



The Office of the
Committee for
Health & Social Care

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

**LE PLATON
RESIDENTIAL HOME**

INSPECTION REPORT

DATE: 28/07/21

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: **Mrs Sharon Williams (RGN)**

CATEGORY	NUMBER OF REGISTERED BEDS
Residential + Residential EMI	36

Date of most recent inspections: 06/08/20
Date of inspection upon which this report is based – 28/07/21
Category of inspection – Unannounced
Vanessa Penney - Registration and Inspection Officer (Quality & Safety Team HSC)

Background

Le Platon is a care home in the parish of St Peter Port. The home is situated overlooking the town with good views of the sea and other islands of the Bailiwick. It is a short walk away from the town centre and there is parking for visitors.

The home consists of an adapted building in the main part of the home, which is currently receiving building work to upgrade the facilities. This will then link on to the recently completed purpose-built dementia (EMI) facility of the home. The garden at the centre of both buildings is secure and will be further extended when the building work is completed in 2022.

The home is registered for up to 36 people who require residential care; some of the residents are living with dementia. There is a locked door policy in place to prevent a resident from leaving the home unsupervised if the person is not safe to do so, except for access in to the garden where residents are able to walk around and has plenty of seating areas.

The Provider of the home and the Registered Care Manager are registered with Health & Social Care which is a legal requirement for care homes. The Care Manager is a registered nurse.

This inspection was an unannounced inspection which took place on 28/07/21 from 10.00 am – 15.30 pm. On the day of inspection there were 33 people living in the home.

The person undertaking the inspection, works for Health & Social Care in the Quality & Safety Team as a Registration & Inspection Officer for care homes. The Officer is a Registered Nurse with a background of working with older people.

On the day of inspection 4 residents were spoken to with their consent and 1 visitor. The following staff were also spoken to; Care Manager, Deputy Home Manager, Activity Assistant and 2 Carers.

Three care plans were discussed along with people's accident/incidents reports, 1 employee induction programme and staff training spreadsheet.

SUMMARY OF FINDINGS

Le Platon Residential Home provides a comfortable environment for the people who live there. The home was clean and tidy despite the building work taking place as additional cleaning has been introduced. There are a few disruptions in place in the older part of the home due to the building work, however the staff continue to do their best to ensure people's comfort, and disruption is kept to a minimum. Residents appear quite happy and are looking forward to seeing the building completed.

In the dementia facility of the home residents have settled in well. The communal lounge is a very social aspect of the home where on the day of inspection residents were undertaking various activities with the staff. Residents were also able to wander back and forth in to the garden where they enjoyed chatting in small groups or to exercise.

The home offers a warm and friendly welcome to visitors and the residents say they feel safe and well cared for. When interacting with residents, staff were observed to be respectful and kind and demonstrated that they have a good understanding of people's, care needs, preferences and chosen routine. In the dementia facility, staff engaged well with residents and demonstrated distraction techniques when required, in a respectful manner.

Every person who moves in to the care home has their care needs assessed prior to admission. On moving in, a care plan is then developed using this information, which details how staff will meet the person's care needs and how to manage identified risks. A person's NOK and relevant healthcare professionals who are involved in a person's care are consulted with where required. Care plans provide good examples of how care is person-centred, with timely referrals made to healthcare professionals within the healthcare team when needed to ensure consistent and co-ordinated care.

Medication is managed safely and is stored in line with current guidelines and regulations. Where there are specific instructions in place for individual residents this is recorded in their care plan.

Residents are supported with eating and drinking to maintain a balanced diet and staff are familiar with the IDDSI framework for providing modified textured food and fluids for residents who are at risk of choking. Residents were complimentary about the catering in the home; no issues were raised.

Residents are supported to maintain relationships with family and friends to avoid isolation. There is an activity plan in place so people can choose what they would like to join in with. The Activity Co-ordinators plan the activities around people's interests so that they are meaningful; including activities that are specific for a person with dementia. Opportunities for social interaction are provided in-house and within the community and also include visiting activities, for example pet therapy and music and singing sessions.

There is a robust system in place for the recruitment of staff. Pre-employment checks are carried out to ensure prospective staff are suitable to work in a care home environment to protect people from abuse. The staffing level is satisfactory to ensure the care needs of the current residents are met. Call bells were answered promptly. In the dementia facility some people are unable to use a call bell so staff are aware of other means of communication

such as calling or gesturing. Staff responded to this communication swiftly. There is always a member of staff in the lounge and staff were noted to check on residents frequently when they were in other parts of the home, for example their own room or garden.

Once employed, a new employee has a programme of induction to prepare them for their role. This is then followed on with a programme of training and supervision throughout the person's employment at the home. The majority of the Carers have completed awards through the NVQ/VQ programme, which is excellent. Other Carers are currently undertaking alternative programme awards and care certificates.

There is an annual appraisal system in place for the personal and professional development of staff. Due to the periods of lockdown during the pandemic, some appraisals are behind. The Care Manager said they will be completed by the end of the year. She has, however, had regular discussions and supervisions with individuals or with groups of staff when required.

The Care Manager has a clear understanding of quality performance, managing risk and regulatory requirements. An open and fair culture in the home is promoted where staff, residents and visitors are encouraged to give feedback or to raise a concern. Feedback is accepted constructively and action to address identified areas for further development are addressed promptly.

Policies and procedures are in place for safe working and all staff have access to these.

Residents, relatives and staff are involved and engaged in the service and feedback was very complimentary. Residents spoken to said they are very happy living in the home, which is a positive reflection on the management and their team.

GUERNSEY STANDARDS FOR CARE HOMES AUDIT

Is the service safe?	YES	NO	In Part	COMMENTS
The care home environment is safe e.g. free of unnecessary clutter, fire exits have clear access and clear signage?	√			<p>All corridors and fire exits display clear signs and the exits had clear access.</p> <p>Fire doors are fitted to all rooms in the home.</p> <p>Personal Emergency Evacuation Plans (PEEPs) are in place for all residents.</p> <p>Exit from the home and on to the staircase that leads down to the offices in the basement is via a PIN keypad to prevent a resident from a fall in this area.</p> <p>There is a passenger lift which services all floors in the home. This equipment is regularly serviced and inspected in line with requirements and records are retained.</p> <p>In the dementia care facility, the corridors are colour coded to assist with familiarisation and the relevant areas that residents need to access such as bathroom facilities and bedrooms have pictures on the doors.</p>
The home is clean, free of unpleasant odours and is kept well maintained?	√			<p>The home was clean and tidy throughout and there were no unpleasant odours present. The housekeeping staff continue to work really hard to maintain cleanliness while the building work continues.</p>

				The home is generally kept well-maintained with upgrades taking place within the building project.
Flooring is in good state of repair – no trip hazards?	√			<p>The flooring throughout the dementia care facility is hard flooring to support infection control in the home. Some rooms in the older part of the home have carpet (4 rooms have hard flooring).</p> <p>Replacement of the ‘tired’ flooring in the corridors in the older part of the building has been incorporated within the building project.</p>
Lighting is adequate throughout the home to reduce the risk of trips and falls?	√			In the dementia care facility sensor lighting has been fitted and a small light remains on overnight for a person to be able to locate the toilet easily.
Fire equipment is regularly checked and maintained?	√			Outside contractors undertake regular checks and a report is provided.
Fire alarm is tested each week and this is logged?	√			Weekly test on a Friday and this is documented in line with fire regulations. Currently this is undertaken separately for the old and new buildings but will be linked once building work has been completed.
A call bell is available in every room?	√			<p>Pendant style call bells are available if needed.</p> <p>Some residents have a sensor mat in place, especially if the person is at risk of a fall and this is</p>

			recorded in their care plan.
Checks for water storage etc for the prevention of Legionella are undertaken by a trained person e.g. Contractor, Home Maintenance Team?	√		An outside contractor manages, and records are retained. Weekly water 'run-offs' are undertaken throughout the building and a record is kept for this.
Staff have an understanding of the Control Of Substances Hazardous to Health (COSHH)?	√		All staff have completed training online through an accredited provider.
There is a preparedness plan in place to manage the home in the case of a pandemic e.g. good stocks of PPE?	√		The preparedness folder is accessible by all staff and is updated monthly by the Care Manager; sooner if new information is received. Good stocks of PPE are available in the home.
Recruitment checks are undertaken prior to the employment of staff (DBS, references)?	√		Enhanced DBS checks are completed for all employees. Where a person has not received their DBS prior to commencing their employment, the person does not work unsupervised until this is received.
The staffing levels are adequate to meet the care needs of the people living in the home?	√		In light of the new dementia care facility the staffing levels have increased. During the morning shift the Care Manager is on duty with the Deputy Manager, 7 Carers and 2 Activity Assistants. During the afternoon the Care Manager is on duty with 6 Carers and 2 Activity Assistants and during the

				evening there are 6 Carers on duty. Overnight, there are 2 Senior Carers on duty and 2 Carers. These staffing levels appear to be satisfactory to meet the care needs of the current residents.
People feel safe and well cared for?	√			Residents spoken to said they like living in the home and were complimentary in relation to the care and services they receive.
People's identified risks are recorded in their care plan?	√			Good detail where risks are identified with the action recorded for how to manage these risks.
People's medication is ordered, stored, administered and disposed of in line with current regulations?	√			Secure storage including for CDs. One person has covert medication. The correct procedure has been followed in order to gain consent as per regulation and this is recorded in the person's care record.
Medication no longer in use, is not stockpiled and is returned to pharmacy?	√			The home has a pharmacy returns book in place.
Staff who administer medication have completed training?	√			All Senior Carers who administer training have completed training either through online training by an accredited provider or through undertaking the NVQ/VQ award. The Care Manager undertakes competency assessments for Senior Carers annually.
Accidents and incidents that occur in the home are recorded?	√			Accidents/incidents are recorded in each resident's electronic file. The Care Manager monitors this to action

				trends that arise e.g. same person falling, same area of the home, same time of day etc.
Accidents/incidents include remedial measures to minimise further risk?	√			A care plan review takes place following all accidents/incidents and same updated to include additional equipment required, increased observation or supervision and support from, or referral to, other healthcare professionals from outside of the care home as needed.
The Registration & Inspection Officer is informed if a person is transferred to hospital for review or treatment as a result of an accident/incident in the home?	√			Has done previously – advised to continue this practice.
Staff have undertaken training for safeguarding?	√			Safeguard training has been completed online by all staff by an accredited provider. Updates are provided as needed.
Safeguard alerts are raised when necessary?	√			Has done so previously and advised to continue.
Where dementia care is provided training has been provided for staff?	√			All staff have completed an initial training session and an update is currently in the process of being organised. All staff have also completed breakaway training.

Is the service effective?	YES	NO	In part	COMMENTS
Care plans are person centred?	√			Care plans are completed using an 'e' programme. The care plans are person-centred, detailed and

			<p>appropriate to people's care needs.</p> <p>Referrals are made to relevant healthcare professionals from outside of the home when needed.</p>
A person (NOK where appropriate) are able to discuss their care with the person in charge at any time?	√		<p>Resident able to discuss at anytime with the Care Manager or person in charge on the shift.</p> <p>Relatives have an 'open door' to speak to the Care Manager whenever she is on duty (person-in-charge in her absence).</p> <p>For relatives that are off-island, the Care Manager said she communicates via Zoom, email or telephone.</p>
Staff interactions with people are positive?	√		<p>Staff interactions witnessed with individual residents appeared positive. Residents always appeared to be comfortable to be approached and happy to interact.</p>
Decisions are made for a person who does not have capacity with the relevant person/people?	√		<p>Evidenced in the care plans and assessments.</p> <p>Four people have guardianship in place. Best interest decisions are made involving the person if able to contribute; NOK, person's GP, relevant care home staff representation, and other healthcare professionals who are involved in the persons care (as appropriate).</p>

Access is made available to other healthcare professions to benefit the person's care?	√			Other healthcare professionals who visit the home to support individuals with their care are GP, social worker, community nurses, palliative care nurses, occupational therapists (seating assessments), learning disability service, chiropodist and SALT etc.
People are able to move around the home freely if safe and able to do so?	√			Residents' were observed to have free roam of the home and garden, supported by staff members as needed. Several residents wandered in and out of the home where they spent short periods of time as the weather was fine.
People are able to go out independently or with family & friends if well enough and safe to do so?	√			Residents spoken to were able to give examples of outings they enjoy with family and friends and several were observed to go on outings on the day of inspection. One visitor gave examples of when her friend has outings with family and friends.
People choose when they want to get up and go to bed?	√			One lady likes to get up at lunchtime and the staff respect her chosen routine.
Meals, snacks and beverages are provided throughout the day?	√			Meals, snacks and beverages are provided for residents throughout the day whether they are sat in the lounge or in their room. A resident can ask staff for a drink or snack at any time in between meals and several were observed to

			do so and same provided promptly.
There is access to a snack or beverage during the night?	√		The Care Manager said one resident likes to have a snack during the night and these are ready prepared.
People are satisfied with the meal choices in the home?	√		Currently the catering for the main cooked meal is using the cook-chill system through the PEH – with choices of dishes provided. Residents enjoy their meals – there were no complaints.
All new employees have an induction programme?	√		Documented programme in place observed for a carer who is bank staff and has just completed the 1 st year of her nurse training with HSC. She said she felt well-prepared for her role in the care home.
There is adequate supervision for all staff?	√		There is a Senior Carer leading the team on all shifts and the Care Manager provides supervision as needed.
All staff undertake regular training for their role throughout their employment in the home?	√		<p>Training is provided online, in-house or with outside organisations – spreadsheet in place to monitor when refresher sessions are needed.</p> <p>Ten Carers have completed the NVQ/VQ awards at levels 2 or 3.</p> <p>Other Carers have commenced training programmes e.g. care certificate – 2 Carers have completed and 1 Carer is currently undertaking.</p>

				<p>Two Carers are currently undertaking the Apprenticeship Scheme – B-TECH in care.</p> <p>One Carer has completed an online diploma course at level 3 in adult social care (RQF). One Carer is currently undertaking this course and another 2 Carers are due to commence this course in the near future.</p>
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Is the service caring?	YES	NO	In part	COMMENTS
Do people appear well cared for?	√			Residents appeared relaxed, happy and well-presented. Staff were respectful and afforded resident's with privacy when needed.
Do people feel that they are involved in decisions about their care?	√			Where conversations are had around care with a person's NOK (where a person is unable to contribute), this is documented in the person's care record.
Do people have a choice of where to eat their meals?	√			The dining room is encouraged for social interaction; however, a person can have their meal in their room if they prefer. In the older part of the home the dining room is currently unavailable. Tables for dining have therefore been set up in the parlour, or residents can eat in their room if they prefer.
Do people appear relaxed in the company of staff?	√			Residents always appeared happy to see

				staff and to chat to them when approached.
Is the atmosphere of the home warm and friendly?	√			Staff were friendly and welcoming.
Do staff appear polite, kind and respectful?	√			Observed during resident and staff interactions throughout the day.
Do staff knock on a person's door and wait to be invited in before entering?	√			Where a person was unable to respond, the Carer was observed knocking and calling out who she was before entering.
Are visitors made to feel welcome e.g. offered a cup of tea or have somewhere to make a drink?	√			Residents' visitors to the home are offered a refreshment when visiting (observed). There are also kitchenettes in the home where a resident or their relative can make their own if they prefer.
Records are stored securely for confidentiality and data protection?	√			The electronic records are password protected. Paper based information is kept in a locked cabinet in the Care Manager's office.

Is the service responsive?	YES	NO	In part	COMMENTS
Call bells are answered promptly?	√			Call bells were observed to be answered swiftly during the inspection visit.
Care plans are up to date and are reviewed regularly?	√			The care plans, which are electronic are reviewed and updated monthly by the Care Manager with feedback from her team. If an element of care changes before this time this is updated in the care plan at the time of the change. The care plans

			were up to date on this visit.
Care plans show an understanding of a person's chosen routine, preferences, managed risks?	√		These were identified in the assessment and care plan documentation. The Care Manager was able to give examples for some residents.
Changing needs are documented and additional support is sought to manage these needs where needed?	√		Support is sought from healthcare professionals within the community when required. Currently the learning disability service is involved with 1 resident's care and the palliative care team for another person's care.
People's nutritional status is regularly monitored? E.g. person weighed regularly and a record is maintained	√		Information held in the electronic care records makes it easy to see at a glance a person's weight so that appropriate action can be taken to consult with the relevant healthcare professional if there is a concern. Staff are aware of the IDDSI framework to describe texture modified food and fluids for a person with swallowing difficulties who is at risk of choking.
Where there is a concern in relation to a person's weight this is raised with the appropriate person? E.g. Doctor, Dietician	√		Where a concern is highlighted a referral is made to the person's GP, Dietician or to SALT for further guidance.
Restrictions are kept to a minimum, recorded and discontinued as soon as appropriate?	√		Secure garden so residents are able to go in and out of the home without being continuously accompanied but can be discreetly

			<p>observed as to their whereabouts.</p> <p>Two residents who do not require dementia care, are able to go out independently.</p>
Herbert Protocol in place for a person who has dementia and is at risk of exiting the home unsupervised?	√		This is in place where a risk has been identified.
A person or their NOK (where appropriate) are involved with care reviews?	√		Care Manager said she has regular discussions with individual resident's NOK regarding their care. NOK are also informed if their relative is unwell or has had an accident in the home such as a fall.
Staff are observed being responsive to people's needs?	√		Staff were observed to act promptly when individual residents required attention, for example when needing to use the bathroom.
Where dementia care is provided, staff have an understanding of behaviour changes? E.g. Sundowning	√		Staff have completed dementia awareness training and understand what the term 'Sundowning' means and how to manage this with individuals.
People have access to other services as needed e.g. Dentist, Doctor, Optician etc?	√		Appointments are generally made in consultation with a resident's NOK with resident's consent (as appropriate).
The team seek appropriate support when a person is receiving end of life care?	√		Additional guidance is sought from the person's GP for referral to the Community Nurses and Palliative Care Nurses who visit the home to provide additional support as

			needed. One resident is currently receiving this support.
A Hospital Passport or similar information is kept updated for a person who needs to be transferred to hospital?	√		Information in relation to a person's care needs can be generated from the person's electronic care record and sent to the hospital. However, the Care Manager is aware of the Hospital Passport and 1 resident has one in place.
Does the home provide time for social stimulation and activity?	√		<p>There are 2 designated Activities Co-ordinators in the home who work full time. They provide a range of activities both within the home and within the wider community, which is based on the interests of individuals. Carers also provide support as part of a person's activities of daily living.</p> <p>The Activity Co-ordinator said residents particularly enjoy BBQs in the garden, which they try to do frequently while the weather is fine.</p>
Are the activities appropriate and take in to account people's hobbies and interests?	√		<p>A person's hobbies and interests are documented in their care plan and social events are tailored to these for individuals.</p> <p>There are outings for shopping and island drives and invites to concerts or social events are willingly accepted.</p> <p>In-house activities include arts and crafts sessions, games, discussion groups</p>

			and music and singing sessions.
Activities are available which specifically support people with dementia? E.g. Tovertafel	√		<p>1-1 outings or in-house activity time are provided for people with dementia who struggle to cope with group activities.</p> <p>Visits are also made to the Nouvelle Maritaine where they have a Tovertafel (games for people with dementia – interactive light animations).</p> <p>There is attendance at a music and singing session, which is held fortnightly through the Alzheimer’s Association and a golf session is attended each week for people with dementia.</p> <p>Four residents attend Grow Limited for a couple of hours each week and the home received an invite recently from Dementia Friendly Guernsey, for residents to attend a dress rehearsal for Annie the musical (several residents attending).</p> <p>The Activity Co-ordinator said she takes up the offer of as many as she can with residents who want to attend as she said they really enjoy outings.</p>
Does the home provide outings away from the home e.g. bus trips or one-to-one outings?	√		<p>As above.</p> <p>Residents who do not have dementia are also offered activities that meet their needs and are invited to some of the</p>

			above events where appropriate.
Are people supported to maintain their social networks within the wider community e.g. Age Concern, WRVS?	√		<p>Four people attend a Parkinson's exercise group each week. Individual residents also go out with relatives and friends quite frequently.</p> <p>The home has its own chapel where weekly services are held and are attended by residents from the home as well as by people within the community.</p>
Are relatives made aware that they are able to take their relative on outings?	√		<p>It is explained during the admission process that a resident is able to go out at any time with friends and relatives as long as they are well and able to do so.</p> <p>The home has a wheelchair car, which a person's relative can book if they wish to take their relative out who requires this transport.</p>
Is provision made for outside entertainers to visit the home?	√		<p>Pet therapy visits, music and singing sessions and the Guille Alles Library also visit the home (this was postponed during the recent lockdown but has now recommenced).</p>
Is there a selection of activities for people to do in-house for those people who are unable to go out or choose not to go out?	√		<p>There are games and puzzles; many in a large format so that everyone can join in if they want to. Books and magazines are available as well as materials for arts and crafts and baking sessions.</p>

Is the service well-led?	YES	NO	In part	COMMENTS
There is a complaints policy and procedure in place?	√			
People know where to locate the complaint policy?	√			Resident's Handbook Staff Handbook
Policies and procedures are in place for staff to follow and these are regularly reviewed?	√			Care Manager reviews and updates annually.
The home appears to be well-run?	√			The Care Manager is approachable and appears well-organised; staff know what is expected of them and the residents appear happy and relaxed in the home.
Does the culture of the home enable people to voice their views and suggestions?	√			Residents and staff were observed to be able to approach the Care Manager at any time and she was patient and able to respond appropriately.
People's views and suggestions are sought? E.g. resident meetings, relatives' meetings, questionnaires, suggestion box	√			<p>The Activity Co-ordinator has regular discussions with residents and the feedback is communicated to the Care Manager for her to action.</p> <p>An annual questionnaire is generally sent out to residents but this was not completed last year due to lockdown. However, the Care Manager has other communication channels to ensure resident's voices are heard.</p> <p>Care Manager has an 'open door' policy for residents, staff and relatives.</p>

People feel their views and suggestions are listened to and are acted upon?	√			Confirmed in conversation with residents.
Regular staff meetings are held?	√			The Care Manager said she tries to achieve 2-monthly meetings but this is not always possible – meetings take place at least quarterly and the minutes of the meetings are documented.
Staff have an annual appraisal?			√	Care Manager said due to lockdown etc during the pandemic appraisals are behind. She is in the process of catching up so that all staff will have received an appraisal by the end of this year.
Does the Care Manager monitor quality assurance in the care home?	√			<p>Quality assurance is monitored through feedback from residents, relatives, staff and from visiting healthcare professionals.</p> <p>Monthly in-house audits are completed for MARS and care plans and a walkthrough the home regularly while building work is taking place.</p> <p>Audits are completed by outside professionals for food hygiene, infection control and medication management.</p>
Recommendations as a result of audits/inspections undertaken by outside organisations are actioned promptly? E.g. Medication Management, Food Hygiene, Infection Control	√			<p>Pharmacy inspection – Nov 2020 – Well-managed system. One further recommendation made was addressed promptly.</p> <p>Infection Control audit – last completed in 2018.</p>

			<p>This will be repeated when the building work has been completed.</p> <p>Food hygiene inspection – Apr 2019 – 4-star rating achieved. It is expected that the home will receive a 5-star rating with the new kitchen when the building project has been completed.</p>
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Improvement Plan

Completion of the actions in the improvement plan are the overall responsibility of the home's Care Manager

Action No.	Is the service; Safe? Effective? Caring? Responsive? Well-led?	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.	Well-led	<ul style="list-style-type: none">Appraisals for all staff to be completed by end of 2021	Dec 31 st 2021	Care Manager	Inspection in first part of 2022 - date TBC	

HOME MANAGER/PROVIDERS RESPONSE
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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 **28/07/21** 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 2021