency, or if a person is becoming distressed as they cannot work out how to unlock the door, staff can gain access.
Flooring-carpet/hard flooring is in good condition	✓			
Lockable drawer or safe available	✓			
Door able to be locked and resident has key if wanted	✓			Residents can request a telephone in their room if wanted. However, for some residents with dementia this may not be appropriate so this is risk assessed. If a person wanted to receive or make a call, this remains possible with supervision of a member of staff. Some residents have their own mobile phone.
Adequate drawers & hanging space	✓			
Table & bedside table available	✓			
Accessibility satisfactory	✓			
Safety within room	✓			
Privacy (screening if appropriate.)	N/A			
Telephone point	✓			
Television point	✓			
Overhead and bedside lighting	✓			
Accessible sockets	✓			
Evidence of personalisation	✓			
Wash hand basin if no en-suite	✓			
Mirror	✓			
Call bell	✓			
Soap & paper towel dispenser and foot operated rubbish bin in room or en-suite	✓			
Odour control	✓			
Cleanliness is satisfactory	✓			

				<p>Residents who were spoken to are happy with their room. Several residents were happy to show me their room and talk to be about their treasured and meaningful items.</p> <p>Rooms in the older part of the home are not purpose-built but have been adapted to meet the needs of residents. This part of the home is being refurbished in the next phase of the building plan.</p> <p><b>Standard Met</b></p>
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<b>Standard 25: Heating, Lighting and Water Outcome: People live in safe, comfortable surroundings</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
There is natural ventilation	✓			Evidence – Discussion with care manager, walk through the home.
Adequate hot water is available at all times of the day	✓			
Individually controllable heating			✓	In the residential part of the home the heating is via radiators and can be individually altered. They are set at a limited temperature to prevent a burn if a person were to fall against a hot radiator. However, items of furniture have been placed in front of the radiator as an additional guard if needed.
Guarded pipes & radiators or low surface temperature type or under floor heating	✓			
Adequate & suitable lighting	✓			
There is Emergency lighting throughout the home	✓			
Water temperature is set at a maximum of 43°C and this is checked regularly	✓			
<b>Control of Legionella - maintenance &amp; regular monitoring</b>	✓			<p>In the new extension, there is underfloor heating.</p> <p>There is a Legionella management plan in place with an external contractor, which includes regular water sampling – records are kept.</p> <p><b>Standard met.</b></p>
Water storage of at least 60°C, distributed at a minimum of 50°C	✓			
Weekly run off of all taps of those not used regularly	✓			
Hot water at least 60°C in kitchen	✓			
Shower heads are cleaned quarterly	✓			
Legionella control contract in place with records	✓			

<b>Standard 26: Hygiene and Control of Infection</b> <b>Outcome: The home is clean, pleasant and hygienic</b>	YES	NO	In part	COMMENTS
The housekeeper/s have cleaning schedules in place	✓			Evidence – Discussion with care manager and with individual staff, policy for infection control.
Odour control	✓			
Laundry is located away from the food area	✓			
There is segregation of clean and 'dirty' laundry	✓			The home is kept clean throughout by a team of housekeeping staff.
Hand washing facilities are available near to or in the laundry area	✓			
Foul laundry wash requirements; minimum 60°c for not less than 10 mins	✓			
Flooring impermeable/waterproof	✓			Staff have good supplies of PPE to use when needed.
<b>Disposal of clinical waste:</b>	✓			
Storage bin is located in an appropriate area	✓			
There is appropriate disposal of clinical waste	✓			Staff complete training for infection control during their induction. This is followed by updates using an e-learning provider. Some staff need to complete their refresher training.
Suicing disinfectant available (Nursing)	✓			
Suicing facility available	✓			
Policies and procedures for the control of infection include: safe handling and disposal of clinical waste, dealing with spillages, provision of protective equipment, hand washing	✓			<p>The most recent infection control audit by the IPACT from within HSC was last undertaken in ???????? where the home received ????????%.</p>
Staff undertake regular training for infection control			✓	
Infection control audit undertaken by the Infection Control Nurse from within HSC	✓			
Infection Control Nurse and Inspection Officer from within HSC to be informed when outbreak of infection (2 cases)	✓			<b>Some action required</b>
Preparedness plan in place in the case of a pandemic (recent Covid-19 outbreak)	✓			

<b>Standard 27: Staffing</b> <b>Outcome: The numbers and skill mix of staff meet service user's needs</b>	YES	NO	In part	COMMENTS
Care staff minimum age 18, in charge of the care home minimum 21yrs	✓			Evidence – Duty rota, discussion with care manager, staff and individual residents.
Recorded rota with person in-charge on each shift	✓			

Adequate care staff are on duty on each shift for the assessed needs of the residents taking in to account the size and layout of the building	✓			<p>The home provides both residential care (older part of care home) and residential dementia care (purpose-built new extension).</p> <p>Both the care manager and the deputy care manager are registered nurses.</p> <p>The level of staff in the home is satisfactory taking in to account resident dependency levels and current occupancy. Care manager said the home is almost at full capacity now the new extension is complete. Staffing has been increased to take account of this and is being monitored continually and increased as needed with feedback from staff.</p> <p><b>Standard Met</b></p>
Adequate number of housekeeping staff	✓			
Adequate number of catering staff	✓			
Access to maintenance person when required	✓			
Are bank or agency staff used to cover staff sickness and annual leave periods, or do existing staff provide this cover	✓			

<b>Standard 28: Qualifications</b> <b>Outcome: Service users are in safe hands at all times</b>	YES	NO	In part	COMMENTS
Progress towards compliance for 50% of Carers to have the minimum of an NVQ/VQ/B-Tech award or other equivalent in health & Social Care at level 2 trained, on each shift			✓	<p>Evidence – Discussion with care manager.</p> <p>Both the care manager and the deputy care manager are registered nurses.</p> <p>Five carers have completed the NVQ award at level 3.</p> <p>Six carers have completed the NVQ/VQ unit for the administration of medication at level 3 and 1 carer has completed the care certificate.</p> <p>This is ongoing as staff turnover allows.</p>

				Some action required
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Standard 29: Recruitment Outcome: Service users are supported and protected by the home's recruitment policy and practices	YES	NO	In part	COMMENTS
Recruitment procedure includes the following:	√			Evidence – Discussion with care manager.
Equal opportunities policy in place	√			Process in place for the recruitment of staff to include references and enhanced DBS checks for care staff.  The care manager and the deputy care manager are registered with the Nursing & Midwifery Council (NMC) to show fitness to practice.  <b>Standard Met.</b>
Compliance with local laws – right to work document, housing licence (as appropriate)	√			
2 written references required; one of which is from applicant's present or most recent employer	√			
Employment gaps are explored	√			
Appropriate level of Police check (DBS) is undertaken for role within the home	√			
NMC register check for all RNs prior to employment, followed by ongoing support for Revalidation once employed	√			
Health declaration requested where necessary/relevant	√			
Staff personal records/files kept locked away	√			
All staff have a job description	√			
Staff receive written terms and conditions within 4 weeks of employment and have a signed contract	√			
Is a police check undertaken for all volunteers working in the home	√			
The following policies must be included in the employee's terms and conditions or included in the staff handbook	√			
• Health & Safety policy	√			
• Dealing with fire & emergencies	√			
• Confidentiality policy	√			
• Whistle blowing policy	√			
• Non-receipt of gifts & non-involvement in any resident's financial affairs; witnessing wills or other documentation	√			

• Action if any abuse suspected or witnessed	✓			
• Use of mobile phone while on duty and non-use of social network sites to discuss home/residents (confidentiality & data protection)	✓			

<b>Standard 30: Staff Training</b> <b>Outcome: Staff are trained and competent to do their jobs</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Core values pre-employment:	✓			<p>Evidence – Discussion with care manager, deputy care manager and individual staff.</p> <p>The deputy care manager position also includes practice development lead for staff training. She is new to this position in the care home and is familiarising herself with staff so that she can identify their knowledge and skills and areas for further improvement. The deputy care manager said she is in the process of developing a training package for each person, which she will continue to monitor. She is also organising in-house training sessions and training sessions by external trainers where needed. Deputy care manager said she is planning to commence all new carers on the care certificate, which will support both personal and professional development within the team.</p> <p>Staff spoken to said although they undertake training through e-learning, they prefer face to face training so they can ask questions at the time. Some staff had not</p>
• Aims & values of role				
• Residents rights to - privacy, independence, dignity, choice and fulfilment	✓			
Job role clearly explained pre-start	✓			
Induction programme is commenced on first day of induction to post, training is assessed and completed by twelfth week of employment (signed off by new employee and their supervisor/Care Manager)	✓			
<b>Policies and training included on induction:</b>	✓			
• Fire & emergency	✓			
• Moving & Handling	✓			
• Health and Safety awareness	✓			
• Basic first aid	✓			
• Accident procedures	✓			
• Confidentiality	✓			
• Safeguarding			✓	
• Cultural needs	✓			
• Personal hygiene	✓			
• Person-centred care	✓			
• Use of equipment	✓			
<b>Further/ongoing training:</b>				
• Care planning	✓			
• Handling of medicines	✓			
• Risk assessment & risk management	✓			
• Security measures	✓			

• Escort duties & mobile phone usage while working	✓			completed refresher sessions for some areas e.g. safeguarding, infection control.  <b>Some action required.</b>
• Hygiene, food handling and presentation	✓			
• Infection control			✓	
• Pressure area care	✓			
• End of life care	✓			
• Restraint	✓			
• Caring for people with dementia	✓			
• Other training required for providing care for the medical conditions, wellbeing of client group	✓			
Frequency of training to be advised by accredited trainer	✓			
A minimum of 3 days per year of training is provided for full time staff and pro rata for part-time staff	✓			
Staff training profile – kept and updated throughout employment	✓			

<b>Standard 31: Staff Supervision</b> <b>Outcome: Staff are appropriately supervised</b>	YES	NO	In part	COMMENTS
Written induction programme in place	✓			Evidence – Discussion with care manager and deputy care manager.
Training opportunities of both formal and informal training	✓			
Supervision covers:	✓			
• All aspects of practice	✓			Most supervision is provided informally when the care manager and deputy care manager work alongside individual carers.
• Philosophy of care	✓			
• Career/personal development - appraisal system in place	✓			
Other staff supervised as needed as part of management process	✓			Now the new deputy care manager is in post 1-1 supervision and appraisals are being caught up with. This had fallen behind, while the care manager was recruiting a deputy care manager and additional staff; with completion of the new extension.
Supervision, support and training for volunteers	N/A			
Return to work interview to assess additional support/supervision required	✓			
Are records kept for supervision sessions	✓			

				<p>Two staff spoken to had recently had a one to one with the deputy care manager.</p> <p><b>Standard Met.</b></p>
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<b>Standard 32: Day to Day Operations: The Manager</b> <b>Outcome: Service users live in a home which is run and managed by a person who is fit to be in charge, is of good character and is able to discharge her responsibilities fully</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Registered Care Manager has a job description	✓			<p>Evidence – Discussion with care manager &amp; deputy care manager.</p> <p>Care manager is a registered nurse with many years' experience working with children, people with a learning disability and with older people; including people living with dementia.</p> <p>The deputy care manager is also a registered nurse with experience in community nursing, practice development for staff training and discharge planning from hospital back in to the community. She has worked with older people for many years; including with people who are living with dementia. She is also an Ergo coach for best practice in moving &amp; handling.</p> <p>As part of the compliance for registered care manager, the care manager is required to complete a management and leadership course at level 5 (action not achieved from previous inspection).</p>
Minimum of 2 years' experience in a senior management capacity of a relevant setting within the previous 5 years	✓			
Qualifications of Care Manager	✓			
From 2007 Care Manager in residential home to work towards gaining an NVQ/VQ level 4/5 or other management qualification			✓	
Nursing home RN with management qualification	N/A			
Periodic training/updating for registered manager (relevant to manager and client group needs)	✓			
Knowledge of older people; disease process, ageing etc	✓			
Line of accountability (Care Manager reports to)	✓			



				<b>Some action required.</b>
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<b>Standard 33: ETHOS</b> <b>Outcome: Service users benefit from the ethos, leadership and management approach of the home</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Management approach creates an open, positive and inclusive atmosphere	✓			Evidence –Discussion with care manager, deputy care manager, individual residents and staff.  The deputy care manager said she is new to the home and from working with individuals she feels there is a good team in the home who are caring and are keen to learn.
Leadership-clear direction	✓			
Strategies enable staff, service users and stakeholders to contribute to the way the service is delivered	✓			
Staff meetings are held (frequency)	✓			
Management planning practices encourage innovation, creativity, development	✓			
Compliance with Code of Practice and standard setting in the management of care workers and a care home	✓			<p>Several staff said the team had become unsettled with the change in management. However, now the deputy care manager has joined the team they feel less anxious and their experience of working with her has been very positive.</p> <p>The care manager said there is a representative from the board of trustees that staff can speak to if ever they feel they are not being listened to or if they have a grievance they feel they cannot discuss with the home managers. A member of the board of trustees mans the reception on a weekly basis. Therefore, staff, residents and visitors to the home have another regular communication channel.</p> <p>Everyone spoken to gave very positively feedback about the home and staff said they enjoy their job.</p>

				<p>The care manager said she aims to hold staff meetings regularly but these fall behind on occasions due to staff shortages. However, informal meetings take place with groups of staff on a regular basis regarding best practice issues and operational issues. A one to one formal meeting takes place with individuals as needed.</p> <p><b>Standard Met</b></p>
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<b>Standard 34: Quality Assurance</b> <b>Outcome: Service users can be sure that the home is responsive to their wishes, and is run in their best interests</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Regular reviews and planning to meet the needs of the service users	✓			Evidence – Discussion with care manager, deputy care manager and individual residents.
How does Care Manager monitor own performance	✓			
Commitment demonstrated to meets service user needs through the implementation of their care plan and meeting their goals	✓			Management have an open-door policy for residents, also for relatives who are able to speak to them when they are visiting their relative.
Feedback actively sought & acted upon	✓			
Others views sought e.g. questionnaires for relatives or a relatives meeting	✓			
Planned inspections advertised	✓			
Views of service users made available	✓			Referrals are made to external healthcare professionals within the multi-disciplinary team when required; to support people's care needs being met.
Policies and procedures are reviewed and are updated in line with registration (minimum of every 2 years)	✓			
Action progressed on agreed implementation of statutory/good practice requirements (progress from last inspection)			✓	A satisfaction survey for family to complete is available.
Auditing to improve care, services, environment	✓			Resident's views of the home were obtained during the day of inspection, which were very positive. Discussion was around care and the manner of staff assisting them, choices, meals, activities and the environment of the home.

				<p>Audits are completed in the home as a way of identifying areas for further development. This is being reviewed with the deputy care manager to identify additional relevant areas that would benefit auditing.</p> <p>Some action is required to address points in the previous inspection that have not yet been resolved.</p> <p><b>Some action required</b></p>
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<b>Standard 35: Financial Procedures</b> <b>Outcome: Service users are safeguarded by the accounting and financial procedures of the home</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Financial viability, business and financial statements - ability to trade	✓			<p>Evidence – Discussion with care manager, insurance certificate displayed on notice board.</p> <p>Employment and Social Security receive home's accounts annually.</p> <p>Care manager confirmed there is a business plan in place for ongoing development and to take account of interruption of business e.g. fire, flood, power cut etc.</p> <p><b>Standard Met</b></p>
Insurance in place to cover loss or damage to the assets of the business (is there a business continuity plan in place?)	✓			
Legal liabilities for service users and staff – Is the insurance certificate on display and in date?	✓			

<b>Standard 36: Service Users Money</b> <b>Outcome: Service user's financial interests are safeguarded</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Residents control own money & have access to a secure facility in which to store it e.g. locked drawer/safe	✓			Evidence – Discussion with care manager.

Safeguards are in place if managed by home e.g. records kept for safe keeping of valuables and/or money, secure storage	✓			Residents who are unable to manage their money are supported by their NOK / representative.  A ledger is maintained for small amounts of money held at the home for services such as chiropody, hairdresser or outings. This is regularly audited by an administrator.  <b>Standard Met</b>
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<b>Standard 37: Record Keeping</b> <b>Outcome: Service user's rights and best</b> <b>interests are safeguarded by the home's</b> <b>record keeping policies and procedures</b>	<b>YES</b>	<b>NO</b>	<b>In</b> <b>part</b>	<b>COMMENTS</b>
Admission & Discharge Register in place	✓			Evidence – Discussion with care manager, security of care records.  Care records are stored electronically and are password protected for confidentiality and data protection.
Records kept are up to date and in good order (resident information)	✓			
Records secure	✓			
Data protection and confidentiality compliance – policy in place	✓			
Service users have access to their record	✓			Access to records is through discussion with the care manager or the deputy care manager. However, a person's NOK is always kept up-to- date with any changes with a person's care or well-being, or if a person has a fall causing injury, and are invited to care reviews that take place with a social worker.  The care manager and the deputy care manager have an open-door policy so relatives can have a discussion with them whenever they are visiting.

				<b>Standard met</b>
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<b>Standard 38: Safe Working Practices in Place</b> <b>Outcome: The health, safety and welfare of service users and staff are promoted and protected</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Safe moving and handling practices are in place	✓			Evidence – Discussion with care manager & deputy care manager, walk through the home.
Fire safety training is provided	✓			
Fire equipment is kept maintained for immediate use; including the fire alarm, which is tested each week and this is logged	✓			
First Aid training – staff have an understanding of first aid and there is a named first aider	✓			Hoists and sliding sheets are available to support good moving & handling practice. The care manager said refresher training has fallen behind but the new deputy care manager is currently working on this with individual staff; she is an Ergo coach.
There is first aid equipment in the home that is always available when needed	✓			
Food hygiene – Chefs and Cooks undertake food hygiene training at level 2 level, care staff at level 1	✓			
Infection control – staff undertake training for infection control			✓	Most staff complete fire safety training through the home's e-learning training. Those that are fire marshals complete training with the local fire service – there are 6 fire marshals in the team.
Safeguard training			✓	
Housekeeping undertake training for the safe storage and disposal of hazardous substances (COSHH)	✓			
Regular servicing of boilers & heating systems	✓			Chef has completed food hygiene training level 2; staff food hygiene awareness training level 1.
Maintenance of electrical systems & equipment	✓			
Regulation of water temperature (Legionella control – plan in place with records kept	✓			
Radiator protection, low surface heaters	✓			Most staff have completed initial training for safeguarding and infection control via the home's e-learning programme but not all have completed regular refresher training.
Risk assessment and use of window restrictors	✓			
<b>Maintenance of safe environment &amp; equipment:</b>				
• Kitchen - new	✓			Staff have a schedule in place for cleaning down equipment. All moving & handling equipment is service and inspected as required by
• Laundry	✓			
• Outdoor steps and pathways			✓	
• Staircases	✓			
• Lifts - chair	✓			
• Flooring	✓			
• Garden furniture	✓			

Security of service users & premises – doors locked at night, outdoor lighting, security of fire doors	✓			regulation or equipment provider. E.g. hoists, lift etc.
Compliance with legislation; <ul style="list-style-type: none"> <li>• The Health &amp; Safety at Work (General) (Guernsey) Ordinance 1987</li> <li>• The Safety of Employees (Miscellaneous Provisions) Ordinance 1952</li> <li>• Health &amp; Safety in Care Homes (HSG220)</li> </ul>	✓			<p>Accidents and incidents are recorded in the person's care record and on a spreadsheet. This makes it easier for care managers to monitor trends e.g. same person incident, same area of home, same time of day etc. This can then be reported to the appropriate people and can be actioned appropriately to minimise further risk.</p> <p>Safety of garden - see standard 19.</p> <p><b>Some action required</b></p>
Written statement for Health and Safety is displayed in the home	✓			
Risk assessments are undertaken as necessary and are recorded for safe working practices in the home	✓			
Accidents, injuries and incidents of illness are documented and are reported to the relevant person (HSE RIDDOR) as appropriate	✓			
Training is provided during induction for safe working practices and is on-going	✓			

**Improvement Plan** - Completion of the actions in the improvement plan are the overall responsibility of the Home's Care Manager.

Action No.	Standard No.	Action	Date action to be achieved	Person/s Responsible for completion of the action	Compliance check date:	Through addressing the actions, has this raised any issues that require further action
1.	1 - Information	➤ Update information in the handbook and on website to include the new extension to the home so that it is current	As soon as possible	Care manager	Progress check on inspection in 2024 – uncompleted from previous inspection – review on inspection towards end of year.	
2.	18 – Protection 30 – Staff Training 38 – Safe Working Practices	➤ Ensure all staff complete initial training for safeguarding and have a regular refresher thereafter	Ongoing	Care manager	Progress check on inspection in 2024 – uncompleted from previous inspection – review on inspection towards end of year.	
3.	19 – Premises	➤ Additional safety measure to be put in place to prevent a person from climbing over the railings on the patio ➤ Brick plant areas on the patio currently pose a trip risk for people walking in this area. Plants overhanging these areas would deter people from walking too close as they would be able to see the obstacle and walk around it	As soon as new fencing arrives  As soon as funds allow	Care manager & home secretary	Progress check on inspection in 2024 – temporary fencing in place provides safety – permanent fencing has been ordered – awaiting arrival and fixing in place – review once in place to close.	

Action No.	Standard No.	Action	Date action to be achieved	Person/s Responsible for completion of the action	Compliance check date:	Through addressing the actions, has this raised any issues that require further action
4.	26 – Hygiene and Control of Infection 30 – Staff Training	<ul style="list-style-type: none"> <li>➤ Ensure all staff complete refresher training for infection control</li> <li>➤ Ensure all staff complete initial training for safeguarding and have a regular refresher</li> </ul>	Ongoing	Care manager	Progress check on inspection in 2024 - uncompleted from previous inspection – review on inspection towards end of year.	
5.	28 - Qualifications	<ul style="list-style-type: none"> <li>➤ Continue to support carers who want to undertake the VQ award</li> </ul>	Ongoing	Care manager	Progress check on inspection in 2024 – ongoing as turnover of staff allows	
6.	32 – Day to day operations – The Manager	<ul style="list-style-type: none"> <li>➤ Care Manager to complete a leadership &amp; management course in compliance with the standards</li> </ul>	End of 2024	Care manager	Progress check on inspection in 2024 - uncompleted from previous inspection – review on inspection towards end of year.	
7.	34 – Quality Assurance	<ul style="list-style-type: none"> <li>➤ Action areas identified in previous inspection that have not been resolved</li> </ul>	Ongoing	Care manager	Progress check on inspection in 2024 - uncompleted from previous inspection – review on inspection towards end of year.	



<b>HOME MANAGER/PROVIDERS RESPONSE</b>
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Please provide the Inspection department of Health & Social Care with an action plan, which indicates how requirements and recommendations are to be addressed and a completion date within the stated timetable.

No	Recommended works	Action being taken to address requirements	Estimated completion date

No	Recommended practice developments	Action being taken to address recommendations	Estimated completion date

## REGISTERED PERSON'S AGREEMENT

**Registered person(s) comments/confirmation relating to the content and accuracy of the report for the above inspection.**

We would welcome comments on the content of this report relating to the inspection conducted on **30/04/24** and any factual inaccuracies:

Registered Person's statement of agreement/comments: Please complete the relevant section that applies.

I \_\_\_\_\_ of \_\_\_\_\_ confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the requirements made and will seek to comply with these.

Or

I \_\_\_\_\_ of \_\_\_\_\_ am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

**Signature:**

**Position:**

**Date:**

**Note:**

**In instances where there is a profound difference of view between the inspector and the registered person both views will be reported. Please attach any extra pages, as applicable.**

**April 2024**