



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 July 2025**

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 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 Homeowner/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: **Mrs Hazel Robins (RGN)**

<b>CATEGORY</b>	<b>NUMBER OF REGISTERED BEDS</b>
<b>Residential + Dementia Care</b>	<b>50</b>

<b>Date of most recent inspection: 26/02/25 – Unannounced</b>
<b>Date of inspection upon which this report is based – 30/07/25</b>
<b>Category of inspection – Announced</b>
<b>Vanessa Penney – Registration and Inspection Officer Quality &amp; Patient Safety Team - HSC Gillian Clark - Customer Care Liaison Manager Customer Care 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 46 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) are ensuite; but all are single occupancy. The next phase of the building plan is to upgrade these areas.

The new building that links on to the main house has been purpose-built for people who are living with the effects of dementia. The home is bright and spacious and has been furnished to cater for these specific needs. People with support from their relatives, have personalised their room to make it comfortable and familiar to them and they reflect each person's hobbies and interests.

There is a variety of communal areas for people to undertake activities or to have some quiet time and the large secure patio garden provides a spacious area for people to exercise or to sit out when the weather is fine. The brick edging around the plant areas has been removed, which has resolved the trip hazard that was identified on previous inspections.

People receive the information they require to make an informed decision as to whether Le Platon is the right home for them. However, the website requires updating to reflect more recent changes to mirror the resident handbook.

Records show a detailed assessment is undertaken before a person is accepted into the home to ensure the team can manage the person's care needs safely and have or can obtain, any necessary equipment.

Assessments on admission evidence risk assessing and subsequent care needed to include maintaining independence, positive risk-taking, choice and preferences and dignity and respect etc.

Care plans show people receive good, individualised care and regular reviews take place so that risk assessments and care plans can be updated as care needs change. A referral is made to external healthcare professionals when needed e.g. GP, community nurses, adult mental health team etc.

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 to prevent social isolation. There is a good activity programme to meet people's interests and people enjoy activities both within the home and out in the community.

People are supported to maintain a balanced diet and to drink sufficient to prevent dehydration. Where a concern is identified, referral is made to the relevant service e.g. GP, dietician etc. Nutritional monitoring is ongoing, and records are kept.

Medication is administered by staff who have completed training and are regularly competency checked. More regular use of audit would assist with improving areas where further action is required (signature gaps).

Systems and processes are in place to safeguard people from the risk of abuse. Safeguard incidents are raised appropriately and are investigated. Safeguarding forms part of the staff e-learning programme and staff spoken to know how to identify concerns and the reporting process. Resident and staff interactions throughout the day showed staff to be kind, patient and respectful. No concerns were raised during the inspection.

The staffing level in the home is satisfactory for the number of residents and their current care needs. There are current recruitment and retention challenges throughout the care sector, which puts pressure on the team at times. However, there were some good examples of teamwork observed throughout the day.

A new employee has a period of supervised induction. This is followed by supervision sessions with the deputy care manager. The care manager has not started appraisals yet this year as she commenced in her role in November 2024 and wanted to get to know the staff before commencing – plan to commence by year end.

All staff have a programme of training, mainly completed through the home's e-learning training programme with some provided by external healthcare professionals. Some staff require more close monitoring to ensure they complete the training required – the use of audit would identify areas of improvement needed.

Staff are supported to undertake the Vocational Qualification (VQ) awards. 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 deputy care manager is currently undertaking the University of Stirling MSC Dementia Studies to be an assessor. This is a good initiative to encourage staff to undertake more in-depth dementia care training having an in-house assessor.

Staff undertake training for infection prevention and control within a care home environment and the home is kept clean and hygienic throughout.

Staff are aware of their role and responsibilities and the care manager has an open-door policy. It was suggested more frequent team meetings would improve communication between the management and staff teams.

There are systems in place to monitor the quality of services being provided for people. Audits are completed inhouse, which would benefit expanding for ongoing development. Audits undertaken by external healthcare professionals and feedback, has been very positive.

Accidents / incidents are reported appropriately when things go wrong and are reflected on to see where lessons can be learned to minimise further risk. The care manager monitors them for trends so issues can be resolved swiftly.

Overall, Le Platon is a pleasant home to live, and work in. People spoke very fondly of the staff and feel safe living at Le Platon, which is a positive reflection on the management and their 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>	<b>YES</b>	<b>NO</b>	<b>In Part</b>	<b>COMMENTS</b>
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. A video of the home on the website provides information about the communal spaces and accommodation.
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, contract or on the website is explained when a person and / or their next of kin (NOK) / representative visit to have a look around, where they can ask the care manager any questions.
<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	✓			Although a person can ask to see the most recent inspection report for the home, the website has not been updated with the latest reports since 2022. It also contains HSC's old telephone number to contact the registration & inspection officer and requires updating of fees and resident numbers etc.
Brief description of accommodation & services provided	✓			
Detailed description of individual and communal space	✓			
Qualifications and experience of registered provider, manager and staff	✓			<b>Action Required.</b>
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, resident contract.
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	✓			Each person receives a contract on admission, which is supplemented with information on the website, service user guide and a visit to the home to ask any questions prior to signing.
Fees payable and by whom (service user, long term care benefit scheme, relative/ other)	✓			
Rights and obligations listed and liability if breach of contract	✓			
Terms and conditions of occupancy e.g. including period of notice	✓			Both the home representative and the resident / NOK / representative retain a copy of the signed agreement.
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 Met.</b>

<b>Standard 3: Assessment</b> <b>Outcome - No service user moves into 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 into the care home	√			Evidence – Discussion with deputy care manager, selection of pre-admission assessments, risk assessments and care plans.
Involvement of others; relatives, GP other allied health professionals	√			
Assessment for all admissions covers the following:	√			
• Personal care & physical well-being	√			A pre-admission assessment is completed prior to the person moving into the care home. This is to ensure the team can meet the person's current care needs and have or can obtain any necessary equipment.
• Mental state & cognition	√			
• Diet & weight	√			
• Food likes and dislikes	√			
• Sight, hearing & communication	√			
• Oral health	√			
• Mobility & history/risk of falls	√			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 and mental health team etc. This is then developed into a person-centred care plan.
• 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, registration certificate.  Le Platon has residential and residential EMI status (dementia care) and the certificate of registration is on display in reception.
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	√			



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 for equal access to services.</p> <p><b>Standard Met.</b></p>
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<b>Standard 5: Trial Visits</b> <b>Outcome – Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
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 through a period of respite or the first 6 weeks of moving into the home. This may be flexible by speaking to care manager as she 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 so this transition may initially cause additional confusion, anxiety, disorientation and the demonstration of frustrating behaviour.</p> <p>An emergency admission is accepted if there is a vacancy at the time it is needed and following assessment. However, a planned admission is preferred to enable staff to organise a relaxed approach to helping a person settle in and to be able to organise medication, elements of</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.	✓			

				care and equipment required, in advance.  <b>Standard Met.</b>
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<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>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Dedicated accommodation available		✓		<p>Evidence – Discussion with care manager.</p> <p>There is no dedicated room/s for respite care; this 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, following a pre-admission assessment.</p> <p>Where additional support is required from external healthcare professionals e.g. community nurse, specialist services; a referral is made to request a visit.</p> <p>At the end of the respite period, the person could remain living in the home if there is a vacancy. However, this is subject to re-assessment of care needs to obtain the long-term care certificate, benefit grant and personal affordability. If a person is required to transfer out of the home, the person's social worker assists family with finding a suitable alternative placement.</p> <p><b>Standard Met.</b></p>
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 can remain living at the care home.			✓	

Standard 7: Service User Plan Outcome: The service user's health and personal and social care needs are set out in an individual plan of care.	YES	NO	In part	COMMENTS
Care plan is in place and is based on assessment	✓			Evidence – Discussion with care manager, deputy care manager, selection of risk assessments and care plans.  Care plans are held electronically to comply with data protection and confidentiality and are password protected.
Risk assessments in place for:				
• Moving & handling, mobility & risk of falls	✓			
• Nutrition	✓			
• Skin condition & Pressure sore prevention	✓			
• Other dementia	✓			Risks identified in the pre-admission assessment have been documented and a care plan to support staff with managing the risks has been developed.  Care plans and risk assessments evidence that they are regularly reviewed and updated.
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)	✓			
Format of care plan is acceptable	✓			
Handover discussions: verbal, written on changeover of each shift	✓			<p>Braden and Waterlow scores for tissue viability are used as staff find this more useful in long-term care than the Purpose -T tool used by HSC and community nurses.</p> <p>MUST tool is used for nutritional assessment and for ongoing monitoring.</p> <p>Care plans evidence information provided from people involved in the person's care and are kept updated of changes.</p> <p><b>Standard Met.</b></p>
All entries on documentation are legible, dated and signed.	✓			

<b>Standard 8: Health Care Needs</b> <b>Outcome: Service user's health care needs are fully met.</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Service users are supported and facilitated to take control and manage own healthcare wherever possible; staff assist where needed	✓			<p>Evidence – Discussion with care manager, deputy care manager, selection of risk assessments and care plans, discussion with individual residents.</p> <p>Care plans show people are supported to maintain as much independence as possible and resources are in place to manage risks e.g. supported entry and exit of building by staff, pressure sensor mats to reduce falls.</p> <p>Staff appear to know residents' care needs well and observed and responded to them appropriately.</p> <p>Residents said staff are kind and polite; no issues were raised. It is acknowledged that many people living in the home have dementia and cannot provide this information, so periods were spent sitting and observing staff and resident interactions.</p> <p>There is always at least one member of staff in the communal lounge, while other staff were observed to frequently check on residents who were walking around the home and garden or chose to remain in their room.</p> <p>Staff were also quick to respond when people became anxious or upset, and distraction techniques</p>
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	✓			
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				<p>were used with a good outcome for the resident.</p> <p>Evidence in care plans of external healthcare professional involvement as needed e.g. foot care practitioners (list in staff office), community nurses, older adult mental health team, GP etc.</p> <p><b>Standard Met.</b></p>
Regular night checks are in place	✓			
Service users, relatives and/or advocates can 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 users, 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, deputy care manager, selection of medication administration records (MARS).</p> <p>Nobody currently self-medicates. However, one of the auditors discussed the assessment process with the deputy care manager.</p> <p>There is a process in place for administering medication covertly and the relevant authorisations are in place.</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	✓			
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	✓			
Records for:	✓			

• Meds received	✓			MARs examined had some gaps where medication has not been signed for or no code as to the reason why it was not administered. This was brought to the management's attention on the day for them to action with the relevant staff. However, where meds have been discontinued this was clearly indicated.
• 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	N/A			Abbey pain assessment chart used where needed for people who are unable to verbalise when they have pain.  MARs are informally audited on the changeover of the medication cycle. Areas for further development are used as an opportunity for reflection with the team who administer medication. Deputy care manager manages this as part of her training role. Regular informal CD audits are also completed.  A pharmacy inspection was last completed in December 2023 where the process was found to be well-managed. However, due to staff shortages within the pharmacy department an inspection has not been completed since. This is outside of the care manager's control.  <b>Action Required.</b>
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 because 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 4 residents, 2 induction programmes.  Residents' rooms are single occupancy, and all bar 2 rooms are ensuite. The 2 that are not ensuite, have a bathroom within proximity.
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	✓			Bedroom and bathroom doors can be locked to prevent disturbances when assisting people with bathing/showering and dressing.
Entering bedrooms/toilets - staff knock and wait for a reply before entering	✓			
Wear own clothing	✓			
Laundry undertaken in house	✓			Care manager was observed knocking on a resident's door and waiting for a reply prior to entering.
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	✓			Staff also observed interacting positively with residents in the dining room. Residents spoken to said staff are kind and helpful, no issues were raised.
Treated with respect - verbally	✓			
Privacy and dignity are included in staff induction	✓			
There is easy access to a telephone	✓			Residents are not provided with a telephone when they move into 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.
Telephone adaptations are available to meet the needs of service users e.g. large buttons, amplifier.	✓			

				<p>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>
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<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>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Resident given comfort and attention in privacy	✓			Evidence – Discussion with care manager.
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	✓			When a person moves into End-of-Life Care (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.
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	✓			Care home has pressure relieving equipment but can obtain a higher specification if needed.
Changing care needs met	✓			
Dignity of possessions after death	✓			
Staff training – includes supporting dying person and their family	✓			Both the care manager and the deputy care manager are registered nurses and can provide additional training and guidance for the care team.
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	✓			There is an end EOLC pathway policy in place. Care manager reported that every effort is made to enable a person to die in the place of their choosing e.g. care home, hospice, hospital.
Policies in place for end-of-life care and following death and for resuscitation.	✓			
				<b>Standard Met.</b>



<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>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Social interests and hobbies are recorded	✓			<p>Evidence – Discussion with care manager, residents and staff.</p> <p>There are 2 activity assistants in the team who organise activities around people's interests, which are recorded in their care plan. Activity team also keep a log of activities people have joined in with to ensure they are meeting people's needs.</p> <p>There is a photo board in the corridor and an activity timetable on the activity office window so people can see what is taking place when.</p> <p>People's NOK / representative is encouraged to provide information about a person's life history so that this can be included in planned activities and outings, sadly some are never returned.</p> <p>Carers also undertake activities with residents in the lounge; there is always at least one carer in the lounge during the day to minimise the risk of falls.</p> <p>Residents spoke about activities they enjoy. For people who were unable to communicate this information they were observed for a period and seemed quite happy with what they were doing e.g. colouring, arts and</p>
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>crafts, sitting or walking in the garden.</p> <p>The home now has a Tovertafel (sensory equipment), which they are waiting to have installed.</p> <p>A pianist plays regularly each week for people to hear who are bedbound. The activity co-ordinator said this has been beneficial as she sees people sing along or tap to the music and smile.</p> <p>There appeared to be few restrictions – people can have their meals in their room when they choose, and residents were observed coming and going with relatives.</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	✓			Evidence – Discussion with care manager, activity co-ordinator and individual residents, visitor's book, resident in and out log, visiting policy.
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	✓			There is an open visiting policy (reasonable times expected).
Supported to maintain social networks in the community	✓			Residents can go out with family and friends when they choose and there is an in and out log, so the team know who is out of the building for the safety of the residents and in the event of an emergency e.g. fire.
Residents inform staff when going out and returning.	✓			

				<p>Outings also take place with the activity team. Trips out include 'boys' club one week and a 'girls' club the next at Les Cotils, 'boogie in the bar' at a local hotel, mobility session on a Tuesday which St Martins primary school assist with which residents really enjoy and walking football at Beau Sejour, to name just a few.</p> <p>External entertainers 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 with staff supervision.</p> <p><b>Standard Met.</b></p>
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<b>Standard 14: Autonomy and Choice</b> <b>Outcome: Service users are helped to exercise choice and control over their lives.</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
The registered person conducts the home to maximise service users' capacity to exercise personal autonomy and choice	✓			<p>Evidence – Discussion with care manager, walk through the home.</p> <p>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 with the least restriction. Care manager believes in positive risk-taking.</p> <p>One of the auditors was provided with a good example of how quality of life is maintained through positive risk taking, including at times where things don't go as expected.</p>
Service users are encouraged to bring personal possessions into the home e.g. small furniture, pictures & ornaments etc	✓			
Service users encouraged to manage own financial and other affairs if 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.	✓			

				<p>Some people are unable to make decisions and choices independently. Therefore, they are supported by their NOK and care home staff, GP and social worker, as appropriate, for best interest decisions. Some people have a Lasting Power of Attorney or Guardianship in place.</p> <p><b>Standard Met.</b></p>
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<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>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
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	✓			<p>Evidence – Discussion with care manager, individual residents, care plans and menus.</p> <p>Each person is assessed in relation to their nutritional requirements when they move into 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.</p> <p>There is a board in the dining room, which displays the menu.</p> <p>Care manager said she would like to see more home cooked meals and a choice of a cooked meal in the evening – working on this with the chef and kitchen staff.</p> <p>The lunchtime meal service was observed, which evidenced it is unhurried, staff provide support</p>
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	✓			
The menu is varied and is changed regularly	✓			
The food reflects popular choice	✓			
The food is appealing and is served in an attractive manner	✓			
Service user's nutritional needs are assessed, regularly monitored and reviewed including factors associated with malnutrition and obesity	✓			
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 always available 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	✓			where needed and residents have choices.
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			Residents said they enjoy their meals; no issues were raised.
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	✓			Bin in dining room was noted to have no lid – required for infection prevention and control and to prevent residents from wanting to pick things out.
Mealtimes are unhurried	✓			
Staff assist residents if needed	✓			
The dignity of those needing help is supported	✓			People are weighed regularly as part of the nutritional monitoring process, which is recorded in care records. Where there is a concern, a referral is made to the relevant healthcare professional e.g. GP, dietician.
Staff attitude is satisfactory	✓			
Food covers are used to transport food to rooms	✓			
Table settings are pleasant	✓			Several staff have completed training for International Dysphagia Diet Standardisation Initiative (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 – in care plan.
Crockery, cutlery, glassware and napery are suitable	✓			
General ambience and comfort is satisfactory	✓			
Temperature satisfactory	✓			An environmental health officer completed a food hygiene inspection in March 2024 and a 4-star rating was awarded, which is displayed.
Lighting satisfactory	✓			
Flooring satisfactory	✓			
Cleanliness satisfactory	✓			<b>Standard Met.</b>
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>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
There is a complaints procedure which is clear and simple, stating how complaints can be made	✓			Evidence – Policy and procedure file, resident’s handbook, discussion with care manager, deputy care manager and individual residents.
The procedure is accessible e.g. reception notice board, resident’s handbook	✓			
Are there timescales for the process	✓			Residents (where able) and their NOK / representative know how to make a complaint. This information is provided on admission in the resident’s handbook. Residents spoken to had no concerns to raise.
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	✓			Where a formal complaint is raised, the care manager reports this to the registration & inspection officer.  Management made aware policy 212 requires replacement with new manager’s name. There is no written policy specifically for duty of candour, however, this is included within policy 214 Management Ethos.  <b>Standard Met.</b>
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>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
The home facilitates access to available advocacy services	✓			Evidence – Discussion with care manager, policy and procedure file.
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	✓			Policies 120 and 128 are missing from the policy file – need replacing.
Prior consent is obtained for any photographs taken.	✓			<p>Residents' rights are protected with support from the individual's NOK / representative where needed.</p> <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>Action Needed.</b></p>

<b>Standard 18: Protection</b> <b>Outcome: Service users are protected from abuse.</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
<b>Polices &amp; procedures are in place for Safeguarding Vulnerable Adults against:</b>				<p>Evidence – Discussion with care manager, deputy care manager, individual residents and staff, policy file induction programmes x 2.</p> <p>There is a policy in place for safeguarding – policy 337. Policy 116 for whistleblowing is missing. Other policies missing have also been brought to the management's attention to be replaced (home has problems with printer but reassured this will be resolved and any missing policies will be printed out and replaced).</p> <p>Safeguarding forms part of a person's induction. Online training is then provided regularly for updates throughout the person's employment at the home, which was confirmed in conversation with</p>
• Physical abuse	✓			
• Sexual abuse	✓			
• Inappropriate restraint	✓			
• Psychological abuse	✓			
• Financial or material abuse	✓			
• Neglect	✓			
• 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.	✓			

				<p>individual staff. Management undertake level 3.</p> <p>Residents had no concerns to raise. There were no complaints of rough handling when being assisted with care or being spoken to in a disrespectful manner. Staff and resident interactions observed were respectful and in a caring manner.</p> <p>Safeguard referrals made appropriately by care manager.</p> <p><b>Action Needed.</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 build dementia home is bright and spacious. It has 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 and signs to indicate 'street' to give people an address and identification.
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	✓			
The furniture is suited to individual needs and is in good order	✓			
Décor is satisfactory	✓			
Lighting, internal and external is satisfactory	✓			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 unsupervised if not safe to do so. Also, to prevent people who are
There is relevant fire equipment throughout the home	✓			
CCTV (entrances only)	✓			
Cleanliness is satisfactory	✓			
Odour control	✓			
Flooring satisfactory	✓			
General equipment is maintained with records	✓			



Insurance certificates on display and in date	✓			unknown to staff in the home from entering. A 'lobby' effect is due to be put in place within the next few months to give a 2-door protection system for residents to discourage people from migrating towards the door, which is great news.
Environmental audit undertaken.	✓			<p>There is CCTV at the entrance to the home.</p> <p>A passenger lift enables people to move about the home with varying mobility equipment.</p> <p>There is a large patio garden with seating that residents can walk around and sit out when the weather is fine. The raised brick around walkway areas have been removed and the trip hazard has now been removed.</p> <p>The railings around the patio area have been raised to prevent a person from climbing over as there is a deep drop on the other side.</p> <p><b>Standard Met.</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>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Recreational area is provided	✓			<p>Evidence – Walk through the home.</p> <p>There are communal areas in both the main home and the new building for people to enjoy various activities or to have some quiet time.</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	√			The inner courtyard provides an area for people to sit out with adequate shading.  Smoking is permitted outdoors in a designated area only.  <b>Standard Met.</b>
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	√			Evidence – Walk through the home.  Bathroom and toilet facilities were clean and hygienic throughout. In the new building, grab rails and toilet seats are in contrasting colours for ease of use for people with dementia.  The bin in the toilet by the main entrance had no lid (required for infection prevention & control).  <b>Action needed.</b>
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.	√			

<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	√			Evidence – Walk through the home, discussion with care manager.  Each floor has a name displayed on the wall so residents can become
Handrails/grab rails where appropriate	√			
Passenger lift	√			
Stair chair lift	N/A			
Aids, hoists etc. for individual needs	√			
Assisted toilets & baths to meet needs	√			

Doorways (800mm wheelchair user – new builds)	✓			<p>familiar with where they live. Each floor has different colour walls.</p> <p>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.</p> <p>The passenger lift is large enough to take a stretcher.</p> <p>Shower in old wing reported as not working but re-assured this was being fixed today. Residents tend to prefer showers to baths.</p> <p>Hoists and wheelchairs need to be stored in an appropriate area rather than in the corridor in front of fire extinguishers.</p> <p>Pressure sensor mats are in place for a person who is a high risk of falls. However, this is risk assessed. If a person shuffles when they walk this can create a falls risk. Care manager is looking to purchase movement sensors, which she feels will be more appropriate.</p> <p><b>Action Needed.</b></p>
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.	✓			

Standard 23: Individual Accommodation: Space Requirements Outcome: Service users own rooms suit their needs.	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	✓			Evidence – Walk through the home.

<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>				<p>Most rooms in the main part of the home are ensuite; in the new build all rooms are ensuite. For those that are not ensuite (2), there is a toilet facility within proximity to the person's room.</p> <p>Rooms are single occupancy. The care manager does not support the idea of shared rooms in dementia care.</p> <p>Rooms are laid out according to the person's choice, safety and mobility needs.</p> <p><b>Standard Met.</b></p>
Room layout suitable considering 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			

<b>Standard 24: Individual Accommodation: Furniture and Fittings</b> <b>Outcome: Service users live in safe, comfortable bedrooms with their possessions around them.</b>	YES	NO	In part	COMMENTS
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)	N/A			
Bed linen, towel and flannels are changed frequently	✓			Rooms are spacious and bright. Residents and their relatives have personalised their room with possessions from home to ensure they are familiar and comfortable.
Furniture is in satisfactory a condition	✓			
Adequate number of chairs in room	✓			
Décor is satisfactory	✓			
Flooring-carpet/hard flooring is in good condition	✓			All beds are electric height adjustable apart from one resident who wanted their own bed from home.
Lockable drawer or safe available	✓			
Door able to be locked and resident has key if wanted	✓			A falls bed is in place for one resident who sits themselves down on the floor numerous times a day.
Adequate drawers & hanging space	✓			
Table & bedside table available	✓			
Accessibility satisfactory	✓			
Safety within room	✓			
Privacy (screening if appropriate.)	N/A			

Telephone point	✓			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.
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	✓			Residents can request a telephone in their room if wanted. However, for some residents with dementia this may not be appropriate. Therefore, is risk assessed. If a person wanted to receive or make a call, this remains possible with supervision from a member of staff. Some residents have their own mobile phone.
Cleanliness is satisfactory.	✓			
				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 due to be refurbished in the next phase of the building plan.
				<b>Standard Met.</b>

<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			✓	There is plenty of fresh air within the building. On a nice day the doors are open. Windows have restricted
Guarded pipes & radiators or low surface temperature type or under floor heating	✓			
Adequate & suitable lighting	✓			

There is Emergency lighting throughout the home	✓			opening to prevent a person from climbing out.  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.
Water temperature is set at a maximum of 43°C and this is checked regularly	✓			
<b>Control of Legionella - maintenance &amp; regular monitoring</b>	✓			
Water storage of at least 60°C, distributed at a minimum of 50°C	✓			
Weekly run off 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.	✓			<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>

<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, walk through the home.
Odour control	✓			
Laundry is located away from the food area	✓			
There is segregation of clean and 'dirty' laundry	✓			The home is kept clean and hygienic 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	✓			Staff have good supplies of personal protective equipment to use when needed.
Flooring impermeable/waterproof	✓			
<b>Disposal of clinical waste:</b>	✓			One of the auditors discussed the segregation of waste with the care manager.
Storage bin is in an appropriate area	✓			
There is appropriate disposal of clinical waste	✓			
Sluicing disinfectant available (Nursing)	N/A			

Sluicing facility available	✓			<p>Staff spoken to confirmed they have completed training for infection prevention and control. This is followed by updates throughout the person's employment at the home.</p> <p>Care manager has not yet organised for an Infection Prevention and Control (IPAC) audit to be undertaken at the home (action from previous inspection not completed).</p> <p><b>Action Needed.</b></p>
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	✓			
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)	✓			
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 building).</p> <p>Both the care manager and the deputy care manager are registered nurses.</p> <p>The staffing level is satisfactory taking into account resident dependency levels and current occupancy. There were good levels of staff throughout the home to supervise residents and support them with their activities.</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.	✓			

				<p>Staff said the staffing level is about right but can be challenging when there is sickness or annual leave, and cover cannot be secured. However, they said they work as a team and help whenever they can to support their colleagues.</p> <p><b>Standard Met.</b></p>
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Standard 28: Qualifications Outcome: Service users are always in safe hands.	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>Management support carers to undertake the VQ awards, however, due to turnover of staff in the care sector generally, this is a challenge. The care manager also reported that care homes have been informed that access to these awards through the College of Further Education or the Institute for Health &amp; Social Care Studies have currently been paused. Care manager will organise further candidates to access the awards at next availability.</p> <p><b>Action Needed.</b></p>



<b>Standard 29: Recruitment</b> <b>Outcome: Service users are supported and protected by the home's recruitment policy and practices.</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
<b>Recruitment procedure includes the following:</b>	√			Evidence – Discussion with care manager, policies and procedures.
Equal opportunities policy in place	√			
Compliance with local laws – right to work document, housing licence (as appropriate)	√			There is a clear process in place for the recruitment of staff to include references and enhanced Disclosure & Barring Service (DBS) checks for care staff.
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	√			All staff have a job description and a contract of employment.
NMC register check for all RNs prior to employment, followed by ongoing support for Revalidation once employed	√			
Health declaration requested where necessary/relevant	√			A policy is in place for equal opportunities. Management have supported employment for a person through the Guernsey Employment Trust for people with a disability.
Staff personal records/files kept locked away	√			
All staff have a job description	√			There is a policy in place for discrimination/bullying via the disciplinary procedure.
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	√			Policy folder is kept in the staff office, and it is part of the induction programme that a new employee has time to sit and look through them.
<b>The following policies must be included in the employee's terms and conditions or included in the staff handbook</b>	√			
• 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	√			The care manager and the deputy care manager are registered with the Nursing & Midwifery Council (NMC) to show fitness to practice.
• Action if any abuse suspected or witnessed	√			
• Use of mobile phone while on duty and non-use of social network sites to	√			

**Standard Met.**

discuss home/residents (confidentiality & data protection).				
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<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:	✓			Evidence – Discussion with care manager, deputy care manager and individual staff, training records.
<ul style="list-style-type: none"> <li>Aims &amp; values of role</li> </ul>	✓			
<ul style="list-style-type: none"> <li>Residents' rights to - privacy, independence, dignity, choice and fulfilment</li> </ul>	✓			
Job role clearly explained pre-start	✓			Staff undertake training through a variety of sources – e-learning, visits by external healthcare professionals and in-house clinical sessions.
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>	✓			Not all staff have completed all elements of training, which is ongoing, but have completed training for safeguarding, dementia care and breakaway training. Most have completed training for moving & handling initial/refresher; with the remaining staff organised to complete in August.
<ul style="list-style-type: none"> <li>Fire &amp; emergency</li> </ul>	✓			
<ul style="list-style-type: none"> <li>Moving &amp; Handling</li> </ul>			✓	
<ul style="list-style-type: none"> <li>Health and Safety awareness</li> </ul>	✓			
<ul style="list-style-type: none"> <li>Basic first aid</li> </ul>	✓			
<ul style="list-style-type: none"> <li>Accident procedures</li> </ul>	✓			
<ul style="list-style-type: none"> <li>Confidentiality</li> </ul>	✓			
<ul style="list-style-type: none"> <li>Safeguarding</li> </ul>	✓			
<ul style="list-style-type: none"> <li>Cultural needs</li> </ul>	✓			
<ul style="list-style-type: none"> <li>Personal hygiene</li> </ul>	✓			
<ul style="list-style-type: none"> <li>Person-centred care</li> </ul>	✓			
<ul style="list-style-type: none"> <li>Use of equipment</li> </ul>	✓			
<b>Further/ongoing training:</b>				
<ul style="list-style-type: none"> <li>Care planning</li> </ul>	✓			The deputy care manager is currently undertaking the dementia course through Stirling University to enable her to assess other carers when this course is rolled out in the care home.
<ul style="list-style-type: none"> <li>Handling of medicines</li> </ul>	✓			
<ul style="list-style-type: none"> <li>Risk assessment &amp; risk management</li> </ul>	✓			
<ul style="list-style-type: none"> <li>Security measures</li> </ul>	✓			
<ul style="list-style-type: none"> <li>Escort duties &amp; mobile phone usage while working</li> </ul>	✓			
<ul style="list-style-type: none"> <li>Hygiene, food handling and presentation</li> </ul>	✓			Discussion with individual staff identified training completed, which suggested not all staff have
<ul style="list-style-type: none"> <li>Infection control</li> </ul>			✓	
<ul style="list-style-type: none"> <li>Pressure area care</li> </ul>	✓			

• End of life care	✓			<p>completed the initial or regular refresher training for their role. This has been due to recruitment and retention difficulties and a lack of time to release staff to undertake the training. The care manager is aware of this, and it is being addressed with support from the deputy care manager.</p> <p><b>Action Needed.</b></p>
• 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>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Written induction programme in place	✓			Evidence – Discussion with care manager and deputy care manager.
Training opportunities of both formal and informal training	✓			
Supervision covers:	✓			Most supervision is provided informally when the deputy care manager works alongside individual carers. Formal supervision is in place for induction, NVQ candidates, managing medications and for specific objectives set for individuals.
• All aspects of practice	✓			
• Philosophy of care	✓			
• Career/personal development - appraisal system in place			✓	
Other staff supervised as needed as part of management process	✓			The care manager took on the role in the home in November 2024 and said she needed 12 months prior to undertaking staff appraisals so that she would know them well. She is planning to commence formal appraisals before the end of the year.
Supervision, support and training for volunteers	N/A			
Return to work interview to assess additional support/supervision required	✓			
Are records kept for supervision sessions.			✓	
				<b>Standard Met.</b>

<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 can discharge her responsibilities fully</b>	YES	NO	In part	COMMENTS
Registered Care Manager has a job description	✓			<p>Evidence – Discussion with care manager &amp; deputy care manager.</p> <p>The care manager is a registered nurse. She has an NVQ level 4 for leadership and management and a masters in dementia studies.</p> <p>The deputy care manager is also a registered nurse with experience in community nursing, practice development training and discharge planning from hospital back into the community.</p> <p>Both managers have worked with older people for many years and have experience in the ageing process and the conditions people may develop.</p> <p>Care manager is required to produce a report for a regular meeting with the Board of Trustees.</p> <p><b>Standard Met.</b></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>Standard 33: ETHOS</b> <b>Outcome: Service users benefit from the ethos, leadership and management approach of the home</b>	YES	NO	In part	COMMENTS
Management approach creates an open, positive and inclusive atmosphere	✓			Evidence –Discussion with care manager, deputy care manager, individual residents and staff.
Leadership-clear direction	✓			

Strategies enable staff, service users and stakeholders to contribute to the way the service is delivered	✓			<p>Care manager said she is aiming for the home to become a centre of excellence for dementia care.</p> <p>Feedback from residents, relatives and healthcare professionals who visit the home is positive.</p> <p>Staff said they enjoy their job; however, they feel communication could be improved between management and carers and said regular team meetings would help with this.</p> <p>Care manager said she has an open-door policy for anyone who wants to speak to her. The deputy care manager works on the floor with carers daily to provide support, direct care and act on training opportunities that arise.</p> <p><b>Action Needed.</b></p>
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	✓			

<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>	YES	NO	In part	COMMENTS
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 has an open-door policy for anyone to speak to her when they want to, including via telephone or email. This enables complaints and queries to be resolved swiftly.
Feedback actively sought & acted upon	✓			
Other views sought e.g. questionnaires for relatives or a relatives meeting	✓			
Planned inspections advertised	✓			

Views of service users made available	✓			<p>Referrals are made to external healthcare professionals within the multi-disciplinary team when required, to support people's care needs to be met.</p> <p>Residents' 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. Overall people are content living at Le Platon.</p> <p>Policies were last reviewed in April 2025. This is currently undertaken annually but is only required 3-yearly.</p> <p>More auditing in the home would provide guidance in areas people discussed needed further improvement e.g. staff training, team meetings etc.</p> <p><b>Action Needed.</b></p>
Policies and procedures are reviewed and are updated in line with registration (minimum of every 3 years)	✓			
Action progressed on agreed implementation of statutory/good practice requirements (progress from last inspection)	✓			
Auditing to improve care, services, environment.			✓	

<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, liability certificate.</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</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 – The insurance certificate on display and in date.	✓			

				<p>interruption of business e.g. fire, flood, power cut etc.</p> <p>There is a liability certificate on display, but it was out of date and was displayed too high (above the door) to be read by anyone without standing on a chair. Facilities manager confirmed there is a new certificate, and auditor informed it was replaced the following day. Advise to display the certificate at a more appropriate level.</p> <p><b>Standard Met.</b></p>
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<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, policy.
Safeguards are in place if managed by home e.g. records kept for safe keeping of valuables and/or money, secure storage.	✓			<p>Locked drawer in each person's room for them to keep any money.</p> <p>Policy in place for safeguarding money and valuables.</p> <p><b>Standard Met.</b></p>

<b>Standard 37: Record Keeping</b> <b>Outcome: Service user's rights and best interests are safeguarded by the home's record keeping policies and procedures.</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Admission & Discharge Register in place	✓			Evidence – Discussion with care manager, security of care records, policy for data protection & confidentiality.
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.	✓			<p>Care records are stored electronically and are password protected for confidentiality and data protection and there is a policy in place</p> <p>Resident / NOK can have access to their record on the laptop through discussion with the care manager or the deputy care manager. Deputy care manager said a person's NOK is always kept up to date with any changes for care or well-being, or if a person has a fall causing injury. A person's NOK is always invited to their relative's care reviews that take place with a social worker if they wish.</p> <p>The care manager and the deputy care manager have an open-door policy. Residents, NOK, visitors to the home can speak to them when visiting. They do not need to make a private appointment unless they choose to do so.</p> <p><b>Standard Met.</b></p>
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<b>Standard 38: Safe Working Practices in Place 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	✓			<p>Evidence – Discussion with care manager &amp; deputy care manager, walk through the home, pre-inspection information provided.</p> <p>Equipment is serviced and maintained within Lifting Operation</p>
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 understand first aid and there is a named first aider	✓			



There is first aid equipment in the home that is always available when needed	✓			<p>&amp; Lifting Equipment Regulations (LOLER) e.g. hoists, lifts.</p> <p>A variety of hoists and sliding sheets are available to support good moving &amp; handling practice. The deputy care manager is an Ergocoach and provides in-house training for staff.</p> <p>Most staff training is completed through the home's e-learning training programme.</p> <p>Those that are fire marshals complete training with the local fire service. Residents have a personal evacuation plan in place in the event of a fire.</p> <p>Chef has completed food hygiene training level 2; staff food hygiene awareness training level 1.</p> <p>Staff have completed training for safeguarding and infection control via the home's e-learning programme, but not all have completed regular refresher training.</p> <p>Staff have a schedule in place for cleaning down equipment and complete training for their role e.g. health &amp; safety, COSHH etc.</p> <p>Accidents and incidents are recorded in the person's care record. Care manager monitors for trends e.g. same person incident,</p>
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			✓	
Safeguard training			✓	
Housekeeping undertake training for the safe storage and disposal of hazardous substances (COSHH)	✓			
Regular servicing of boilers & heating systems	✓			
Maintenance of electrical systems & equipment	✓			
Regulation of water temperature (Legionella control – plan in place with records kept	✓			
Radiator protection, low surface heaters	✓			
Risk assessment and use of window restrictors	✓			
<b>Maintenance of safe environment &amp; equipment:</b>				
• Kitchen - new	✓			
• 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	✓			
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>	✓			
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	✓			<p>same area of home, same time of day etc. Appropriate action can then be taken to minimise further risk.</p> <p><b>Action Needed.</b></p>
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 website.	As soon as possible	Care manager & Chair	Progress check on inspection in 2026.	
2.	9 - Medication	➤ Multiple gaps on MARS where meds not signed for or coded.	Immediate	Care Manager & senior Carers	Follow up on next visit to Care home.	
3.	15 - Meals & Mealtime 21 – Lavatories & washing facilities	➤ Replace current bins with lidded bins (dining room & toilet in entrance).	ASAP	Care Manager	IPACT audit feedback once completed (date not yet confirmed).	
4.	17 – Rights 18 - Protection	➤ Policies missing from policy file.	ASAP	Care Manager	Care Manager to email Registration & Inspection Officer once completed.	
5.	22 – Adaptations & Equipment	➤ Storage for equipment – hoists & wheelchairs – avoid area where fire equipment is located e.g. fire extinguisher.	Immediate	Care Manager	Care Manager to email Registration & Inspection Officer once completed.	

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
6.	26 – Infection Control	➤ Organise for an IPAC audit with the IPAC team before year end.	ASAP	Care Manager	Care Manager to email Registration & Inspection Officer once date arranged.	
7.	Qualifications	➤ Continue to encourage and support carers to undertake the VQ award or similar level of study when this becomes available once again through the College of Further Education or Institute of Health & Social Care Studies.	Ongoing as recruitment, retention and availability through training providers enable.	Care Manager	Progress check on inspection in 2026.	
8.	30 – Staff Training	➤ Ensure all staff complete initial training – mandatory & relevant for role and have a regular refresher thereafter	Ongoing	Care manager	Progress check on inspection in 2026.	
9.	33 - Ethos	➤ Regular staff meetings.	Ongoing	Care Manager	Progress check on inspection in 2026.	
10.	34 – Quality Assurance	➤ Increase use of audit to help develop areas where there is a weakness.	Ongoing	Care Manager	Progress check on inspection in 2026.	

<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 **30/07/25** 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.**  
**July 2025**