



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: June 15th 2022**

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

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

**INTRODUCTION**

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

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

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

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

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

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

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

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

CATEGORY	NUMBER OF REGISTERED BEDS
Residential + EMI	36

<b>Date of most recent inspection: 09/06/21 – Unannounced</b>
<b>Date of inspection upon which this report is based – 15/06/22</b>
<b>Category of inspection – Announced</b>
<b>Vanessa Penney - Registration and Inspection Officer (Quality &amp; Patient Safety Team) Health &amp; Social Care</b>

## **SUMMARY OF FINDINGS**

Le Platon Residential Home provides care and support for up to 36 people; some people are living with dementia. On the day of inspection, there were 34 people living in the home, which is currently registered for 36 people. The home is not registered to provide nursing care, so it is not a requirement to have a registered nurse on duty 24/7, however, the care manager is a registered nurse.

The main house is not purpose-built but has been adapted to provide a safe environment for the people they care for who require residential care. The new build part of the home has been purpose-built for people living with dementia. Part of the new build has been completed and residents have moved in. The remaining part of the new build should be completed by the end of the year.

The home is clean and comfortable throughout; with additional housekeeping in place to maintain this while the building work continues. Residents have some restrictions in place for access between the 2 homes and limited space within the garden; however, this will be removed and will be fully operational on completion of the building work.

Prior to moving in to Le Platon, a person / their next of kin (NOK) are provided with sufficient information to enable them to decide whether Le Platon is the right home for them.

Each person is assessed prior to moving in; to ensure the care team are able to meet the person's care needs and expectations of a care home and / or their NOK and to ensure they have the necessary certificate (residential or residential EMI).

Each person has a person-centred care plan, which details the person's care needs, preferences of lifestyle and chosen routine, to provide guidance for staff. Care plans also discuss risks identified to a person's health & safety and how these risks are managed. It was identified that triggers to a person's change of behaviour in the dementia care side of the home could be more detailed with clear guidance for carers to follow to ensure a good outcome where a person is demonstrating frustration and anxiety.

Care plans are regularly reviewed and are updated as a person's care needs change and each person / or their NOK, as appropriate, are kept up to date with any changes. There is evidence in care plans that referrals are made to other specialist professionals within the external healthcare team when needed.

The 2 activity co-ordinators have a good programme of activities in place to provide adequate stimulation, light exercise and social interaction. This includes one-to-one time for people who have dementia if more beneficial for the person and to prevent social isolation. Outings within the community are a particular favourite.

People are supported to eat and drink enough to maintain a balanced diet. People's nutritional status is monitored regularly and people's weights are recorded to highlight significant weight gain or loss, which may have an impact on a person's health. Referrals are made to the appropriate healthcare professional where needed e.g. dietician, SALT, GP.

People who were spoken to said they enjoy their meals and there is a choice for each meal. Regular drinks and snacks are offered between meals and people were observed to be provided with the level of support they needed at lunch time. No issues were raised at this time.

Medications are managed safely in line with regulations. The care manager undertakes competency checks with carers who are trained to administer medication.

Infection prevention and control practices are in place in the home and staff have completed training for this. There are good supplies of PPE available and the care manager has a preparedness plan in place in readiness to act in the event of a pandemic at any time.

People are protected from abuse and avoidable harm; staff have completed safeguard training, which is a mandatory unit as part of their induction. Regular refresher training is provided throughout the person's employment in the home.

There is a robust system in place for the recruitment of staff to support the management to make safe choices. References are requested and a police check is undertaken.

All new staff have a period of supervised induction to prepare them for their role and there is a good programme of training in place for ongoing development throughout their employment in the home. All staff have an annual appraisal.

The staffing level in the home is satisfactory to meet the care needs of the current residents. This is closely monitored by the management and will be further increased when additional residents move in. Difficulty remains throughout the care sector with recruitment to all staff roles and can put pressure on the service at times.

Accidents and incidents that occur in the home are investigated. Contact is made with the relevant healthcare professional as needed. Accidents and incidents are used as an opportunity to learn when things go wrong with group discussions to put additional measures in place to minimise / prevent a re-occurrence where possible.

Residents and staff who were spoken to were very complimentary about the home and management. Some said they are becoming tired of the building work going on around them, which is understandable but can see the end in sight now and are really looking forward to it being finished.

Residents said they would feel comfortable to raise a concern if needed and feel it would be managed promptly and sensitively. Nobody had any issues to raise on this visit.

The care manager is new in post in this care home but is settling in well. There appears to be an open culture in the home where feedback is accepted constructively and the general feeling of the atmosphere was of a caring team who enjoy their work and provide good standards of care to their residents and are supported by their manager.

There is a quality monitoring process in place using both internal and external auditing. The care manager has regular discussions with residents and also with their NOK either face-to face or via email or telephone. Suggestions for improvement in care or services are encouraged by all people visiting Le Platon and are implemented where possible / appropriate.

## GUERNSEY STANDARDS FOR CARE HOMES AUDIT

<b>Standard 1: Information</b> <b>Outcome – Prospective service users have the information they need to make an informed choice about where to live</b>	YES	NO	In Part	COMMENTS
Website (optional)	√			<p>Evidence – website, resident information pack, discussion with care manager.</p> <p>Information in the above resources covers the standard, to enable a person to make an informed choice as to whether Le Platon is the right home for them / their relative.</p> <p>A resident and / or their NOK are encouraged to visit the home to have a look around and to ask any questions before making their final decision.</p> <p>A copy of the home inspection report is available on the home's website.</p> <p><b>Standard met.</b></p>
Marketing Brochure (optional)	√			
<b>There is a Statement of Purpose that sets out the:</b>				
Philosophy of care, aims and objectives	√			
Terms and conditions of the home	√			
Updated at least annually or when changes to services and home occur	√			
<b>There is a Service Users Guide/Resident's Handbook with the following:</b>				
Prospective and current residents are provided with/have access to a copy	√			
Written in the appropriate language and format for intended service user	√			
Brief description of accommodation & services provided	√			
Detailed description of individual and communal space	√			

Qualifications and experience of registered provider, manager and staff	√			
Number of residents registered for	√			
Special needs & interests catered for e.g. diets, activities etc	√			
How to access a copy of most recent inspection report	√			
Procedure for making a complaint	√			
Service users views of the home	√			
Summary of fees payable and any extras payable e.g. newspapers, incontinence products & toiletries etc	√			
The home's policy for alcohol	√			
The smoking policy	√			
The home's policy for pets	√			
A statement that service users can expect choice in the gender of those who provide basic care whenever possible	√			

Insurance – what is and is not covered (does resident need to take out personal insurance for personal items e.g. valuables, money, antiques, false teeth, spectacles and hearing aids etc)	√			
The contact for HSC is displayed in the resident’s handbook or is visible on the home notice board	√			

<b>Standard 2: Contract</b> <b>Outcome – Each service user has a written contract/statement of terms and conditions with the home</b>	YES	NO	In part	COMMENTS
Contract provided on admission	√			Evidence – discussion with care manager, contract.  Every person has a contract of residence. The contract is signed by a representative of the home and the resident / NOK and both parties retain a copy of the signed agreement.  <b>Standard met.</b>
Identifies room to be occupied	√			
Care and services covered (including food)	√			
Additional items and services listed to be paid for including; food, equipment, insurance, medical expenses and SJA	√			
Fees payable and by whom (service user, long term care benefit scheme, relative/ other)	√			
Rights and obligations listed and liability if breach of contact	√			
Terms and conditions of occupancy e.g. including period of notice	√			

Charges during hospital stays or holidays	√			
Charge for room following death (social Security pay 3 days only following death)	√			
The contract is signed by the service user or named representative, and the registered person for the home	√			

<b>Standard 3: Assessment</b> <b>Outcome - No service user moves in to the home without having had his/her needs assessed and been assured that these will be met</b>	YES	NO	In part	COMMENTS
Pre-admission assessment prior to moving in to the care home	√			Evidence – discussion with care manager, assessment form.
Involvement of others; relatives, GP other allied health professionals	√			A person moving in to the home requires a residential or a residential EMI (dementia care) certificate.
<b>Assessment for all admissions covers the following:</b>				Prior to admission a pre – admission assessment is undertaken either while the person is in hospital, home or other care setting to ensure the home will be able to meet the person’s care needs.
• Personal care & physical well-being	√			Information is obtained from the person and their NOK, and from allied healthcare professionals who are also involved with the person’s care e.g. GP, CPN, social worker, psychiatrist etc.  <b>Standard met.</b>
• Mental state & cognition	√			
• Diet & weight	√			
• Food likes and dislikes	√			
• Sight, hearing & communication	√			



• Oral health	√			
• Mobility & history/risk of falls	√			
• Contenance and skin integrity	√			
• Medication usage	√			
• Social interests, hobbies, religious & cultural needs	√			
• Personal safety & risk	√			
• Carer, family, other involvement/relationships	√			
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>YES</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, care plans.
The services of specialised personnel are sought to meet people's care needs	√			Care home is registered for residential care. It is not a requirement for a residential home to have a registered nurse (RN). However, the care manager is a RN, which is beneficial in relation to level of knowledge and experience, accountability and for planning and

Social/cultural needs are met to the preference and needs of the person and are understood by the people caring for them	√			managing care for people with dementia, who have higher level care needs.
Policies for discrimination & Equality (equal access to services)	√			Referrals to allied healthcare professionals are made as needed.  Social or cultural preferences are recorded in a person's individual care plan.  <b>Standard met.</b>

<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>	YES	NO	In part	COMMENTS
Provision for staff to meet a service user in their own home or other place of residence	√			Evidence – discussion with care manager and 2 relatives.
Residents or their representative are encouraged to visit the home before deciding	√			People are encouraged to visit the home to have a look around before making a final decision so that they can ask any questions they may have. Two relatives said they had done this and it was beneficial to be able to meet the care manager and to ask questions face to face. It also gave them an impression of the atmosphere of the home and the care being provided, which they felt was very positive despite the upheaval with the building work in progress.  There is a 6-week trial period in place. The care manager said it can take a bit longer for a person with dementia to settle in.
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	√			

				An emergency admission is accepted if there is vacancy at the time needed.  <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>	YES	NO	In part	COMMENTS
Dedicated accommodation available		√		Evidence – discussion with care manager.
Specialised facilities, therapies, treatment and equipment are available to promote activities of daily living and mobility	√			There is no dedicated accommodation for intermediate or respite care, however, this is accommodated if there is a vacancy at the time needed.
Are staff qualified in techniques for rehabilitation and promotion of programmes to re-establish community living?	√			Where services are required for more specialist healthcare professionals, this is discussed with the person's NOK and a referral is made as the person may have to pay for some services / therapies privately.
Is there appropriate supervision of staff by specialists from relevant professions to meet the assessed needs of the service-user?	√			
If a person is unable to return home the person is able to remain living at the care home	√			<b>Standard met.</b>

<b>Standard 7: Service User Plan</b> <b>Outcome: The service user's health and personal and social care needs are set out in an individual plan of care</b>	YES	NO	In part	COMMENTS
Care plan is in place and is based on assessment	√			Evidence – care plans, discussion with care manager.  On admission a care plan is developed for each person.

Risk assessments in place for:				
<ul style="list-style-type: none"> <li>Moving &amp; handling, mobility &amp; risk of falls</li> </ul>	√			<p>Care plans are person centred and include risk assessments and guidance for staff to manage these risks. However, it was identified that care plans could contain more detail for people who have dementia; for example, triggers to changes in behaviour, how people demonstrate these behaviours and how staff can support people to manage this e.g. distraction techniques.</p>
<ul style="list-style-type: none"> <li>Nutrition</li> </ul>	√			
<ul style="list-style-type: none"> <li>Skin condition &amp; Pressure sore prevention</li> </ul>	√			
<ul style="list-style-type: none"> <li>Other – dementia care</li> </ul>			√	<p>People’s preferences and interests are documented along with their chosen routine if they have one.</p>
<p>Minimum of 3-monthly review of care plan, or as needs change if before review date</p>	√			<p>Care plans are electronic and are password protected.</p>
<p>Evidence of user/relative involvement</p>	√			<p>Care plans are regularly reviewed with involvement from a person’s NOK and allied healthcare professionals as appropriate.</p>
<p>Restrictions on choice &amp; freedom are agreed and documented (Mental Health, Dementia)</p>	√			<p><b>Standard partially met.</b></p>
<p>Format of care plan is acceptable</p>	√			
<p>Handover discussions: verbal, written on changeover of each shift</p>	√			
<p>All entries on documentation are legible, dated and signed</p>	√			

Standard 8: Health Care Needs Outcome: Service user's health care needs are fully met	YES	NO	In part	COMMENTS
Service users are supported and facilitated to take control and manage own healthcare wherever possible; staff assist where needed	√			Evidence – discussion with care manager, care plans, discussion with 4 residents.
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	√			People were observed to be supported to maintain as much independence as possible; eating and drinking, using the bathroom facilities and moving about the home. There was always a member of staff in the vicinity to help when needed.
Care staff maintain the personal and oral care of each person and wherever possible support the person's independence	√			People are supported to remain as active and mobile as possible with activities provided throughout the day both indoors and outdoors when the weather conditions allow.
People are assessed by a person who is trained to do so, to identify those people who have developed, or are at risk of developing a pressure injury. Appropriate intervention is recorded in the plan of care	√			Referrals are made to relevant healthcare professionals when a concern is raised that requires further expertise. This is identified in people's care plans and some were discussed in detail with the care manager.
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 no residents in the home with a pressure injury at this time and preventative pressure-relieving equipment is in place for those people who are at risk.
There are preventative strategies for health care: link nurses, equipment etc	√			<b>Standard met.</b>

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	✓			
Regular night checks are in place	✓			
Service users, relatives and/or advocates have the opportunity to discuss service users' wishes on their care with an informed member of staff	✓			
The support service needs of each resident are assessed and access provided – choice of own GP, advocacy services; alternative therapy; social worker; bereavement councillor; specialist nurses; dentist; audiologist; spiritual advisor; optician etc	✓			

Residents are referred for reassessment at appropriate time if this becomes necessary e.g. residential to nursing care needs or EMI	√			
The registered person ensures that peoples' entitlements to Health & Social Care services are upheld by providing information about entitlements and ensuring access to advice	√			

<b>Standard 9: Medication</b> <b>Outcome: Service user's, where appropriate, are responsible for their own medication and are protected by the home's policies and procedures for dealing with medicines</b>	YES	NO	In part	COMMENTS
<p>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>	√			<p>Evidence – discussion with care manager, storage of medication, MARs.</p>
<p>NMC guidance and BNF (within 6-month date) available (now online access).</p>	√			<p>Policies and procedures are in place for ordering, receiving, storing, administering and disposing of medication safely.</p>
<p>There is a self-medication assessment completed for each resident if person wanting to continue with this process and this is reviewed regularly</p>	n/a			<p>No person is currently receiving medication covertly; however, the care manager is aware that should this be necessary the involvement of the person's GP and NOK is required for consent.</p>
<p>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</p>	n/a			<p>Staff who administer medication have completed a standalone unit of the VQ award for the administration of medication or through an alternative accredited provider. This includes for controlled drugs; for example, the application of a patch, which is regularly assessed by the care manager – competency assessment provided to support ongoing assessment.</p>
<p><b>Records for:</b></p>				
<ul style="list-style-type: none"> <li>• Meds received</li> </ul>	√			
<ul style="list-style-type: none"> <li>• Meds administered</li> </ul>	√			<p>An informal MAR audit is undertaken monthly; on changeover of medication cycle – more formal audit tool provided to support.</p>
<ul style="list-style-type: none"> <li>• Meds leaving the home</li> </ul>	√			
<ul style="list-style-type: none"> <li>• Meds disposed of</li> </ul>	√			<p>Residents are offered an annual flu vaccination along with the Covid</p>



<ul style="list-style-type: none"> <li>Medication Administration Record (MAR) in place</li> </ul>	√			<p>booster vaccinations as advised by public health – consent forms completed.</p> <p>The most recent pharmacy inspection undertaken by the deputy chief pharmacist from within HSC was in November 2020; one minor issue addressed promptly; otherwise system was found to be well-managed. A repeat inspection is due to take place before the end of the year.</p> <p><b>Standard partially met.</b></p>
<ul style="list-style-type: none"> <li>Photo of service user (consent)</li> </ul>	√			
If medication is required to be administered covertly, this is in the care plan, consent from GP and from resident's next of kin	√			
Controlled drugs (CDs) are stored in line with current regulations	√			
Register in place to monitor CD usage and stocks	√			
Compliance with current law and codes of practice	√			
Medicines, including controlled drugs, (except those for self-administration) for people receiving nursing care, are administered by a medical practitioner or registered nurse	√			
Daily check of medication fridge, which is documented, to ensure remains within advised range (between 2-8°C)	√			
Staff training programme in place for residential homes where Carer administering medication e.g. VQ standalone unit for the administration of medication or other accredited training at level 3	√			

Competency assessment in place for Carers (residential home) for the administration of medication and this is reviewed at least annually, which is recorded			✓	
Pharmacist advice used regarding medicines policies within the home and medicines dispensed for individuals in the home	✓			
Each person's medication is reviewed regularly by a GP. Any concern in a person's condition as a result of a change in medication must be reported to the GP immediately	✓			
Has a Medication Inspection been undertaken by HSC's Pharmacist?	✓			
Are flu vaccinations offered to residents, staff annually?	✓			
Medications are kept in the home for a minimum of 7 days or after burial or cremation following a death	✓			
Audit of MARs in place			✓	

<b>Standard 10: Privacy and Dignity</b> <b>Outcome: Service users feel they are treated with respect and their right to privacy is upheld</b>	YES	NO	In part	COMMENTS
Privacy and dignity are provided when assisting a resident with washing, bathing, dressing etc	✓			Evidence – discussion with care manager and residents, observation of resident and staff interactions.

Bedrooms are shared only by the choice of service users e.g. married couples, siblings	✓			<p>Staff interactions with residents were positive; there was never any reluctance when approached by a member of staff.</p> <p>Residents spoken to said staff are kind to them and they feel respected. For those unable to communicate verbally this was confirmed through observations.</p> <p>Not all residents have a telephone in their room, as this may not be appropriate for a person with dementia. However, this is discussed with the person's NOK and actioned appropriately. Where a person does not have a telephone in their room, they have access to a telephone to make or receive a call with the assistance of staff.</p> <p><b>Standard met.</b></p>
Screens are available in shared rooms	✓			
Examinations, consultations legal/financial advisors, visits from relatives are provided with privacy	✓			
Entering bedrooms/toilets - staff knock and wait for a reply before entering	✓			
Wear own clothing	✓			
Laundry undertaken in house	✓			
Mail is only opened by staff when instructed to do so	✓			
Preferred term of address in consultation with resident & this is documented in person's care plan	✓			
Wishes respected and views considered	✓			
Treated with respect – verbally	✓			
Privacy and dignity are included in staff induction	✓			

There is easy access to a telephone	√			
Telephone adaptations are available to meet the needs of service users e.g. large buttons, amplifier	√			

<b>Standard 11: Death and Dying</b> <b>Outcome: Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect</b>	YES	NO	In part	COMMENTS
Resident given comfort and attention in privacy	√			Evidence – discussion with care manager.
Current nutritional needs are met	√			End of life care (EOLC) is managed by the care manager and the carers in the home with support from the community nurses and the palliative care team.
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	√			Relatives are able to spend as much time with their relative as they want to and are offered regular refreshments, and support as needed.
Suitable equipment available	√			A person's NOK is kept up to date with any changes and a person's wishes are acted on when known e.g. visits from minister, restricted visitors.
Family involvement & needs met - provision to stay with relative and involvement in care	√			
Service user's wishes are respected (including after death)	√			<b>Standard met.</b>
Religious/cultural needs met	√			

Changing care needs met	√			
Dignity of possessions after death	√			
Staff training – includes supporting dying person and their family	√			
Bereavement counselling is offered to staff if needed (palliative care nurses can support if needed)	√			
Resuscitation status documented for each person	√			
Notification of death reported to Medical Officer & Inspection Officer	√			
Policies in place for end of life care and following death and for resuscitation	√			

<b>Standard 12: Social Contact and Activities 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	√			Evidence – discussion with activity co-ordinators, activity programme, discussion with individual residents.  There are 2 activity co-ordinators in the team (1 male and 1 female).
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	√			There is an excellent programme of activities for social engagement and to prevent people from becoming socially isolated.
Involved in normal household chores if wanted attending to garden, collecting dishes etc	√			People's interests are recorded in their care plan. The activity co-ordinator said these need to be flexible as people with dementia
There is a choice of leisure and social activities	√			have a short attention span so they need to be able to come and go as they please.
Religious/cultural choices are acknowledged	√			On the day of inspection, several residents were in the garden as it was a sunny day. Some were
Level of engagement in activities is recorded	√			involved with a quiz; one lady was gardening and several residents were
Does the home have an Activity Co-ordinator?	√			chatting in small groups with their visitors.
Evidence of activities e.g. photo boards, albums, social media site, conversations with residents	√			<p>Indoors, some residents were walking around the home while others were watching television or talking to a carer.</p> <p>Residents who were spoken to said they enjoy the activities in the home. The activity co-ordinator said trips away from the home are also offered for individuals or for small groups who want to go out within the community.</p> <p>Several residents discussed the outings they had with their family.</p> <p><b>Standard met.</b></p>

<b>Standard 13: Community Contact</b> <b>Outcome: Service users maintain contact with family/friends/representatives and the local community as they wish</b>	YES	NO	In part	COMMENTS
There is a written visiting policy, which is flexible	√			<p>Evidence – visitor’s book, discussion with activity co-ordinators and 2 relatives.</p> <p>People are encouraged to maintain their social networks within the community. Relatives spoke about outings they are able to take their relative on and said there is no restrictions with outings.</p> <p>Some restrictions may be in place during Covid outbreaks; however, generally there is an open visiting policy.</p> <p>The activity co-ordinator said people are also supported to attend group support groups; for example, Dementia Friendly Guernsey social events, Parkinson’s group meetings.</p> <p><b>Standard met.</b></p>
Is there a visitors’ book in place?	√			
Privacy when receiving visitors	√			
Choice of whom visits respected and documented as necessary	√			
Hospitality for visitors e.g. offered a drink, can book to have a meal with their relative	√			
Supported to maintain social networks in the community	√			
Residents inform staff when going out and returning	√			

<b>Standard 14: Autonomy and Choice</b> <b>Outcome: Service users are helped to exercise choice and control over their lives</b>	YES	NO	In part	COMMENTS
The registered person conducts the home so as to maximise service users’ capacity to exercise personal autonomy and choice	√			<p>Evidence – visitor’s book, discussion with care manager, room checks, discussion with individual residents.</p> <p>Rooms visited were clean and comfortable and have been</p>

Service users are encouraged to bring personal possessions into the home e.g. small furniture, pictures & ornaments etc	√			<p>personalised to help provide familiarity.</p> <p>Some people would be unable to manage their own finances due to dementia. However, the care manager is aware of who manages a person's affairs e.g. NOK, advocate, guardian and can organise external representation where needed.</p> <p><b>Standard met.</b></p>
Service users encouraged to manage own financial and other affairs as long as they have capacity to do so	√			
Service users and their relatives and friends are informed of how to contact external agents (e.g. advocates) who will act in the person's best interests	√			
Access to personal records in accordance with the current local data protection legislation, is facilitated	√			

<b>Standard 15: Meals and Mealtimes</b> <b>Outcome: Service users receive a wholesome, appealing, balanced diet in pleasing surroundings at times convenient to them</b>	YES	NO	In part	COMMENTS
The registered person ensures that people receive a varied, appealing, wholesome and nutritious diet, which is suited to individual assessed and recorded requirements and a reasonable choice is available as to when and where residents eat their meal	√			<p>Evidence – discussion with care manager, individual residents and copies of menus, care plans.</p> <p>People have a nutritional assessment on admission and are regularly weighed for monitoring, which is recorded.</p> <p>The lunch time meal is provided using the cook-chill method supplied by the PEH catering department until the home's new kitchen is fully functional on completion of the new building.</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	√			<p>Currently people have their meals either in their room or in the communal lounge areas of the home until the main dining area is completed and fully furnished.</p> <p>There are choices for each meal; with snacks being prepared by the limited kitchen service in-house. Drinks and snacks were served at regular intervals throughout the day. Some residents with dementia find it easier to have finger food as they have difficulty with sitting to eat a meal and like to be 'on the go'. This is provided for these residents.</p> <p>Residents said they enjoy their meals; no complaints were raised.</p> <p>Referrals are made to SALT as needed and are documented in people's care plans. One recent referral was noted in a person's care plan. An assessment had been completed and the IDDSI framework was used to record the modified diet in the care plan.</p> <p>Staff have received some training for preparing food and drinks using the IDDSI framework.</p> <p>Supplements are prescribed by the person's GP as needed. It is advisable to do a referral to the dietician from within HSC before supplements are prescribed by a GP.</p> <p>A food hygiene inspection was last undertaken by Environmental health in April 2019 and the home achieved</p>
The food is appealing and is served in an attractive manner	√			
The food is nutritious	√			
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 available at all times and are offered regularly	√			
A snack available in the evening/night	√			
Special therapeutic meals are provided if advised e.g. diabetic, pureed, gluten free etc	√			
Swallowing problems/risk of choking identified in risk assessment and is incorporated into the care plan	√			

Aware of International Dysphagia Diet Standardisation Initiative (IDDSI) – training, information	✓			<p>a 4-star rating. A re-inspection will be undertaken when the new kitchen is fully operational in early 2023.</p> <p><b>Standard met.</b></p>
Person has Percutaneous Endoscopic Gastrostomy (PEG)	n/a			
Supplements are prescribed if needed	✓			
Religious and cultural needs are met	✓			
The menu is written or displayed e.g. in dining room or on notice board	✓			
Mealtimes are unhurried	✓			
Staff offer assistance to residents if needed	✓			
The dignity of those needing help is supported	✓			
Staff attitude is satisfactory	✓			
There is reasonable choice as to when & where meals are eaten	✓			
Food covers are used to transport food to rooms	✓			
Table settings are pleasant	✓			

Crockery, cutlery, glassware and napery are suitable	✓			
General ambience and comfort are satisfactory	✓			
Temperature satisfactory	✓			
Lighting satisfactory	✓			
Flooring satisfactory	✓			
Cleanliness satisfactory	✓			
Odour control (no unpleasant odour should be present)	✓			
Furnishings are satisfactory	✓			
Décor is pleasant	✓			
Safer Food, Better Business manual is completed	✓			
Food preparation areas are clean	✓			
Waste disposal – there is a foot operated bin	✓			

Kitchen & dining room hygiene is satisfactory	√			
Staff hand washing facilities are available	√			
Food Hygiene rating available	√			

<b>Standard 16: Complaints</b> <b>Outcome: Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon</b>	YES	NO	In part	COMMENTS
There is a complaints procedure which is clear and simple, stating how complaints can be made	√			<p>Evidence – discussion with care manager, residents and relatives.</p> <p>A complaint policy is available to residents, visitors and staff.</p> <p>Residents spoken to said they are happy living in Le Platon. People did offer that they are becoming tired of the building work, which is understandable. People generally had no complaints to raise about the home or care; discussions were very positive.</p> <p>Where a complaint is raised and is unable to be resolved by the care manager or the board of trustees, there is an external process available through the inspection officer from within HSC. Details are available from the care manager.</p> <p><b>Standard met.</b></p>
The procedure is accessible e.g. reception notice board, resident’s handbook	√			
Are there timescales for the process?	√			
The procedure states who will deal with them	√			
Records are kept of all formal complaints	√			
There is a duty of Candour – transparent and honest	√			
Details of investigations and any action taken is recorded	√			

There is written information available, clearly displayed, in an accessible place, for referring a complaint to HSC	√			
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<b>Standard 17: Rights</b> <b>Outcome: Service users' legal rights are protected. Service users know that information about them is handled appropriately and that their confidences are kept</b>	YES	NO	In part	COMMENTS
The home facilitates access to available advocacy services	√			Evidence – discussion with care manager.
The home facilitates the individual's right to participate in the local political process	√			Residents can vote if they choose. This would generally be done in consultation with a person's NOK to support, or the activity co-ordinator can provide support where needed.
There are written policies in place for Data Protection (Bailiwick of Guernsey) Law, 2018 and for confidentiality	√			A consent form for photographs to be taken is completed by a resident or their NOK on admission to the home e.g. for MARs, wound care, social events. A decline is upheld.
Prior consent is obtained for any photographs taken	√			<b>Standard met.</b>

<b>Standard 18: Protection</b> <b>Outcome: Service users are protected from abuse</b>	YES	NO	In part	COMMENTS
<b>Policies &amp; procedures are in place for Safeguarding Vulnerable Adults against:</b>				Evidence – discussion with care manager, staff and residents, policy for safeguarding, training matrix.
<ul style="list-style-type: none"> <li>Physical abuse</li> </ul>	√			Training matrix shows staff have completed training for safeguarding and keeping people safe from abuse
<ul style="list-style-type: none"> <li>Sexual abuse</li> </ul>	√			

• Inappropriate restraint	√			<p>– refresher updates undertaken 3-yearly. Whistleblowing training has also been completed.</p> <p>Staff spoken to clearly understood safeguarding and know how to report concerns. They said they would feel comfortable to raise an issue with the care manager.</p> <p>Residents spoken to said staff are kind and helpful. No resident raised any issues regarding rough treatment. Observation of interactions between residents and staff also confirmed staff kindness and helpfulness.</p> <p><b>Standard met.</b></p>
• 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			√	

<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	√			<p>Evidence – walkthrough the home, information provided pre-inspection for equipment servicing.</p> <p>Although the main house is not purpose built; much work has taken place to overcome the challenges to provide a safe environment.</p> <p>The older part of the home was clean and bright with lovely views over the islands at the front of the house. There is some interruption of access while the building work takes place but this is being managed sensitively with residents in mind.</p> <p>Part of the new building that has been completed provides accommodation for people with dementia. Design features have been incorporated to include orientation, a variety of space and spaces and easy access to the garden. There are currently some restrictions due to the home not being fully completed yet; however, this should open out to show the full features towards the end of the year.</p> <p>Areas where building work is taking place have been made safe to ensure no unsupervised access to anyone in the home.</p> <p>The garden in the area residents are currently using is beginning to mature; this will become a much</p>
Restricted entry/exit to the home is appropriate	√			
The home is free of trip hazards	√			
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 relevant fire equipment throughout the home	√			

CCTV (entrances only)	n/a			<p>larger area once all work has been completed. It is accessible for people who require a wheelchair and there are areas of seating and shade.</p> <p>Access in and out of the home for visitors is keypad protected.</p> <p>There is a documented audit in place for maintaining a safe environment.</p> <p><b>Standard met.</b></p>
Cleanliness is satisfactory	√			
Odour control	√			
Flooring satisfactory	√			
General equipment is maintained with records	√			
Insurance certificates on display and in date	√			
Environmental audit undertaken	√			

<b>Standard 20: Shared Facilities (communal areas)</b> <b>Outcome: Service users have access to safe and comfortable indoor and outdoor communal facilities</b>	YES	NO	In part	COMMENTS
Recreational area is provided	√			Evidence – check of communal areas.
Private area is provided	√			All areas are clean, bright and comfortable. In the new build, the housekeeping staff have an increased cleaning schedule in place to keep dust to a minimum from the adjoining building work.
Lighting is domestic and is flexible for different needs/activities	√			
Furnishings are non-institutional, in good order and suitable for client group	√			Smoking is permitted outside in a designated area only.  <b>Standard met.</b>



Odour control	√			
Cleanliness is satisfactory	√			
Good quality flooring	√			
General ambience is good	√			
Ventilation is good	√			
Smoking Policy in place	√			

<b>Standard 21: Lavatories and Washing Facilities</b> <b>Outcome: Service users have sufficient and suitable lavatories and washing facilities</b>	YES	NO	In part	COMMENTS
The toilets near to the lounge and dining areas are clearly marked	√			<p>Evidence – checks of facilities.</p> <p>Almost all rooms in the home are en-suite. Those that are not en-suite have a toilet within close proximity to their room.</p> <p>There are communal bathrooms and toilets on both floors. These areas were clean and fresh and there were adequate stocks of PPE available for staff to use when needed.</p> <p>Toilet facilities in the new-build have thumb locks so that this can be easily managed by a person with dementia.</p>
There is clear access	√			
Doors can be locked	√			
Lighting is suitable	√			
There is adequate ventilation	√			
Temperature is suitable	√			

Staff hand washing provision - e.g. soap and paper towel dispenser and foot operated bin are available	√			<b>Standard met.</b>
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 Outcome: Service users have the specialist equipment they require to maximise their independence</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Ramps where necessary	√			Evidence – walk through the home, care manager confirmed inspection checks on equipment.  All equipment is regularly serviced and inspected by external accredited companies to ensure safety is maintained.  The new build rooms have the wider doorways in compliance with the standards.
Handrails/grab rails where appropriate	√			
Passenger lift	√			
Stair chair lift	n/a			
Aids, hoists etc. for individual needs	√			

				<p>Where bedrails are used, a risk assessment is completed and bumpers are in place.</p> <p><b>Standard met.</b></p>
Assisted toilets & baths to meet needs	√			
Doorways (800mm wheelchair user – new builds)	√			
Signs and communication systems to meet needs (as and where necessary)	√			
Storage for aids, hoists & equipment	√			
Call bell in every room	√			
If bed rails are used is there a risk assessment in place and evidence of a regular review	√			

<b>Standard 23: Individual Accommodation: Space Requirements</b> <b>Outcome: Service users own rooms suit their needs</b>	YES	NO	In part	COMMENTS
<p>Adequate size for user's needs and any equipment used: sizes pre-June 30<sup>th</sup> 2002 at least the same size now</p> <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>Evidence – discussion with care manager, room checks, discussion with residents.</p> <p>There are no shared rooms in the home.</p> <p>People spoken to like the room they have. They have their personal effects around them and they are nicely furnished, clean and comfortable.</p>
Room layout suitable taking in to account fire safety and limitations due to mobility	√			<p><b>Standard met.</b></p>

Shared rooms by choice e.g. married 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 Outcome: Service users live in safe, comfortable bedrooms with their possessions around them</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Bed width is 900mm (if not own bed)	√			Evidence – room checks, discussion with residents.
Bed height is suitable (residential)	√			All bar 2 rooms have profile beds with a pressure relieving mattress.
Adjustable height (nursing)	n/a			Rooms are clean and tidy and are free of any unnecessary clutter.
Bed linen, towel and flannels are changed frequently	√			Rooms in the dementia care side of the home are spacious and have hard flooring to aid infection control.
Furniture is in satisfactory a condition	√			People have personalised their room with photographs, ornaments and furnishings etc, which reflect their personality and interests.
Adequate number of chairs in room	√			Residents have a lockable drawer; assessed for a person with dementia.
Décor is satisfactory	√			Valuables are advised not to be brought into the home. However, there is a safe where valuables can be stored for a short period if needed and a record is kept.
Flooring-carpet/hard flooring is in good condition	√			
Lockable drawer or safe available	√			<b>Standard met.</b>

Door able to be locked and resident has key if wanted	√		
Adequate drawers & hanging space	√		
Table & bedside table available	√		
Accessibility satisfactory	√		
Safety within room	√		
Privacy (screening if appropriate.)	n/a		
Telephone point	√		
Television point	√		
Overhead and bedside lighting	√		
Accessible sockets	√		
Evidence of personalisation	√		
Wash hand basin if no en-suite	√		
Mirror	√		
Call bell	√		

Soap & paper towel dispenser and foot operated rubbish bin in room or en-suite	√			
Odour control	√			
Cleanliness is satisfactory	√			

<b>Standard 25: Heating, Lighting Water and 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	√			<p>Evidence – discussion with care manager, walkthrough of the home.</p> <p>There are radiators in the older part of the home, which have furniture positioned in front where needed to prevent a person from falling against a hot radiator. In the new build area of the home it is under floor heating.</p> <p>There is a Legionella management plan in place – a combination of inhouse monitoring and also by an outside contractor and records are kept.</p> <p><b>Standard met.</b></p>
Adequate hot water is available at all times of the day	√			
Individually controllable heating	√			
Guarded pipes & radiators or low surface temperature type or under floor heating	√			
Adequate & suitable lighting	√			
There is emergency lighting throughout the home	√			
Water temperature is set at a maximum of 43°C and this is checked regularly	√			
<b>Control of Legionella - maintenance &amp; regular monitoring;</b>				

Water storage of at least 60°C, distributed at a minimum of 50°C	✓			
Weekly run off of all taps of those not used regularly	✓			
Hot water at least 60°C in kitchen	✓			
Shower heads are cleaned quarterly	✓			
Legionella control contract in place with records	✓			

<b>Standard 26: Hygiene and Control of Infection Outcome: The home is clean, pleasant and hygienic</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
The housekeeper/s have cleaning schedules in place	✓			Evidence – discussion with care manager, walk through of the home and discussion with staff.  The home was clean and hygienic throughout. Extended cleaning is in place until the building work is completed.  Staff undertake regular training for infection control and have access to PPE when needed. COSHH training has also been completed.  The home’s most recent infection control inspection was undertaken in 2018. Due to the ongoing building work, a repeat inspection will be undertaken when the building work
Odour control	✓			
Laundry is located away from the food area	✓			
There is segregation of clean and ‘dirty’ laundry	✓			
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	√			is completed and the home is fully operational.  <b>Standard met.</b>
Flooring impermeable/waterproof	√			
<b>Disposal of clinical waste:</b>				
Storage bin is located in an appropriate area	√			
There is appropriate disposal of clinical waste	√			
Sluicing disinfectant available (Nursing)	n/a			
Sluicing facility available	√			
Policies and procedures for the control of infection include: safe handling and disposal of clinical waste, dealing with spillages, provision of protective equipment, hand washing	√			
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>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Care staff minimum age 18, in charge of the care home minimum 21yrs	√			<p>Evidence – discussion with care manager, dependency scores, duty rota.</p> <p>Staffing levels are currently satisfactory. The care manager regularly monitors staffing level against the dependency scores of the residents.</p> <p>Once the building work is completed and additional rooms become available, as new residents move in, the staffing levels will be monitored and increased as needed.</p> <p>Staff provide additional cover between them along with bank staff to cover for sickness and annual leave.</p> <p><b>Standard met.</b></p>
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	√			
Adequate number of housekeeping staff	√			
Adequate number of catering staff	√			
Access to maintenance person when required	√			
Are bank or agency staff used to cover staff sickness and annual leave periods, or do existing staff provide this cover	√			

<b>Standard 28: Qualifications</b> <b>Outcome: Service users are in safe hands at all times</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
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, training matrix.</p> <p><b>Standard met.</b></p>

<b>Standard 29: Recruitment</b> <b>Outcome: Service users are supported and protected by the home's recruitment policy and practices</b>	YES	NO	In part	COMMENTS
<b>Recruitment procedure includes the following:</b>				
Equal opportunities policy in place	√			Evidence – discussion with care manager, induction programme.
Compliance with local laws – right to work document, housing licence (as appropriate)	√			Robust system in place for the recruitment of staff to enable the management to make safe choices. This includes obtaining 2 written references and a police check.
2 written references required; one of which is from applicant's present or most recent employer	√			On commencement of employment, all staff have a job description and a contract.
Employment gaps are explored	√			Relevant polices are in the staff handbook (in process of being updated).
Appropriate level of Police check (DBS) is undertaken for role within the home	√			<b>Standard met.</b>
NMC register check for all RNs prior to employment, followed by ongoing support for Revalidation once employed	√			
Health declaration requested where necessary/relevant	√			
Staff personal records/files kept locked away	√			
All staff have a job description	√			

Staff receive written terms and conditions within 4 weeks of employment and have a signed contract	√		
Is a police check undertaken for all volunteers working in the home?	n/a		
<b>The following policies must be included in the employee's terms and conditions or included in the staff handbook;</b>			
<ul style="list-style-type: none"> <li>• Health &amp; Safety policy</li> </ul>	√		
<ul style="list-style-type: none"> <li>• Dealing with fire &amp; emergencies</li> </ul>	√		
<ul style="list-style-type: none"> <li>• Confidentiality policy</li> </ul>	√		
<ul style="list-style-type: none"> <li>• Whistle blowing policy</li> </ul>	√		
<ul style="list-style-type: none"> <li>• Non-receipt of gifts &amp; non-involvement in any resident's financial affairs; witnessing wills or other documentation</li> </ul>	√		
<ul style="list-style-type: none"> <li>• Action if any abuse suspected or witnessed</li> </ul>	√		
<ul style="list-style-type: none"> <li>• Use of mobile phone while on duty and non-use of social network sites to discuss home/residents (confidentiality &amp; data protection)</li> </ul>	√		

Standard 30: Staff Training Outcome: Staff are trained and competent to do their jobs	YES	NO	In part	COMMENTS
<b>Core values pre-employment:</b>				Evidence – discussion with care manager, training matrix.
<ul style="list-style-type: none"> <li data-bbox="188 432 517 461">• Aims &amp; values of role</li> </ul>	√			Training programme is a combination of in-house training sessions through e-learning and those provided by external healthcare professionals.
<ul style="list-style-type: none"> <li data-bbox="188 573 687 689">• Residents rights to - privacy, independence, dignity, choice and fulfilment</li> </ul>	√			Staff appear to be up to date with training; some areas require refresher training for some staff before the end of the year.
Job role clearly explained pre-start	√			All new staff have a supervised period of induction, which is dependant on the person's prior knowledge and experience.
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>Standard met.</b>
<b>Policies and training included on induction:</b>				
<ul style="list-style-type: none"> <li data-bbox="188 1341 472 1370">• Fire &amp; emergency</li> </ul>	√			
<ul style="list-style-type: none"> <li data-bbox="188 1482 491 1512">• Moving &amp; Handling</li> </ul>	√			
<ul style="list-style-type: none"> <li data-bbox="188 1621 619 1650">• Health and Safety awareness</li> </ul>	√			
<ul style="list-style-type: none"> <li data-bbox="188 1762 411 1792">• Basic first aid</li> </ul>	√			
<ul style="list-style-type: none"> <li data-bbox="188 1904 507 1933">• Accident procedures</li> </ul>	√			
<ul style="list-style-type: none"> <li data-bbox="188 2045 432 2074">• Confidentiality</li> </ul>	√			

• Safeguarding	√		
• Cultural needs	√		
• Personal hygiene	√		
• Person-centred care	√		
• Use of equipment	√		
<b>Further/ongoing training:</b>			
• Care planning	√		
• Handling of medicines	√		
• Risk assessment & risk management	√		
• Security measures	√		
• Escort duties & mobile phone usage while working	√		
• Hygiene, food handling and presentation	√		
• Infection control	√		

• Pressure area care	√			
• End of life care	√			
• Restraint	√			
• Caring for people with dementia	√			
• Other training required for providing care for the medical conditions, wellbeing of client group	√			
Frequency of training to be advised by accredited trainer	√			
A minimum of 3 days per year of training is provided for full time staff and pro rata for part-time staff	√			
Staff training profile – kept and updated throughout employment	√			

<b>Standard 31: Staff Supervision</b> <b>Outcome: Staff are appropriately supervised</b>	YES	NO	In part	COMMENTS
Written induction programme in place	√			Evidence – discussion with care manager, training matrix, discussion with 2 carers.  Care manager has completed an appraisal with almost all of the staff (aiming to complete by end of year).
Training opportunities of both formal and informal training	√			

<b>Supervision covers:</b>				<p>Most supervision is undertaken informally as the care manager regularly works clinically with her team.</p> <p>More formal supervision sessions undertaken are documented when necessary.</p> <p>Formal supervision is undertaken with carers undertaking the VQ award as this is required to be documented in feedback logs.</p> <p><b>Standard met.</b></p>
<ul style="list-style-type: none"> <li>All aspects of practice</li> </ul>	√			
<ul style="list-style-type: none"> <li>Philosophy of care</li> </ul>	√			
<ul style="list-style-type: none"> <li>Career/personal development - appraisal system in place</li> </ul>	√			
Other staff supervised as needed as part of management process	√			
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 32: Day to Day Operations: The Manager</b> <b>Outcome: Service users live in a home which is run and managed by a person who is fit to be in charge, is of good character and is able to discharge their responsibilities fully</b>	YES	NO	In part	COMMENTS
Registered Care Manager has a job description	√			Evidence – discussion with care manager.
Minimum of 2 years' experience in a senior management capacity of a relevant setting within the previous 5 years	√			The care manager is a RN. She has worked at Le Platon since May 2022 and was formerly registered with HSC on June 8 <sup>th</sup> 2022. The care manager previously worked as a

Qualifications of Care Manager	RNLD			<p>care manager in another care home on the island and has also worked within HSC during her career.</p> <p>Care manager undertakes regular training updates for her role; although she has undertaken some management training she is required to complete the VQ award in leadership and management at level 4/5 or other management course equivalent to this, to comply with the standards.</p> <p>Care manager reports to the Board of Trustees at a monthly meeting; where she provides a report for updates regarding the clinical management of the home.</p> <p><b>Standard partially met.</b></p>
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	√			<p>Evidence – discussion with care manager, residents, staff and relatives.</p> <p>Feedback from residents, staff and relatives was very positive. The care manager has an open-door policy where people can meet with her at any time when she is on duty. Care manager also communicates with relatives via email or telephone if they prefer.</p>
Leadership-clear direction	√			
Strategies enable staff, service users and stakeholders to contribute to the way the service is delivered	√			



Staff meetings are held (frequency)	√			<p>Staff said management are approachable and they feel listened to. Staff appeared to work well as a team, knowing what is expected of them in their role.</p> <p>Residents said they feel confident that if they had any issues to raise they would be listened to and actioned appropriately.</p> <p>Regular staff meetings have been difficult with Covid restrictions in place intermittently, and shortage of staff at times. However regular informal meetings have taken place to keep people updated and to address any concerns individuals /groups may have.</p> <p>More formal meetings recommenced this month; a meeting with senior carers took place 2 weeks ago and a meeting with night staff and all carers has also been planned within the next couple of weeks.</p> <p><b>Standard met.</b></p>
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, audits undertaken.
	√			Systems are in place for quality assurance. Although the care manager is new in post she is

How does Care Manager monitor own performance?				continuing to undertake the audits in place by the previous care manager. She said she will keep these under review and make changes where needed once she is more familiar with the home.
Commitment demonstrated to meets service user needs through the implementation of their care plan and meeting their goals	√			External audits include those for the management of medication, infection control and food hygiene. Internal audits completed are for MARs, home environment, CDs, accidents and incidents and falls, and for pressure injuries.
Feedback actively sought & acted upon	√			A resident or their NOK are provided with a questionnaire 2 weeks after admission to identify whether the person is settling in and to address any concerns they may have at this time.
Others views sought e.g. questionnaires for relatives or a relatives meeting	√			Feedback from stakeholders is very positive. Although many are frustrated that the building work is still in progress, people said they could see it wouldn't be long before it is completed and are looking forward to the home being fully operational where both residents and staff can really settle in.
Planned inspections advertised	√			Recommendation from previous inspection to catch up with staff appraisals has been actioned.
Views of service users made available	√			<b>Standard met.</b>
Policies and procedures are reviewed and are updated in line with registration (minimum of every 2 years)	√			
Action progressed on agreed implementation of statutory/good practice requirements (progress from last inspection)	√			
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>	YES	NO	In part	COMMENTS
Financial viability, business and financial statements - ability to trade	√			Employment and social security receive the home's accounts annually.  Providers have a business plan in place for the interruption of business.  <b>Standard met.</b>
Insurance in place to cover loss or damage to the assets of the business (is there a business continuity plan in place?)	√			
Legal liabilities for service users and staff – Is the insurance certificate on display and in date?	√			

<b>Standard 36: Service Users Money</b> <b>Outcome: Service user's financial interests are safeguarded</b>	YES	NO	In part	COMMENTS
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. See information also in standard 24.  Some residents would be unable to manage their own finances so this is assessed and continued independence where possible.  <b>Standard met.</b>
Safeguards are in place if managed by home e.g. records kept for safe keeping of valuables and/or money, secure storage	√			

<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>	YES	NO	In part	COMMENTS
Admission & Discharge Register in place	√			<p>Evidence – discussion with care manager, discussion with individual staff, care plan storage, policies &amp; procedures.</p> <p>Care plans are generated and stored electronically, which are password protected.</p> <p>Residents or their NOK can see a copy of the care plan by speaking to the care manager. However, the care manager said she has regular discussions with both to keep them updated of any changes needed to care.</p> <p>Staff spoken to could explain the importance for maintaining confidentiality and data protection of resident information.</p> <p><b>Standard met.</b></p>
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	√			

<b>Standard 38: Safe Working Practices in Place</b> <b>Outcome: The health, safety and welfare of service users and staff are promoted and protected</b>	YES	NO	In part	COMMENTS
Safe moving and handling practices are in place	√			<p>Evidence – discussion with care manager, audits, induction programme and training matrix, risk assessments in care plans, accident/incident forms.</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	√			There is a good programme of training in place for all staff which is relevant to their role and is updated as recommended by the training provider.
First Aid training – staff have an understanding of first aid and there is a named first aider	√			Accidents / incidents are recorded and are used as further training sessions for staff to prevent a re-occurrence / minimise risk.
There is first aid equipment in the home that is always available when needed	√			Accidents / incidents are also monitored for trends, e.g. same person incident, same area of home, same time of day etc.
Food hygiene – Chefs and Cooks undertake food hygiene training at level 2 level, care staff at level 1	√			COSHH assessment are in place and staff have completed training.
Infection control – staff undertake training for infection control	√			When weekly fire alarm testing is undertaken, this is recorded. Issues reported to maintenance to rectify.
Safeguard training	√			Keypad exit to home for resident's security.
Housekeeping undertake training for the safe storage and disposal of hazardous substances (COSHH)	√			Equipment is regularly serviced and inspected as required and there are records to show this work has been undertaken.
Regular servicing of boilers & heating systems	√			Where building work is taking place, these areas have been adequately secured and are regularly monitored by the care manager and the project manager.
Maintenance of electrical systems & equipment	√			
Regulation of water temperature (Legionella control – plan in place with records kept	√			<b>Standard met.</b>

Radiator protection, low surface heaters	√		
Risk assessment and use of window restrictors	√		
<b>Maintenance of safe environment &amp; equipment:</b>			
<ul style="list-style-type: none"> <li>• Kitchen</li> </ul>	√		
<ul style="list-style-type: none"> <li>• Laundry</li> </ul>	√		
<ul style="list-style-type: none"> <li>• Outdoor steps and pathways</li> </ul>	√		
<ul style="list-style-type: none"> <li>• Staircases</li> </ul>	√		
<ul style="list-style-type: none"> <li>• Lifts</li> </ul>	√		
<ul style="list-style-type: none"> <li>• Flooring</li> </ul>	√		
<ul style="list-style-type: none"> <li>• Garden furniture</li> </ul>	√		
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> </ul>	√		

<ul style="list-style-type: none"> <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	√			
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.

<b>Action No.</b>	<b>Standard No.</b>	<b>Action</b>	<b>Date action to be achieved</b>	<b>Person/s Responsible for completion of the action</b>	<b>Compliance check date:</b>	<b>Through addressing the actions, has this raised any issues that require further action</b>
1.	7- Service-User Care Plan	Include more information in the care plan for people with dementia. For example; triggers to different behaviours and how carers can support people using diversionl methods	Immediate addition to care plans	Care Manager	Review at next inspection visit within 6-months	
2.	9- Medication	Use of a competency assessment tool for regular monitoring of the knowledge and skills carers require to administer medication to residents – example of competency assessment tool provided for guidance	Annual checks or more frequently if a medication error occurs	Care Manager	Review at next inspection visit within 6-months	
3.	32 – The Care Manager	Care Manager to complete VQ level 4/5 in Leadership & Management or equivalent level course	As soon as able to access course	Provider & Care Manager	Review at next inspection within 6-months	



<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 **15/06/22** 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.**

**June 2022**