



The Office of the  
Committee for  
Health & Social Care

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

**LE PLATON HOME**

**INSPECTION REPORT**

Date: 05/06/19

**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 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.
- The report will show recommendations for good practice.

Name of Establishment: **Le Platon Home**

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

Name of Registered Provider/Company: **Board of Management, Le Platon Home**

Name of Registered Manager: **Mrs Sharon Williams (RGN)**

### CATEGORY/NUMBER OF REGISTERED BEDS

CATEGORY	NUMBER REGISTERED
<b>Residential</b>	<b>25</b>
<b>Date of last inspection visit: 14/07/18 Announced 09/01/19 Unannounced</b>	
<b>Date of inspection upon which this report is based: 05/06/19</b>	
<b>Category of inspection: Announced</b>	
<b>Registration and Inspection Officer Vanessa Penney</b>	

The Inspection findings relate to the Projet de Loi and its associated Ordinances. These are supported by the agreed Guernsey Standards for Care Homes as examples of 'Best Practice' and it is against these that form the basis of the inspection and its findings. The report follows the format of the Guernsey Standards and the numbering shown in the report corresponds to that of the Standards.

## **INSPECTION REPORT**

**Identified below are areas addressed in the main body of the report, which are seen as health and safety, and/or good practice issues which the Registered Provider should consider for implementation.**

<b>RECOMMENDED HEALTH AND SAFETY AND PRACTICE DEVELOPMENTS</b>	<b>Standard No.</b>
There were no areas of concern noted on this inspection visit. Continue to provide the quality care you are currently offering the residents and keep up the training programme with on-going refresher sessions for the staff that you currently have in place	30

## **STANDARD 1: INFORMATION**

**OUTCOME:** The intended outcomes for the following set of standards are:

- **Service users have the information they need to make an informed choice about where to live.**
- **Each service user has a guide to the facilities.**
- **Each service user has a written contract/statement of purpose setting out the aims and objectives of the home.**
- **Each service user understands how to contact the Health Services Inspector and other local health and social services.**

### **Key findings/Evidence:**

Le Platon Residential home currently provides residential care for up to 25 people. However, a building project is currently in progress to provide a purpose-built dementia care facility, which is expected to be completed in 2021.

When an enquiry is made a marketing brochure is provided to inform the inquirer about the environment of the home and the services it offers including the team's philosophy of care. The information in the brochure is reviewed and updated annually and the date of print is displayed on the cover to demonstrate that the information is current. There is also an information brochure available to provide information about 'The Friends of Le Platon'.

There is an informative service user guide, which is in large print for ease of reading for a person with visual impairment and the information is clear and is easy to understand. The guide includes some lovely photographs of the inside and outside of the home. There is a summary of the history of Le Platon and of the day-to-day management of the home. The information also includes the philosophy of care; to include the care offered for people with dementia, aims and objectives of the team, number of registered places, description of accommodation and communal areas, and the services and facilities available in the home. There is a summary of the staffs' qualifications, knowledge and experience and provision for ongoing training and development. The terms and conditions for taking up residency at Le Platon, insurance details and the financial arrangements are also discussed; including additional items that are not included in the weekly fee e.g. chiropody and hairdresser visits and newspapers etc. The information acknowledges that special needs and interests will be catered for; at this current time there are no male carers in the team and new residents are informed of this before they make an informed decision to move in to Le Platon.

The information discusses the policy for pets, alcohol and smoking in the home and the procedure for making a complaint; with details for contacting Health & Social Care (HSC) for referral of a complaint that cannot be resolved by the care manager or by the board of management. It also indicates that a copy of Le Platon's most recent inspection report can be located on the notice board

in reception and on the board near to the parlour. Additional information available in the service user guide is a contact number for the home, an explanation of admission into the home, trial period, medical arrangements, social activity programme and parking in the grounds of the home. The service-user guide is also reviewed and updated annually. The home also has a very informative website, which includes information for both the existing care home and the new facility, which is currently under construction - Website address; [www.leplaton.com](http://www.leplaton.com)

#### **STANDARD 2: CONTRACT + DEMENTIA STANDARD 1.1**

**OUTCOME: Each service user has a written contract/statement of terms and conditions with the home.**

#### **Key findings/Evidence:**

On admission to Le Platon each resident receives a contract of agreement for accommodation and care. The contract includes the following information - the room the resident will occupy, financial arrangements while living in the home; to include the arrangements for periods of absence due to a hospital admission, or if a resident is away from the home taking a holiday, liability for breach of contract, resident's rights and obligations, trial periods, assessment and care planning, facilities, insurance, privacy and confidentiality, managing personal money, complaints procedure and the procedure for the termination of the agreement. Residents are required to pay for some additional services and items, which are not covered by the weekly/monthly fee, such as hairdresser, chiropody, newspapers or personal luxuries etc and this is explained in the information. The contract is also reviewed and updated annually.

The resident or relevant person (next of kin (NOK)/advocate) and the designated signatory for the home sign the contract and both parties retain a copy of the signed agreement. The contract can also be provided in large print to meet the needs of people with visual impairment if required.

#### **STANDARD 3: NEEDS ASSESSMENT + DEMENTIA STANDARD 1.1**

**OUTCOME: No service user moves into a home without having had his/her needs assessed and been assured that these will be met.**

#### **Key findings/Evidence:**

Prior to moving in to Le Platon, a person is assessed by the Needs Assessment Panel (NAP) to ensure that the person's care needs are residential level, or residential level with an early stage of dementia. The care manager obtains a copy of the assessment summary from the NAP to assist her in the process of decision making.

Before finally taking up accommodation at Le Platon an additional assessment is also undertaken by the care manager/deputy to ensure that the care team are able to meet the person's care needs and their expectations of the home and the expectations of their NOK (who also complete an assessment fact sheet – where appropriate). The assessment includes the activities of daily living, risk assessment for personal safety, mental capability and social interests etc. The care manager also includes the involvement of others in order to gain maximum information; for example, a resident's GP (a medical history summary is obtained with the person's consent or that of their NOK), community nurses, or other allied health care professionals (if relevant), as well as a resident's NOK. The resident him/herself is encouraged to provide much of the information if he/she is able to.

Prospective residents and/or their NOK are encouraged to visit the home to have a look around or to stay for afternoon tea. This gives them a chance to talk to people who already live in the home and to the staff who work in the home. The care manager also arranges to meet a person and their NOK in the person's own home, hospital, or other place of residence e.g. care home, if a visit to the home is not possible. Once a person has made their final decision and has moved in to the home, a daily living care plan is developed within the first week. The care manager begins the process for the development of the care plan before a person moves in to the home. Information received from other healthcare professionals allows the care manager to put things in place, or to obtain pieces of equipment ready for admission, rather than having to wait for a person to move in and then begin to put things in place.

#### **STANDARD 4: MEETING NEEDS**

**OUTCOME: Service users and their representatives know that the home they enter will meet their needs.**

#### **Key findings/Evidence:**

Le Platon is a residential home although the staff aim to enable residents to remain in the home for as long as is possible, even if a person requires a higher level of care due to illness or increased frailty. The care manager is a Registered General Nurse (RGN) and the team also seek clinical guidance and support from other specialist personnel if this is required; community nurses, continence specialist nurses, palliative care team, tissue viability specialist nurse, dietician and the mental health team for managing dementia care. This ensures that the resident's needs continue to be met as their care needs change.

Residents who were spoken to on the day of inspection all felt that their care needs are currently being met. Discussion with several residents indicated that they are supported to make choices and decisions to maintain a lifestyle that is chosen by the individual with actions of support in place to minimise risk and to keep them safe.

The care manager encourages carers to undertake the NVQ/VQ programmes and provides ongoing

training opportunities for development both in-house and on a more formal basis. The care manager has access to the internet; including for HSC and incorporates feedback from audits and inspections to further inform practice for the team. The management also subscribes to the Caring Times, Nursing Standard and the Caring Business Journal.

#### **STANDARD 5: TRIAL VISITS**

**OUTCOME: Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.**

##### **Key findings/Evidence:**

If possible, a person and/or their NOK are encouraged to visit the home to have a look around before making a final decision to take up long term accommodation at Le Platon. They are encouraged to stay for a cup of tea, have a guided tour of the home and to talk with some of the residents who live there and with the staff who work in the home. However, the care manager visits a person in his/her own home, hospital or other place of residence e.g. other care home, if this is not possible, as previously discussed in this report.

The care manager accepts an emergency admission if there is a vacant room at the time that it is required; however there are no dedicated rooms for this purpose and Le Platon generally maintains full capacity. Following an emergency admission, documentation is completed using the same process as for all long term care admissions to the home and a care plan is in place within 5 days.

There is provision for a 6-week trial before a resident is required to make a final decision for long term care residency. This is flexible through discussion with the care manager, or with the secretary to the Board of Trustees.

#### **STANDARD 6: INTERMEDIATE CARE**

**OUTCOME: Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.**

##### **Key findings/Evidence:**

Le Platon does not have a dedicated room for intermediate/respite care. Residents who are receiving intermediate or respite care are encouraged and are assisted to maximise their independence with support from the care team and other specialist services as required. There are limited resources to facilitate this such as; passenger lift, bath aids and adaptations and adapted crockery and cutlery etc. There are also several kitchenettes situated within the home for a resident or their visitor, to be able to make a cup of tea whenever they want to (following a risk assessment).

If more specialised equipment is required, support is sought from the occupational therapists (OTs) and the physiotherapists as necessary. Carers are appropriately supervised by the relevant specialist for providing assistance with unfamiliar practices e.g. use of specialised equipment or in techniques for providing assistance. The community OT also visits Le Platon to undertake wheelchair assessments (requests made by care manager as necessary). The care manager said respite care is a good way for a resident to find out what a care home environment has to offer and is very often pleasantly surprised.

**STANDARD 7: SERVICE USER PLAN + DEMENTIA STANDARD 1.6, 2.1, 2.2, 3.1, 3.2, 3.3, 4.1, 4.6**

**OUTCOME: Service user's health and social care needs are set out in an individual plan of care.**

**Key findings/Evidence:**

An assessment, which includes risk assessments for personal safety and well-being are undertaken for all prospective residents to ensure that the home is able to meet their care needs. A care plan is then developed from the outcome of the assessment and is based on the activities of daily living. The care plan incorporates risk assessments for falls, moving and handling, personal safety, nutrition and for skin integrity (Waterlow score). A person's likes and dislikes are also recorded; this is important for residents who are not able to communicate their wishes. The care plan is then developed to encourage and assist residents to be able to exercise freedom and choice and to be able to remain as independent as possible. Once the care plan has been developed for a new resident, the care manager meets with the resident and/or their NOK after one month, to ensure the care provided is meeting the person's needs and their expectations of the care home. If changes are required, the care plan is then amended. Following this, the care manager then undertakes an annual review with the resident and/or their NOK (unless required sooner).

Care plans are reviewed at least monthly between the team; sooner if a person is unwell or if there are changes in treatment or in a person's health and well-being. The date of the review and the signature of the reviewer are recorded. The care manager also undertakes a documented monthly audit of the care plans (4 care plans each month).

An entry is made on each resident's daily communication sheet for every shift. The information includes the following; if there is a change in a resident's health and well-being, treatment carried out, visits from other healthcare professionals, outings or visits from relatives, or anything out of the ordinary for an individual person. Each entry is legible and includes the date and the signature of the person making the entry.

A rota is in place so that the carers work in all of the sections of the home to enable them to become familiar with the care needs of all of the residents. This enables them to provide cover effectively, for any section when there are acute staff shortages. The senior carer for each section remains in their allocated section of the home, to ensure continuity of care for the residents in that section.



Staff attend a verbal handover at the start of their shift for the well-being of the residents and there is a communication book in the staff room to inform staff of changes during their shifts. For example, appointments, GP visits, pre-planned outings and operational issues etc. Care plans are stored in the carers' office, which is keypad protected.

## **STANDARD 8: HEALTH CARE**

**OUTCOME: Service user's health care needs are fully met.**

### **Key findings/Evidence:**

Visits from GPs and community or specialist personal are undertaken in a resident's own room. The care manager contacts specialist personnel as necessary for preventative healthcare strategies and all information from GP visits etc is documented in the resident's medical notes. The medical notes are kept separately from the resident's care plan and problems or results that are recorded for the outcome of these visits, are acted upon accordingly. Appointments are made for a resident to receive consultations or to receive treatment etc. If a friend or relative cannot take their relative for their appointment, the care manager organises transport and either the activity co-ordinator or a carer accompanies the person.

There are currently no residents in the home with a pressure sore; a Waterlow score is completed each month. Le Platon has a range of preventative equipment to manage risk for skin integrity e.g. profile beds (all but 4 beds in the home are profile beds) and pressure relieving mattresses and cushions etc (equipment list provided) for which there is a rolling programme for replacement, which is good practice. The care manager is the tissue viability link nurse for the home.

Conversation with several residents indicated that they are offered the appropriate level of assistance with personal care, assistance at meal times, and with social stimulation. Residents are also supported to take control and manage their own health care wherever possible; often with support from their NOK e.g. visits to GP surgery.

Residents have a key carer and there is also a 'Welcome To The Team At Le Platon' board in reception, which includes each member of staff's photograph, name and their role in the team. This is an excellent idea as it enables residents and their relatives to become familiar with the key carer and with the rest of the staff and encourages a good working partnership between all of those involved with a resident's care.

Residents or their relatives are able to speak to the care manager at any time when they visit the home during the day (senior carer at weekends). The care manager is able to organise access to support services if required, such as an advocate, alternative therapies, optician, dentist, or an audiologist etc.

**STANDARD 9: MEDICATION + DEMENTIA STANDARD 4.3**

**OUTCOME: Service users where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.**

**Key findings/Evidence:**

There are policies in place for the receipt, recording, storage, handling, administration, and disposal of medication. Also for self-medication and for medication errors. There is also a policy for chemical restraint. There is a current BNF and the care manager is able to access the Nursing and Midwifery Council website for further guidance for the administration of medicines. There is a copy of the policies and procedures relating to medication in each Medication Administration Record (MAR) file in each section of the home for easy reference; as well as a copy in the main home policy & procedure file. There is also a file where the leaflets from each medication are stored as an additional referral resource for the carers.

Records are kept for all medication that is received, administered, disposed of, or any medication that leaves the home. Each resident has a MAR, which includes their name, date of birth, known allergies and the name of their GP. There are no residents in the home who are currently self-medicating. However, should a person want to continue to self-medicate when the person moves in to the home, the care manager completes a risk assessment to ensure that the person is safe to continue to undertake this activity. Regular ongoing monitoring is then put in place to continue to support the person with this. The resident is provided with a lockable drawer/cupboard in their room for the safe storage of their medication.

Medication is stored and is administered in compliance with current regulations and the controlled drugs are audited weekly and this is recorded. Senior carers administer medication following training by the pharmacist at Lloyds Chemist and through an assessment by the care manager. The care manager also undertakes monthly audits each time a medication cycle is completed to ensure the medication process continues to be well-managed and to identify areas where additional training may be needed. Carers who administer medication to residents have completed the NVQ level 3 unit for the administration of medication. Refresher training for the administration of medication and ongoing monitoring for competency is undertaken in-house using an accredited training workbook for the administration of medication in a social care setting (recently completed). Direct observations for the administration of medication to all residents is undertaken by the care manager and a competency assessment is documented. Areas identified for further development are undertaken through supervision with individual carers.

There is a signature list, which is kept in the medication file for the carers who administer medication and each resident's medication chart is accompanied by their photograph (kept updated), which is excellent practice.

The team have a good working relationship with their pharmacy and are able to contact them for advice whenever necessary. The deputy chief pharmacist from within HSC undertook the home's most recent pharmacy inspection in April 2019. One recommendation made was actioned promptly; otherwise the medication system was noted to be well-managed.

All residents at Le Platon receive a review of their medication by their own GP at least 3-6 monthly. If a resident's health or care needs change, the person's GP may be contacted sooner. There is a chart on the wall for quick reference, which indicates when a resident was last seen by their GP and also provides information at a glance of the frequency of visits each resident has required. This also provides valuable information to report to GPs e.g. frequency of falls or urinary tract or chest infections etc.

All residents and staff at Le Platon are offered an annual flu vaccination and records are kept for this.

#### **STANDARD 10: PRIVACY AND DIGNITY + DEMENTIA STANDARD 1.5**

**OUTCOME: Service users are treated with respect and their right to privacy is upheld.**

#### **Key findings/Evidence:**

All rooms in the home are single rooms and all but 3 rooms are en-suite. Residents who do not have an en-suite have a wash hand basin in their room with a toilet within close proximity to their room. Interaction observed between residents and carers demonstrated that people are treated with dignity and respect and this was also confirmed in conversation with several residents.

Consultations are undertaken in a resident's own room and residents have the choice of receiving visitors in their own room, the lounge, the parlour, or out on the patio in the finer weather.

Residents have the option to have a telephone in their room; those who choose not to, have access to a telephone if they want to make a call. Residents are able to lock the door to their room if this is a safe action (risk assessed), although no residents currently tend to do this.

Residents are encouraged to open their own mail or to ask their relative to do this for them. Staff only open a resident's mail if the resident/relative asks them to do this because they were unable to open it themselves; if for example they were expecting birthday cards or are waiting for an appointment. Staff never open business mail.

During the day staff were observed to address residents by their preferred term of address and this is documented in each resident's care plan. For most people it is by their Christian name. All staff knock on a resident's door before entering their room. It was noted during the inspection, that if a resident is hard of hearing the carer also calls out before being invited to enter. Call bells that rang where a resident required assistance, were noted to be answered swiftly. Residents who were

spoken to said that staff are respectful, kind and are patient when they are assisting them. They said that the carers do as much as they can to ensure their comfort and safety. This was also confirmed through observation of resident and staff interaction throughout the day.

There are policies and procedures in place for adult protection; including restraint, maintaining privacy and dignity and for confidentiality and these policies are included in the induction programme for all new staff.

#### **STANDARD 11: DYING AND DEATH**

**OUTCOME: Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.**

#### **Key findings/Evidence:**

The staff at Le Platon aim to support a resident who becomes frailer or who may require palliative care to remain in the home for as long as possible with assistance from both the palliative care team and from the community nurses. This is to ensure that a resident's care needs continue to be met at this time and a resident is able to remain in a familiar, friendly environment with the people that he/she knows well and trusts. The specialist teams support the staff by providing advice for adequate pain relief ('just in case' medication pack in place where needed), nutritional intake and for pressure relief for the resident (checklist for monitoring purposes). The staff are then able to continue to care for the resident who they have built up a close relationship with, until the resident passes away. For advanced care planning, an end of life book with poems and psalms is available. The information also includes a bereavement guide for relatives, which is an excellent. The care manager also undertakes de-briefing sessions for the staff and some staff have undertaken a training session with the bereavement association.

When a resident is receiving end of life care, the care manager makes provision for a relative to stay with their relative if they want to and relatives are offered refreshments and support from the staff in the home. Staff within the home have undertaken end of life training (in-house) and have developed their knowledge and skills for palliative care and to ensure that religious needs are met.

The staff have access to policies and procedures for palliative care and for resuscitation. Resuscitation is discussed with each resident (if appropriate), their GP and a resident's NOK when they are admitted. Once a decision has been made regarding a resident's resuscitation status, this is documented in the resident's care plan and carers are informed; St John Ambulance are also made aware of the instruction.

**STANDARD 12: SOCIAL CONTACTS AND ACTIVITIES + DEMENTIA STANDARD 1.3, 1.4, 2.4, 4.1, 4.2, 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8**

**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.**

**Key findings/Evidence:**

There is a flexible daily living routine within the home, as much as is possible with a group- living environment as there are set meal times. However, residents generally have lunch in the dining room unless they are unwell (several residents noted to have lunch in their room – their choice), but are able to have breakfast and supper in their room (confirmed by residents). To support residents to maintain their independence, there are kitchenettes around the home where residents are able to make snacks or tea for themselves or their relatives (risk assessed as safe to do so). Residents are able to help out with daily activities around the home if they want to; 2 residents like to help with giving out the teas and coffees and helping to do the dishes afterwards. However, generally residents choose not to, or are unable to do this.

Le Platon has an activity co-ordinator who provides 30hrs of activity cover each week and there is also an activity assistant who provides 6hrs of activity time each week and also provides some additional cover for sickness and holidays. The team organise various activities within the home to cater for the residents varying interests and there is a mixture of both group and one-to-one activities. It is particularly important for those residents who choose not to/are not able to come out of their rooms at all during the day, that they are encouraged to pursue some leisure activity or social interaction. There is also a volunteer in the team who helps out with some of the activities. The volunteer takes residents out for a drive at the weekends. The volunteer also spends time in the home reading to residents, which is beneficial for some of the residents who are unable to go on outings.

Residents that were spoken to said they are made aware of the activities being held in the home each day and attend the ones they wanted to. The staff ensure they assist residents to the sessions if they are unable to make their own way there so they do not miss out. Some residents do not attend the activities; preferring to remain in their room to undertake their individual interests. However, the care manager said that some residents who had previously shown no interest in social time have begun to take an interest in some of the activities. The activity co-ordinator continues to explore their interests so that this can be developed further with these residents. There is no pressure put on them to take part. Several residents go out frequently with their own family and friends.

There is an activity programme on display in reception and on the notice board by the parlour and the activities on offer are bingo, exercises to music and well-being (sonas), art and craft classes, sing-alongs, outings away from the home, for example to the visiting French market or to Candie Gardens

for a musical afternoon, group reminiscence and film afternoons etc. Le Platon has a 5-seater car, which is also has space for a wheelchair.

One-to-one activities include manicures, hand massage, reading a newspaper or book, reminiscence (current topics being discussed are holidays & the world cup) and outings (garden centres, fish & chips and an island drive etc). The activity co-ordinator retains a record of the activities that have been undertaken and the residents who have attended them. Interestingly when the hairdresser visits the home, the parlour is set out as a hairdresser's salon so that residents feel that they are going to the hairdressing salon to have their hair done.

The dog training group visit the home periodically and The Healing Music Trust also visit the home periodically, which the residents really enjoy. Residents also attend the chapel where regular services are held. Residents are free to go into the chapel during the day whenever they choose. Once again this year several residents went to a Liberation tea dance. The activity co-ordinator also organises various schools to visit the home; Blanchelande and Forest schools have visited to undertake activities with some of the residents.

The activity co-ordinator is continuing with the development of 'All about me' book and there are sing-along books for people who have dementia. The care manager continues to seek activities for people with dementia to include sensory resources. The Alzheimer group visit the home frequently to sing with the residents also. The activity co-ordinator holds quarterly residents' meetings and feedback is given to, which is used to further develop the activity programme.

### **STANDARD 13: COMMUNITY CONTACT**

**OUTCOME: Service users maintain contact with family/friends/representatives and the local community as they wish.**

#### **Key findings/Evidence:**

There is an open visiting policy, which is noted in the residents' contract and is also displayed on the notice board in reception. Visitors are asked to avoid meal times as a courtesy to other residents if they are not eating with their relative or assisting them with their meal.

There is a lounge and a parlour where residents can sit with their relatives and talk, and residents are able to provide their relatives with refreshments as mentioned previously. The parlour provides an inviting room, with a good assortment of chairs and is a popular area where residents socialise.

There is a visitor's book in reception, which is completed when visitors come and go from the home and an 'in and out' book for resident use. This is good practice for security for the residents and for fire safety; the staff know instantly who is in or out of the home in the case of an emergency.

The staff encourage residents to maintain their own social networks outside of the home if this is possible; several residents are still able to go out frequently with family and friends. One resident attends the Russells and several of the gentlemen enjoy time going to the pub to meet up with friends. The general public are also invited to attend mass in the chapel at Le Platon, with some of the residents and staff and this social interaction is enjoyed by everyone. Several residents are able to go out independently.

The care manager is in the process of linking up with Notre Dame school to encourage interaction between the residents of the home and the school children. The care manager said previous sessions with other groups of school children have been beneficial for both parties and everyone who took part thoroughly enjoyed the sessions.

A resident's choice regarding who visits them is respected and if a resident did not wish to have a visit from someone in particular, the care manager would document this in the resident's care plan, all staff would be informed and the relevant action would be taken (none currently in place).

#### **STANDARD 14: AUTONOMY AND CHOICE**

**OUTCOME: Service users are helped to exercise choice and control over their lives.**

##### **Key findings/Evidence:**

Residents are encouraged to bring in personal possessions such as small items of furniture, photographs and ornaments etc, when they move in to the home in order to personalise their own room. Residents who were spoken to gave good examples that demonstrated that they are able to maintain choice and control over their lives e.g. outings, activities they chose to do in the home, what they would like for their meal and when they get up and go to bed etc.

There is a safe in the office for the safekeeping of money and/or valuables. This is for residents who are unable to take care of this for him/herself, or who do not have a relative to do this for them. Records are retained for all transactions both in and out of the safe and the administrator undertakes a regular documented audit. Two residents are supported to manage their money with support from the home and the person's social worker and this works well with safety measures in place.

If a resident wanted access to their personal care record the care manager would organise for this to be done. Some residents who have received the services of the community nurses keep possession of their own community health care record for each visit in their room.

All staff have access to policies and procedures for adult protection and for guardianship.

**STANDARD 15: MEALS AND MEALTIMES**

**OUTCOME: Service users receive a wholesome, appealing, balanced diet in pleasing surroundings at times convenient to them.**

**Key findings/Evidence:**

Le Platon uses the cook-chill system through the PEH. The menu is varied and is on a 3-week cycle. The cook has a copy of resident's likes and dislikes in the kitchen and is able to cater for people with special dietary requirements; diabetic, religious or cultural needs, known allergy, vegetarian, soft diet etc.

Three meals are offered each day with the main cooked meal at lunchtime. At suppertime there is also a choice of a cooked dish on 3 days per week. In between main meals and at night residents are offered regular snacks and beverages. A menu request form is completed each morning for the meal choice for both lunch and supper. If a resident is not able to complete the form a carer supports a resident to do this. If there is something on the menu that a resident does not like, they are always offered an alternative choice (confirmed by residents).

Residents are able to have their breakfast and tea in their room, however, the staff encourage residents to have lunch in the dining room to facilitate social interaction between residents and staff. If a resident has a problem with eating in the dining room, the staff respect their wishes and they have their meal in their room. If a resident makes a request for a friend or relative to have lunch with them, this is accommodated.

The catering is reviewed regularly to ensure changes are made to reflect residents' choices. In April a questionnaire was completed with residents. As a result the catering manager reviewed the feedback and the menus were reviewed and updated in June as a result of the feedback received.

On the day of inspection the dining room was nicely laid up and was clean and inviting. Having a table pleasantly laid contributes to the ambience, making mealtimes into "an event," something for the residents to look forward to during their day.

The carers monitor residents' dietary intake through observation, as the carers spend lunchtime assisting the residents. The care manager also likes to walk around the dining room and chat to the residents at lunchtime whenever she can. If there are any concerns with a resident's nutritional status, this is documented and the care manager then undertakes a re-assessment of a person's current nutritional needs and a food diary and/or a fluid chart is commenced if necessary. Residents are weighed when they are admitted and if there are no concerns this is continued monthly. Where a concern is raised the person is weighed more frequently, which is documented and a visit from the person's GP is sought if necessary. Additional support may also be sought through a referral to the



dietician, speech and language therapist (SALT) for swallowing difficulties or to the dietician etc. One resident was recently supported through the dietician service due to poor nutritional status. A GP may also introduce supplements to support a resident's dietary intake, which are prescribed on a person's MAR e.g. Fortisip, Forticreme etc.

Biscuits, sandwiches, cakes and fruit etc are available for residents In between meals if they feel like a snack, however, several residents have little luxury food items in their room, which have been brought in by family and friends. Residents were complimentary regarding the meals in the home; there were no complaints voiced on this occasion.

The three catering staff are up-to-date with food hygiene level 2 and carers also complete food hygiene training at level 1. Recently, the carers and kitchen staff completed training with the SALT for the International Dysphagia Diet Standardisation Initiative (IDDSI). This provides criteria for categorising different diet textures for people with swallowing difficulties.

An Environmental Health Officer undertook a food hygiene inspection in March 2019 and Le Platon retained a 4 star rating. This should increase to 5 stars with the provision of the new kitchen in the new build, which is currently under construction.

#### **STANDARD 16: COMPLAINTS**

**OUTCOME: Service users and their relatives are confident that their complaints will be listened to, taken seriously and acted upon.**

#### **Key findings/Evidence:**

Le Platon has a complaints procedure in place. How to access the policy/procedure is discussed in the service-user guide and in the residents' contract and a copy of the policy/procedure is displayed on the notice board in reception. The policy explains how complaints can be made, who will manage the complaint and there is a time scale for managing the complaint. All records of complaints are recorded, investigated and actioned. There is written information for the referral of a complaint to HSC; if the care manager or the board of management cannot resolve the complaint.

All residents that were spoken to appeared to have a comfortable relationship with the care manager and could be seen during the day having discussions with her at various times. The care manager said a formal complaint is rare; most periodic complaints are little day-to-day 'niggles' that are expected within a group living environment and which can be resolved at the time. This was also the impression given in conversation with residents who had no issues to raise at this time.

**STANDARD 17: RIGHTS**

**OUTCOME: Service user's legal rights are protected.**

**Key findings/Evidence:**

When commencing employment, confidentiality and data protection are explained in detail to all staff and there are a number of policies to protect service user rights, for example; advocacy, opening mail and access to notes etc.

Where a resident has no relative or friend who is able to undertake guardianship for a person who requires this, a referral is made to HSC for guardianship (referrals are currently in place for 2 residents).

The care team facilitate a resident's right to participate in the local political process if they wish to do so. Deputies visit the home to speak to residents when there is a local election and some residents take part in voting.

Adult protection policies are in place e.g. data protection, safeguarding vulnerable adults and for whistle blowing and these are regularly discussed within the team.

**STANDARD 18: PROTECTION**

**OUTCOME: Service users are protected from abuse.**

**Key findings/Evidence:**

Le Platon has policies in place to include the following; adult protection, inappropriate restraint; neglect; non-receipt of gifts, discrimination, whistle blowing, safe storage of money and valuables, staff non-involvement in a resident's affairs and contacting advocacy services. The care manager takes any allegation of abuse seriously and a prompt investigation is undertaken and is then recorded; with the care manager involving the relevant multi-agency services. The registration and inspection officer and the safeguard advisor from within HSC are also notified and the registration & inspection officer advises and supports the care manager to ensure a positive outcome for the resident. All staff have undertaken safeguard training with an accredited trainer.

All staff have a police check (DBS) undertaken prior to confirmation of a permanent position within the team (enhanced checks for carers). On commencing employment all employees are provided with an induction programme and all of the policies and procedures above are included in the employee handbook. There is also a separate handbook for senior carers, outlining their additional responsibilities.

The care manager said she would refer any person who she considered to be unsuitable to work with vulnerable adults, to the HSC if this were necessary.

**STANDARD 19: PREMISES + DEMENTIA STANDARDS 7.1, 7.2, 7.3, 7.5, 7.7, 7.10**

**OUTCOME: Service users live in a safe, well- maintained environment.**

**Key findings/Evidence:**

As previously discussed in this report Le Platon is currently undergoing building work to create an additional purpose-built dementia care facility. While the work is in progress, the project manager is working with the care manager to ensure minimal disturbance to the residents and to keep the grounds safe and the home accessible. Therefore, the outside space is currently limited to the patio area at the back of the home where residents sit out in the fine weather. However, the development of the new facility will provide a large secure garden for people to wander around with seating areas and colourful plants and shrubs.

Le Platon is currently able to provide care for people with early stage dementia where wandering is not identified as a risk. However, a wander guard alarm system has been installed to further minimise the risk of a person wandering out of the home unsupervised and this is in place for 1 resident. Since this inspection visit the care manager has informed the department that key pad protected cellar doors have been fitted at the top of the staircase, which leads down to the cellar. This is to reduce the risk of a resident either losing their footing if wandered down the stairs, or finding themselves in the cellar and thereby gaining unsupervised access outside. This will give staff additional peace of mind in relation to the residents' safety.

The furniture within the home is suitable for the needs of the residents, it is in good order and is non-institutional. The management retain records of routine maintenance and renewal of fabric and furniture. Each time a room becomes vacant, it is reviewed and is re-decorated and re-carpeted and the furniture is replaced as necessary. Le Platon is a comfortable home and is extremely clean, odour free and has suitable lighting; both inside and outside of the home. Some areas of carpeting in the corridors are worn and need replacing; however, due to the new building development it is acknowledged that this will be addressed within this project.

The insurance certificate is in date and is displayed in the lobby area of the home and the fire equipment is checked every 3 months (dates supplied).

**STANDARD 20: SHARED FACILITIES**

**OUTCOME: Service users have access to safe and comfortable indoor and outdoor communal facilities.**

**Key findings/Evidence:**

The care manager is aware of the current smoking legislation. There is a designated smoking area available outside of the home.

There are various indoor recreational areas for residents to use, including the parlour. Furnishings are non-institutional and are in good order. As previously discussed in this report access to the garden is limited to the patio area while the building work takes place. All of the communal areas have good lighting and are kept very clean and tidy and are free from any unpleasant odours.

**STANDARD 21: LAVATORIES AND WASHING FACILITIES**

**OUTCOME: Service users have sufficient and suitable lavatories and washing facilities.**

**Key findings/Evidence:**

There is clear access to lavatories and there is a lock on the doors. Each facility has a call bell and signage or pictures to indicate where the communal toilets are, are installed if needed for residents who have dementia (ongoing monitoring). There are facilities to support infection control for both residents and staff and the housekeeping staff have a daily cleaning schedule in place.

**STANDARD 22: ADAPTATIONS AND EQUIPMENT**

**OUTCOME: Service users have the specialist equipment they require to maximise independence.**

**Key Findings/Evidence:**

Ramps and handrails are appropriately situated throughout the home and 2 passenger lifts ensure access to all sections of the home. There are various hoists (4) and aids to assist residents' varying degrees of mobility e.g. raised toilet seats, walking aids, commodes and wheelchairs etc and the home has 4 fixed hoist baths and 1 specialised parker bath. One bathroom has an electronic assisted Arjo Malibu bath and a level entry shower facility with seating, which is excellent.

Floor sensor mats, seat and bed sensors, door alert alarms (4) and a wander guard system are also available for any resident where a higher level of assistance or supervision around the home is

needed. The sensors are linked in to the nurse call system.

There is sufficient storage for all equipment and there are signs throughout the home to aid communication to meet the needs of the residents; including room identification (optional for each resident) and fire exit signage.

#### **STANDARD 23: INDIVIDUAL ACCOMMODATION - SPACE REQUIREMENTS**

**OUTCOME: Service users own rooms suit their needs.**

##### **Key findings/Evidence:**

All resident accommodation at Le Platon is single occupancy, which is of adequate size and is laid out taking into account the choice of the resident and their mobility needs, and any safety issues that have been identified. Radiators, which do not have a radiator cover fitted, have furniture placed in front and a risk assessment is completed for each resident, which is reviewed frequently (radiator cover would make some rooms too small).

#### **STANDARD 24: INDIVIDUAL ACCOMMODATION - FURNITURE AND FITTINGS**

**OUTCOME: Service users live in safe, comfortable bedrooms with their own possessions around them.**

##### **Key findings/Evidence:**

Le Platon has mainly hospital type beds. However, there are 19 electronically operated height adjustable profile beds, for a resident who has become frailer with poor mobility; twelve of these beds lower right down to the floor.

Each resident's room is numbered and the resident's name is on their door. Residents are encouraged to bring in personal possessions such as photographs and ornaments etc, in order to personalise their room. Of the rooms inspected, each room reflected the person's personality and interests. The furniture in each resident's room is in good condition and the décor, flooring, lighting, heating and ventilation are all suitable to meet the needs of the residents.

Bed linen and towel changes are undertaken routinely each week or whenever this is necessary, if before this time.

Residents have access to a fixed, lockable drawer for the storage of medication, or for the safekeeping of small amounts of money or valuables. Each room has a flat screen television (some residents have brought their own TV in from home), a call bell, suitable lighting and there is a telephone point. For residents who do not wish to have a telephone in their room, they are able to

have access to a telephone if they need to make a call.

Three of the rooms in the home do not have an en-suite facility; however, these rooms have a wash hand basin with a toilet facility within close proximity to the resident's room. The long-term business plan for the home is for all rooms to become en-suite (within the building work project).

#### **STANDARD 25: SERVICES - HEATING AND LIGHTING**

**OUTCOME: Service users live in safe, comfortable surroundings.**

##### **Key findings/ Evidence:**

There is natural light and ventilation in each room and sufficient hot water, which is restricted to a maximum of 43°C to comply with current legislation, which is to prevent scalding from hot water. There is a Legionella prevention programme in place, which is managed by a contractor, maintenance person and housekeeping service and the care manager and the maintenance person have undertaken training in the management of Legionella. An asbestos survey of the building has also been completed prior to the building work commencing.

Sections C and D in the home have been fitted with radiator covers and sections A and B will have the radiators replaced with the low surface temperature type each time a room becomes vacant (ongoing programme). Currently the radiator in each resident's room has a temperature valve and is either guarded by furniture (sections A and B) with 1 in section B of a low surface temperature type. If a resident was at risk of falling against a radiator and/or had a sensory impairment, the care manager undertakes a risk assessment and the necessary safeguards are put in place; as previously discussed.

There is suitable lighting, both overhead and at the bedside in each room and there is emergency lighting throughout the home.

#### **STANDARD 26: SERVICES - HYGIENE & CONTROL OF INFECTION**

**OUTCOME: The home is clean, pleasant and hygienic.**

##### **Key findings/Evidence:**

The housekeeping staff have a cleaning schedule and keep the home spotlessly clean and free from any unpleasant odours. Receptacle disinfectors have been installed; 1 in section B, 1 in C and 1 in D, which is good practice for infection control. The laundry facility is located in the basement away from food preparation areas. Clinical waste is stored securely until it is collected each week for disposal.

There are policies and procedures in place for infection control and this includes the safe handling of

clinical waste, HSC control guidelines, dealing with spillages, provision of protective clothing and for hand washing. The maintenance person and the care manager undertake COSHH assessments and good record keeping is in place for this.

The infection control specialist nurse from within HSC will once again commence infection control audits once the building work is completed.

#### **STANDARD 27: STAFF COMPLEMENT**

**OUTCOME: Service user's needs are met by the numbers and skill mix of staff.**

#### **Key findings/Evidence:**

All care staff are above the minimum age of 18 yrs and 21yrs for a person who is to be left in charge of the home.

Staffing levels reflect the layout of the home and the dependency of the residents and there is sufficient staff on duty during peak times and at night time. From Monday – Friday the care manager is on duty from 8am until 4pm and is supernumerary. During a morning shift there are 6 carers on duty, during an afternoon shift there are 4 carers, during the evening shift there are 6 carers and overnight there are 2 carers (1 carer lives on-site and is available if needed in addition to the 2 carers on duty). The care manager said she is currently in the process of recruiting a deputy care manager to train up for when the new dementia care facility opens.

Residents who were spoken to said call bells are answered promptly and this was also observed during the inspection. Residents said staff are caring and helpful and they did not feel rushed when they were being attended to. Staff that were spoken to said that there is sufficient staff on each shift to enable them to manage their workload effectively and they are provided with the necessary equipment to enable them to do their job efficiently. This suggests that there is an adequate staffing level at the current time. Resident dependency scores, call bell audits and feedback from residents, staff and visitors to the home are used, to monitor and increase staffing levels accordingly.

There are sufficient housekeeping staff (4) catering staff (3) and a maintenance person and it is evident that these members of staff take pride in their work. The team are also supported by 3 administration staff.

The care manager has bank staff to cover sickness and holidays; therefore she does not need to employ agency staff. Staff that were spoken to expressed that they enjoy their job and were very positive about the culture of the home. Several staff have worked in the home for many years; a positive reflection on the operational management of the home.

**STANDARD 28: QUALIFICATIONS****OUTCOME: Service users are in safe hands at all times.****Key findings/Evidence:**

The care manager is a Registered General Nurse and has a Degree and holds a certificate in District Nursing. She has many years experience as a care manager both in Guernsey and in the UK. She has completed the NVQ Registered Manager's Award Level 4 and is also an A1 assessor for the NVQ/VQ programmes.

Three carers have achieved NVQ/VQ level 3 and one of these carers is currently undertaking the A1 assessor course. Seven carers have achieved the NVQ/VQ award at level 2. The management continue to offer good support for carers to undertake this award to ensure that the team have the necessary knowledge and skills to provide care for their client group.

**STANDARD 29: RECRUITMENT****OUTCOME: Service users are protected by the home's recruitment policy and practices.****Key findings/Evidence:**

Le Platon has an equal opportunities policy when recruiting staff. Two written references are requested; 1 from the person's most recent employer. Employment gaps are explored and a police check (enhanced for carers) is sought and is updated as necessary. The care manager also requests medical information from a person's GP (with their consent) if she has concerns in relation to a person's health status to take up the role for which the person had applied for.

All staff are issued with a written contract which states the terms and conditions of employment which he/she is required to sign. There is a staff handbook, which contains relevant policies and this is reviewed and updated regularly. The care manager has a copy of the Guernsey Standards for Care Homes 2010 and this is available to all staff. All staff records are stored in a locked cabinet in the administrator's office where only management have authorised access.

**STANDARD 30: STAFF TRAINING + DEMENTIA STANDARDS 6.1.1, 6.1.2, 6.1.3, 6.1.4, 6.1.5, 6.1.6, 6.3 (Care Manager 6.2 - 6.2.4).****OUTCOME: Staff are trained and competent to do their jobs.****Key findings/Evidence:**

All new employees are supervised through an induction programme to orientate them to the home



and to gain an understanding of the needs of the residents. The aims, values and rights of the people who live and work in the home are also explained.

Staff have a programme of training with regular updates provided for; moving and handling, infection control, first aid & basic life support, fire safety (11 fire Marshalls), safeguarding and food hygiene. Dementia care training was also completed last year (2 housekeepers on refresher training today). Carers also complete training sessions that are relevant to their job role to enable them to develop their knowledge and skills for medication administration, the management of skin integrity, incontinence management, management of diabetes and for end of life care. More recently the carers and kitchen staff have undertaken training for the International Dysphagia Diet Standardisation Initiative (IDDSI) with the SALT. This provides the staff with the criteria for categorising different diet textures for people with swallowing difficulties.

The maintenance person undertakes training for environmental risks - COSHH, moving & handling, fire safety, infection control, dementia care and for risk assessment. The kitchen and housekeeping staff have also undertaken the same training as the care staff to also include COSHH.

The activity co-ordinator has undertaken training for moving & handling, fire safety, infection control, dementia friendly awareness, safeguarding and for food hygiene. Administrative staff undertake training for moving & handling, fire safety, dementia care and for safeguarding.

The care manager also organises continual 'on-the-job' training and refresher sessions relating to the relevant policies and procedures. She undertakes frequent clinical shifts to enable her to assess the knowledge and skills within her team. Staff also attend link meetings periodically with specialist healthcare professionals for continence care, infection control and for tissue viability etc.

The relevant policies and procedures for training and further development are available in the home. All staff are offered more than the minimum 3 days training per year (informal & formal sessions) and the care manager retains a training profile for each employee (training matrix provided).

**STANDARD 31: STAFF SUPERVISION + DEMENTIA STANDARDS 6.4, 6.5, 6.6**

**OUTCOME: Staff are appropriately supervised.**

**Key findings/Evidence:**

All staff receive induction when they commence employment in the home and have a period where they are supervised by a more experienced member of staff. This continues until the care manager is satisfied that the person has the confidence and has developed the necessary knowledge and skills to work without constant direct supervision.

Annual appraisals have been completed for all carers for 2018 and a clinical supervision programme

is in place, which is good practice. Staff that were spoken to said they are always supported in their work by each other and by the management at Le Platon and there was good evidence of team work noted throughout the day.

The care manager is aware that all volunteers who work in the home are required to have a police check and need to be supervised and supported appropriately. Le Platon has also supports students from the College of Further Education on the 'Prepared to Care' programme and the feedback has been very positive. The care manager and her team also support people on work experience through their school of education. This is to support young people in preparing for working life. During their placement at the home the person shadows a member of the team (no personal care).

### **STANDARD 32: MANAGEMENT AND ADMINISTRATION - DAY TO DAY OPERATIONS**

**OUTCOME: Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his/her responsibilities fully.**

#### **Key findings/Evidence:**

The care manager is a Registered General Nurse. She has prior experience of managing care homes both in Guernsey and in the UK. She has a Degree and a certificate in District Nursing in Health Care and is an NVQ/VQ assessor. The care manager has worked with older people for many years and has the knowledge and experience that is needed in relation to the diseases, ageing process and mobility problems, which frequently affect older people.

The care manager has undertaken regular training to include; safeguarding vulnerable adults (level 3), dementia care (level 3); 2-day dementia design course in the UK through Stirling University and risk assessment training, fire Marshall training, an awareness of The Mental Capacity Act (UK), Deprivation of Liberty Act (UK), end of life care, diabetes management, managing extremely challenging behaviour and managing sickness and absence for staff. She also attends regular care home manager's meetings. This is a valuable developmental resource for care home managers as it enables them to share ideas and to support each other with on-going developments in a care home environment; including for problem-solving and reflection on practice. She also attends training, which is relevant to her role for managing the home e.g. managing staff etc.

The care manager is aware of the lines of accountability and responsibility, that her position holds and she is accountable to the Trustees of the Board of Le Platon. The care manager said she sees her position as having 24/7 responsibility and is always contactable by telephone for advice or for any emergencies whenever she is not on duty and all staff are aware of this.

**STANDARD 33: MANAGEMENT AND ADMINISTRATION - ETHOS**

**OUTCOME: Service users benefit from the ethos, leadership and management approach of the home.**

**Key findings/Evidence:**

The care manager has an open approach and there is a very supportive and positive culture within the home. She demonstrates good leadership skills and values the staff in the home. This is evident as the home has staff who work various hours to fit in around their personal commitments and she accommodates staff whenever possible; although not compromising the needs of the residents. Staff sickness is audited monthly.

Several staff have worked at the home for many years and gave very positive feedback in relation to the support they receive and the trust that they have in the management, which is a very positive reflection on the management of the home. Staff and residents that were spoken to said that they are able to approach the care manager and ask questions or seek advice whenever necessary and she also provides support when she undertakes clinical shifts. They once again commented on her positive and supportive manner to everyone.

The care manager has meetings with the Board of Trustees every other month for the ongoing development of the business plan for the home and to discuss the operational developments.

**STANDARD 34: MANAGEMENT AND ADMINISTRATION - QUALITY ASSURANCE**

**OUTCOME: The home is run in the best interest of service users.**

**Key findings/Evidence:**

The care manager speaks to each resident every day and addresses any issues or concerns as they arise. Verbal feedback from residents and relatives, as well as cards and letters received are used as a self-monitoring tool and to monitor the developments in the home. Staff also provide feedback, as well as more formal feedback received from visiting medical specialists; or as the result of infection control audits, care home standards inspections, fire safety inspections, environmental health inspections and pharmacy inspections and the care manager allows residents and relatives to view any of these reports if interested to read them.

Staff meetings are held every 2-3 months or sooner if necessary, so that staff are kept informed of the developments in the home. A senior carer meeting takes place first and this is followed by a carer meeting 1-2 weeks later. New information is passed on and practice issues are also discussed. The minutes of the meetings are printed out and a copy is available in the staff file in the office for all

staff to read. This is important as it avoids situations when staff claim not to have been informed of various issues. The care manager also has a monthly meeting with the community nurses who provide the community nurse cover for the home, which continues to work very well.

Residents' meetings are held quarterly and are chaired by the activity co-ordinator and the minutes of these meetings are recorded. Prior to the building project commencing, a meeting was held where residents, relatives and staff were informed of the building work due to take place and to be able to ask the Chairman of the Board of Trustees, project manager of the building firm and the care manager any questions. A board of information is also on display in the home and is kept regularly updated.

All residents that were spoken to continue to be very happy living at Le Platon and once again offered nothing but praise for all of the staff; the level of respect they are shown, the caring manner of which they are attended to and the dignified way in which they are spoken to. This was also reflected in conversation with a relative of a resident who visits regularly.

There is a very good activity programme at Le Platon which continues to develop and includes both group and one-to-one activities for all residents; including more specialist activities for residents with dementia.

The care manager sends out questionnaires for residents/relatives to complete regarding the quality of care and services in the home. The care manager said this reassures us that we are doing a good job and provides feedback for areas where we can continue to make improvements. In May 25 questionnaires were sent out and 12 were returned. The care manager said she is in the progress of auctioning the feedback and this will be relayed back to the residents at a residents' meeting (discussed in more detail with care manager).

The updating of policies and procedures is ongoing as informed and directed by current information and legislation. The care manager is aware that policies and procedures need to be reviewed and updated at a minimum of every 3 years.

The management of Le Platon are continually upgrading the home to ensure the home provides a well-maintained and comfortable environment for the residents who live there. Regular audits, which are discussed throughout this report, also facilitate this process. Some areas of refurbishment are currently on hold due to the current building work but will be addressed within the project. However, should these areas require attention due to a trip hazard etc (carpet) before this time, these will be actioned as necessary.

**STANDARD 35: MANAGEMENT AND ADMINISTRATION - FINANCIAL PROCEDURES**

**OUTCOME: Service users are safeguarded by the accounting and financial procedures of the home.**

**Key findings/Evidence:**

Employment and Social Security receive annual accounts from the home. The accounts of the home are managed by the administration department and are audited annually. No concerns have been raised with the registration & inspection department by any resident or their NOK, in relation to a resident's account at the home. The home's insurance certificate is current and is displayed in the entrance to the home.

**STANDARD 36: MANAGEMENT AND ADMINISTRATION - SERVICE USERS MONEY**

**OUTCOME: Service user's financial interests are safeguarded.**

**Key findings/Evidence:**

The management encourages residents to manage their own financial affairs where possible. If this is not possible a resident's NOK would do this for their relative, or the services of an advocate or guardianship are sought. Staff are aware that they must not have any involvement in a residents' financial affairs or with signing legal documentation.

Residents have access to a lockable drawer within their room if required for small amounts of money or valuables. There is a safe which is situated in the administrator's office, where items for safekeeping can be stored. There is documentation for transactions of items and money both into and out of the safe, which are signed for and this is audited regularly.

**STANDARD 37: MANAGEMENT AND ADMINISTRATION - RECORD KEEPING**

**OUTCOME: Service user's rights and best interests are safeguarded by the home's record keeping policies and procedures.**

**Key findings/Evidence:**

All records observed are up to date and are in good order. Data protection is complied with and records are kept locked away securely in the staff office.

The care manager would arrange for a resident or their NOK (where relevant) to have access to their care record if this was requested; however, residents regularly discuss their care, changes and support required with the care manager or with the senior carer (confirmed in conversation with

residents). The care manager said that a person's NOK is also updated with changes either as a result of a telephone call, or when they visit their relative if they visit very frequently and this was also confirmed in conversation with a relative post inspection visit.

#### **STANDARD 38: MANAGEMENT AND ADMINISTRATION - SAFE WORKING PRACTICES**

**OUTCOME: The health, safety and welfare of service users and staff are promoted and protected.**

##### **Key findings/Evidence:**

A training programme is in place and continues throughout a person's employment at the home and carers are encouraged and are supported to undertake the VQ award. Training is up-to-date and ongoing throughout the year and consists of both formal and informal training and one-to-one supervision as necessary.

Each resident has a care plan, which is regularly reviewed and updated. The care manager has an accident/incident book and retains records of the accidents/incidents within the home and the action taken to minimise further risk. She undertakes a monthly audit of all accidents/incidents to highlight trends e.g. falls in same place or same time of day, so that appropriate action can be taken and she signs all of the forms to acknowledge that she has reviewed them.

There are maintenance records for all equipment that requires regular servicing. The care manager makes provision for all instruction manuals to be kept with individual pieces of equipment to ensure that the staff have the information at hand before they use any of the equipment, or for refresher purposes. Risk assessments are undertaken to ensure safe care is provided, also for a safe environment and for COSHH (quarterly health and safety audit). There is a first aid box in the dispensary, which is checked regularly and is replenished as necessary.

There is safety information displayed around the home regarding fire instructions and the fire alarm is tested each week and a log is kept. The care manager has a personal emergency evacuation plan for each person in the home. Maintenance of the fire safety equipment in the home is undertaken regularly throughout the year by a service engineer. There are window restrictors fitted to all windows (2-monthly documented audit) and radiators are either guarded (radiator cover or guarded by furniture) or are of a low surface temperature type.

The back door to the home from the car park has a keypad entry/access (callers are required to ring the bell to be let in to the home). The front door now has an alarm fitted. This alerts the staff so that they can check to make sure that a person who is not able to exit the building unsupervised can be attended to. An individual room door alarm, bed or chair sensor or a sensor mat are in place for a resident who is at risk of wandering or leaving the home if the person requires supervision and this is documented in the resident's care plan.

The care manager and the maintenance person undertake a walkthrough the home 4 times per year to monitor health and safety within the home and to undertake necessary planned checks (documented audit).

### **Registration and Inspection Officer's Comments**

Le Platon provides care and support for up to 25 people who have residential status care needs, which includes for people with early stage dementia. The environment of the home has been risk assessed and additional equipment has been installed to assist with keeping people safe.

Residents who were spoken to gave positive feedback in relation to the quality of care they receive and the manner in which the staff support them. Throughout the day residents were observed to be treated with kindness and respect and appeared relaxed and happy when being assisted by carers. Carers understood how to support residents with their preferences and chosen routines and encourage them to make choices and to maintain as much independence as possible. Residents have a good programme of activities in place to encourage social interaction and one-to-one activities are also provided where this is more beneficial for an individual.

The care plans examined contained good information to enable carers to provide person-centred holistic care; including the involvement of other healthcare professionals as needed. Care plans are reviewed and updated regularly and a resident and/or their NOK (as appropriate) are kept updated of any change in care needs.

There is a good programme of training in place and there is regular appraisal undertaken to guide development and staff felt well supported by their Care Manager.

Quality assurance systems are in place to monitor the quality of care and service delivery in the home. This is provided in the way of internal audits, and also through audits and inspections that are undertaken by outside organisations. Residents also provide feedback at resident meetings to enable the management to continue to develop the home to improve peoples' experiences of living in a care home.

Well done to all of the team who work in the home.

Vanessa Penney  
Registration and Inspection Officer

**HOME MANAGER/PROVIDERS RESPONSE**

Please provide the Inspection unit 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.

<b>Standard No.</b>	<b>Recommended work</b>	<b>Action being taken to address requirements</b>	<b>Established completion date</b>

<b>Standard No.</b>	<b>Recommended practice developments</b>	<b>Action being taken to address recommendations</b>	<b>Estimated completion date</b>



**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 **05/06/19** 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:

**Signed:**

**Designation:**

**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 2019**

