

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

**LE PLATON
RESIDENTIAL HOME**

INSPECTION REPORT

DATE: 6th August 2020

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

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

INTRODUCTION

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

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

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

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

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

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

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

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

CATEGORY	NUMBER OF REGISTERED BEDS
Residential	25

Date of most recent inspections: 05/06/19 – Announced 14/11/19 – Unannounced
Date of inspection upon which this report is based – 06/08/20
Category of inspection – Announced
Vanessa Penney - Registration and Inspection Officer (HSC) Jo McGinn – Quality & Support Officer - Governance (HSC)

SUMMARY OF FINDINGS

Le Platon offers a good information package to enable a person or their NOK to be able to make an informed decision about whether Le Platon is the right choice of home for them. The Care Manager encourages a prospective resident and/or the person's NOK to visit the home to have a look around and to talk to some of the residents and staff prior to making their final decision.

Pre-admission assessments are undertaken to determine the needs of the person and to ensure the home is equipped to meet those needs. In order to establish a clear picture of a person's care needs and choice of routine and preferences, information is gathered from a prospective resident (where able), NOK and from healthcare professionals from within the multi-disciplinary who have been involved with the person's care. The care plans examined are person-centred and the risk assessments in place increase safety in the environment and reduce the risk of harm to individuals.

An Activity Co-ordinator offers a varied programme of activities for social engagement, to include outings within the wider community. Suggestions from residents help to shape the activity plan, in order to support people's hobbies and interests to maintain their quality of life. Activities are provided in-house for people who are unable/choose not to go out and are offered on a 1-1 or group basis. Residents are not pressured to join in if they do not want to.

People's nutrition and hydration needs are assessed on admission and the team provide the necessary support to ensure the risks of malnutrition and dehydration are managed effectively. The relevant staff have undertaken training for the provision of modified diets using the IDDSI framework. Residents who were spoken to said they enjoy their meals and have choices at meal times, no complaints were received.

The home is currently in the middle of a building project with the first stage near completion. This is in the form of a purpose-built 25 bedded facility for people who have dementia and is a really exciting time for the team. The environment of the main home is kept well-maintained and the Housekeepers deserve a special mention for maintaining the cleanliness of the home despite the building work. Although some of the areas of the home look 'tired', work to these areas are included in the next stage of the building project, which will commence following on from stage 1.

Residents' are encouraged to bring in personal items to make their room feel comfortable and homely and the rooms visited appeared to reflect the person's personality, hobbies and interests.

There is a robust system in place for the recruitment of staff to help the employer to make safer decisions to safeguard people. All staff have a supervised period of induction. A programme of training and updates then continues throughout the person's employment at the home, which include safeguarding and dementia care. Care staff are supervised on a daily basis by the Deputy Care Manager who organises the staff training. Annual appraisal is in place to support personal and professional development for all of the team. The staffing level in the home is satisfactory for the dependency of the current residents and this is continually monitored for each shift. Additional staff have been recruited for the new

dementia facility. As the home increases occupancy additional staff will continue to be employed as needed.

A quality monitoring process is in place through seeking the views of residents, relatives and staff and through the use of audits from professionals from outside of the home.

Staff who were spoken to said they receive good support from their managers, who they described as approachable and fair. Staff said they feel comfortable to raise a concern or to make a suggestion and feel they are listened to and are valued.

Residents who were spoken to liked living in the home. Residents who were not spoken to directly but were sat in small groups in the communal rooms or outside in the sunshine appeared happy and relaxed. One resident said "The girls are all lovely", which is a positive reflection on all of the team in the home.

Recommendations made on this inspection are included in the improvement plan, which follows on from the audit.

GUERNSEY STANDARDS FOR CARE HOMES AUDIT

Standard 1: Information Outcome – Prospective service users have the information they need to make an informed choice about where to live	YES	NO	In Part	COMMENTS
Website (optional)	✓			There is good information available on the home's website www.leplaton.com
Marketing Brochure (optional)	✓			
There is a Statement of Purpose that sets out the:				
Philosophy of care, aims and objectives	✓			
Terms and conditions of the home	✓			
Updated at least annually or when changes to services and home occur	✓			
There is a Service Users Guide/Resident's Handbook				
Prospective and current residents are provided with/have access to a copy	✓			The website, marketing brochure and the resident's handbook facilitate the decision-making process as to whether Le Platon is the right home for the person
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	✓			Residential care for 25 people – the home has full occupancy
Special needs & interests catered for e.g. diets, activities etc	✓			
How to access a copy of most recent inspection report	✓			Request to Care Manager and also available on home's website
Procedure for making a complaint	✓			
Service users views of the home	✓			Positive feedback in previous reports, thank you cards and letters on notice board
Summary of fees payable and any extras payable e.g. newspapers, incontinence products & toiletries etc	✓			Explained in detail prior to signing contract agreement

The home's policy for alcohol	✓			Alcohol is permitted but this will be withdrawn if abused
The smoking policy	✓			Outside in designated area only
The home's policy for pets	✓			Visiting pets welcome – authorisation through management
A statement that service users can expect choice in the gender of those who provide basic care whenever possible	✓			If a person has a preference they will need to make this known before moving in to the home as a male Carer may not be available on all shifts
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	✓			Both

Standard 2: Contract Outcome – Each service user has a written contract/statement of terms and conditions with the home	YES	NO	In part	COMMENTS
Contract provided on admission	✓			
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	✓			All of the above are discussed with the resident or their NOK/representative prior to signing the contract and both parties keep a copy of the signed agreement

Standard 3: Assessment Outcome - No service user moves in to the home without having had his/her needs assessed and been assured that these will be met	YES	NO	In part	COMMENTS
Pre-admission assessment prior to moving in to the care home	✓			
Involvement of others; relatives, GP other allied health professionals	✓			GP provides medical history summary to the Care Manager with the person's/representative's consent. The person's Social Worker also provides a summary of care from the Needs Assessment Panel (NAP)
Assessment for all admissions covers the following:				
• Personal care & physical well-being	✓			
• Mental state & cognition	✓			Includes for dementia
• Diet & weight	✓			
• Food likes and dislikes	✓			
• Sight, hearing & communication	✓			
• Oral health	✓			
• Mobility & history/risk of falls	✓			
• Continence and skin integrity	✓			
• Medication usage	✓			
• Social interests, hobbies, religious & cultural needs	✓			
• Personal safety & risk	✓			
• Carer, family, other involvement/relationships	✓			
Care plan developed from the outcome of the assessment	✓			Person-centred care plans have been developed, which are based on the information gathered during the assessment from all parties involved

Standard 4: Meeting Needs Outcome - Service users and their representatives know that the home they enter will meet their needs	YES	NO	In part	COMMENTS
Registered person can demonstrate the home's capacity to meet people's assessed needs	✓			Care home is registered to provide residential care and will also accept people with early stage dementia. Once the new build part of the home is completed and is fully operational, more specialist care for

				dementia will be available in a purpose-built environment
The services of specialised personnel are sought to meet people's care needs	✓			Services who provide support and guidance for individual people are; Continence Specialist Nurse, Palliative Care Nurse, Community Nurse, Speech & Language Therapist (SALT), Social Worker, Occupational Therapists and the Mental Health Team
Social/cultural needs are met to the preference and needs of the person and are understood by the people caring for them	✓			Specific choices in care plan for all staff to follow
Policies for discrimination & Equality (equal access to services)	✓			

Standard 5: Trial Visits Outcome – Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home	YES	NO	In part	COMMENTS
Provision for staff to meet a service user in their own home or other place of residence	✓			Care Manager/Deputy Care Manager visit a prospective resident in hospital or other place of residence e.g. other care home
Residents or their representative are encouraged to visit the home before making a decision	✓			A prospective resident or their NOK are encouraged to visit the home to have a look around and to talk to some of the residents and staff to assist in their decision-making process
Is there provision for a trial before final decision made to move into home	✓			6-week trial period in place
Does the home take emergency admissions	✓			If there is a vacant room at the time that it is needed, however Le Platon generally has full occupancy
Information process in standards 2-4 is in place within 5 working days	✓			

Standard 6: Intermediate or Respite Care Outcome: Service users assessed and referred for intermediate care are helped to maximise their independence and return home	YES	NO	In part	COMMENTS
Dedicated accommodation available		✓		Would accept if there is a vacant room at the time of need

Specialised facilities, therapies, treatment and equipment are available to promote activities of daily living and mobility	✓			Equipment for daily living is available to support a person to maintain their level of independence or to improve on it – more specialist pieces of equipment for an individual service user are obtained from the specialist service as needed
Are staff qualified in techniques for rehabilitation and promotion of programmes to re-establish community living?	✓			Staff have knowledge and experience in general day to day living requirements – specific techniques required for an individual service user is supported by the specialist at the time
Is there appropriate supervision of staff by specialists from relevant professions to meet the assessed needs of the service-user	✓			Regular visits are put in place by the visiting healthcare professional and supervision of the Carers is provided at the time. The Care Manager and the Deputy Care Manager are both registered nurses (RNs)
Ensure appropriate equipment available prior to agreeing for person to move in to the home	✓			Care Manager or her deputy organises equipment to be at the home ready for when the person moves in, or the person brings their own equipment in when they are admitted
If a person is unable to return home the person is able to remain living at the care home	✓			A person who is unable to return home following a period of respite is referred back to the Social Worker for a re-assessment. If the appropriate certificate is issued the person can remain in the home subject to availability of a suitable room

Standard 7: Service User Plan Outcome: The service user's health and personal and social care needs are set out in an individual plan of care	YES	NO	In part	COMMENTS
Care plan is in place and is based on assessment	✓			Care plans were personalised and provided details of each person's routine and preferences. Conversation with several people gave clear indication that staff know them well
Risk assessments in place for:				
<ul style="list-style-type: none"> Moving & handling & mobility & risk of falls 	✓			Good assessments for falls management - include measures and

				equipment in place for positive-risk and also to maintain quality of life and to encourage independence
• Nutrition	✓			Peoples' likes and dislikes are documented and people are encouraged to maintain a balanced diet. Information is included for how to support people with specific eating requirements and observations or equipment needed
• Skin condition & Pressure sore prevention	✓			Braden score in place to assess skin integrity and equipment is in place where needed to minimise the risk of a pressure injury e.g. pressure relieving cushions and mattresses
• Other				
Minimum of 3-monthly review of care plan, or as needs change if before review date	✓			Care plans are reviewed monthly, however, if an element of care changes before this time, it is updated at the time
Evidence of user/relative involvement	✓			NOK given a document to complete titled 'All about me'. Unfortunately some relatives never complete and return this information. Relatives in UK also fine-tuned their relative's care plan once completed by the home, which was very helpful
Restrictions on choice & freedom are agreed and documented (Mental Health, Dementia)	✓			Some people who have dementia have a roam alert in place and this is agreed with the relevant healthcare professionals and the person's NOK. Herbert protocol in place for any person at risk of leaving the home unsupervised if not safe to do so
Format of care plan	✓			Recently changed over to the Fusion electronic care package care plan system. Care plans are printed out so all Carers have access
Handover discussions: verbal, written on changeover of each shift	✓			
All entries on documentation legible, dated and signed	✓			

Standard 8: Health Care Needs Outcome: Service user's health care needs are fully met	YES	NO	In part	COMMENTS
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Service users are supported and facilitated to take control and manage own healthcare wherever possible; staff assist where needed	✓			Some people attend GP surgery for appointments if able
Specialist health services used, dietician, tissue viability, continence, falls clinic etc where needed; including referral for uplift of care certificate when needed	✓			e.g. residential to residential EMI or to nursing
People are free of pressure injuries		✓		Braden score used to assess risk - appropriate equipment is in place where risk identified e.g. pressure relieving mattresses and cushions and turning charts where needed. One person is under the care of the Community Nurses for a small pressure injury, which is being managed
Preventative strategies for health care: link nurses, equipment etc	✓			The Care Manager and her deputy are both RNs and act as link nurses for the team. They have contacts for support from within HSC
Results from appointments, treatments and problems and from health care professionals are recorded in care plan and acted upon	✓			
Nutritional assessment completed on admission and reviewed regularly thereafter (weight recorded)	✓			A person's weight is monitored monthly (more frequently where a concern has been highlighted). The person's GP, Dietician or SALT are consulted where a concern is noted (as needed)
Regular night checks in place	✓			Some residents have a door alarm in place at night if needed – recorded in care plan
Is there a named key-worker/carer	✓			Each person has a key Carer (photo board on display in reception in relation to who is who)
Service users, relatives and/or advocates have the opportunity to discuss service users' wishes on their care with an informed member of staff.	✓			At any time; there is no need to make an appointment unless this is preferred by a resident or their NOK. The Care Manager and her deputy said they continued regular contact with families during the recent lockdown (COVID 19) e.g. telephone calls, ipads - Facebook, emails
The support service needs of each resident are assessed and access provided. Support services may include: advocate; 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	✓			
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Standard 9: Medication 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	YES	NO	In part	COMMENTS
Policies: for receipt, recording, storage, handling, administration, disposal, self-medication, errors, re-ordering, homely remedies and for administration during a pandemic	✓			
NMC guidance and BNF (within 6 month date) available	✓			
There is a self-medication assessment completed for each resident if person wanting to continue with this process and this is reviewed regularly including safe storage within person's room	✓			One resident self-medicates following a risk assessment – 4-week monitoring programme in place
Records for:				
• Meds received	✓			
• Meds administered	✓			No gaps in signing, medication stopped is signed and dated
• Meds leaving the home	✓			Returns book for pharmacy for medication that is no longer required to prevent unnecessary surplus stock
• Meds disposed of	✓			Appropriate disposal of medication as per current guidelines
• Medication Administration Record (MAR) in place	✓			Contains necessary information e.g. name of person, DOB, GP, allergies
• Photo of service user (consent)	✓			
If medication is required to be administered covertly, this is in the care plan, consent from GP and from resident's next of kin	N/A			No one is currently receiving medication covertly but the Care Manager and her deputy are aware of the regulations for administering covertly
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	✓			
Daily check of medication fridge, which is documented, to ensure remains 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 training at level 3	✓			Carers undertake training using a workbook that is marked independently in the UK through IHASCO. This is supported by supervision for the practical side of administration of medication by the Care Manager and her deputy
Competency for Carers (residential home) for the administration of medication and is reviewed at least annually, which is recorded	✓			Regular supervision and annual competency assessments by Care Manager and her deputy
Pharmacist advice used	✓			
Frequency of medication reviews by GP (minimum 3-6 monthly)	✓			More frequently as needed for individuals if unwell or needing a review
Has a Medication Inspection been undertaken by HSC's Pharmacist	✓			Most recent inspection in May 2019 – medication found to be well-managed – oxygen management training advised, which has been organised for August for the Care Manager
Flu vaccinations offered to residents, staff annually	✓			This is to be encouraged this year for all residents, and staff who work in care homes
Medications kept in the home for minimum of 7 days or after burial or cremation following a death	✓			Care Manager and her deputy are aware of the policy and have done so previously
Audit of MARs	✓			

Standard 10: Privacy and Dignity Outcome: Service users feel they are treated with respect and their right to privacy is upheld	YES	NO	In part	COMMENTS
Privacy and dignity is provided when assisting a resident with washing, bathing, dressing etc	✓			
Bedrooms are shared only by the choice of service users e.g. married couples, siblings	N/A			All single rooms
Screens are available in shared rooms	N/A			
Door to room able to be locked	✓			Most residents don't lock their door when not in their room
Examinations, consultations legal/financial advisors, visits from relatives with privacy	✓			
Entering bedrooms/toilets - staff knock and wait for a reply before entering	✓			Observed during day and confirmed by people who were spoken to
Wear own clothing	✓			People looked smart and well cared for

Laundry undertaken in house	✓			Except for dry cleaning items which is expected to be the person's or NOK responsibility
Mail is only opened by staff when instructed to do so	✓			Otherwise forwarded to NOK/representative
Preferred term of address in consultation with resident & this is documented in person's care plan	✓			
Wishes respected and views taken into account	✓			People spoken to said they are happy with the care they receive
Treated with respect - verbally	✓			Observed during day of inspection
Privacy and dignity is included in staff induction training	✓			Policies in place and including in induction programme
Service users are protected from the undesirable action of others (staffing levels)	✓			Satisfactory staffing levels to provide care and to monitor activities around the home
Information about service users imparted to members of staff is treated with respect and confidentiality	✓			Policy in place for maintaining confidentiality and this forms part of the induction programme
There is easy access to a telephone	✓			Each room has a telephone point. Some people have their own mobile telephone
Telephone adaptations are available to meet the needs of service users e.g. large buttons, amplifier	✓			Organised by the Care Manager for individuals as needed.

Standard 11: Death and Dying Outcome: Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect	YES	NO	In part	COMMENTS
Resident given comfort and attention in privacy	✓			
Nutritional needs met	✓			Advice sought from SALT, GP, Community Nurses or Palliative Care Team as needed
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	✓			Residential home so Community Nurses and Palliative Care Team provide support and guidance as needed
Suitable equipment available	✓			Additional required brought in by the Community Nurses or Palliative Care Team e.g. air wave mattress, syringe pump
Family involvement & needs met - provision to stay with relative	✓			Offered refreshments and able to sit with relative
Service users wishes respected (including after death)	✓			Known wishes actioned as prior request

Religious/cultural needs met	✓			
Changing needs met	✓			Services of healthcare professionals sought as relevant and NOK kept updated
Dignity of possessions after death	✓			Person's NOK and relatives pack up their relative's belongings
Staff training – induction, specialist nurses	✓			Care Manager & Deputy Care Manager provide support and guidance to the Carers to ensure the individual's care needs and wishes are met when a person is at end of life. Debriefing sessions for staff/individuals are provided by the RNs in the home or by the Palliative Care Nurses
Resuscitation status for each person	✓			Documented in care plan
Notification of death reported to Medical Officer & Inspection Officer	✓			
Policies in place for end of life care and following death and for resuscitation	✓			

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	YES	NO	In part	COMMENTS
'This is me' NOK to complete with resident	✓			A snapshot is provided for each person on admission. Generally given verbally and is included in the person's care plan. There is a 'This is me' document, which is given to a person or their NOK to complete but as noted above some are never returned
Flexibility and choice of daily living routines e.g. no restriction for getting up or going to bed	✓			Confirmed in conversation with 3 residents
Able to go out independently or with friends & relatives freely	✓			Conversation with 3 people suggested there are no restrictions in place
Involved in day-day running (if wanted) e.g. attending to garden, collecting dishes etc	✓			Offered where relevant, but most unable to or don't want to do
Choice of leisure, social & cultural activities	✓			Activities are meaningful and take in to account a person's hobbies and interests and mobility. Also whether the person enjoys group activities or on a 1-1. Activities include arts &

				crafts, exercises to music, outs within the community
Are religious/cultural choices acknowledged?	✓			
Are interests/hobbies recorded in the care plan?	✓			
Social activity profile kept- person engagement in activity	✓			Activity Co-ordinator maintains records
Is there an Activity Co-ordinator or do staff facilitate activities with residents	✓			Activity Co-ordinator and Carers involved with activity provision and to escort individuals on outings
Evidence of activities e.g. photo boards, albums, social media site	✓			In Parlour. Facebook during COVID 19 restrictions, to show activities are still taking place during lockdown. Also email groups with relatives

Standard 13: Community Contact Outcome: Service users maintain contact with family/friends/representatives and the local community as they wish	YES	NO	In part	COMMENTS
There is a written visiting policy, which is flexible	✓			Open visiting – visitors are asked to avoid mealtimes unless having a meal with their relative or assisting them with their meal
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	✓			People are able to continue to maintain their social networks within the community. Individual residents attend the Parkinson's exercise group, R & R group meetings. The Activities Co-ordinator takes several residents who have dementia to the Alzheimer's group session on a Friday. Several people go to church or on outings with their relatives and the home takes advantage of invites to tea parties and concerts etc held throughout the year.
Residents inform staff when going out and returning (if relevant) e.g. verbally, in & out board	✓			In & out book for residents

Standard 14: Autonomy and Choice Outcome: Service users are helped to exercise choice and control over their lives	YES	NO	In part	COMMENTS
Service users are encouraged to bring personal possessions into the home e.g. small furniture, pictures & ornaments etc	✓			Rooms personalised and reflect people's personality and interests
Residents have access make their own drinks or prepare food if they wish	✓			People can ask for a snack at any time, although regular snacks and drinks are offered throughout the day in between meals. There is also a kitchenette on each floor where a person can do this independently or with supervision as needed
Service users encouraged to manage own financial and other affairs. If there are no appropriate relatives to do so on their behalf independent advocacy is sought	✓			Some people have Guardianship or Power of Attorney in place
There a secure lockable cupboard, safe or drawer for personal valuables/money in person's room	✓			Safe provided on request
Is there secure storage and record keeping for residents unable to look after own day to day personal spending	✓			Encouraged to give to NOK, where appropriate for safekeeping. Where needed, small amounts of money can be kept securely within the home and records are kept for this
There is access to personal records e.g. person's care plan is kept in their own room, access to care plan via Care Manager	✓			

Standard 15: Meals and Mealtimes Outcome: Service users receive a wholesome, appealing, balanced diet in pleasing surroundings at times convenient to them	YES	NO	In part	COMMENTS
The menu is varied and changed regularly	✓			Cook-chill system currently used through the PEH
The food reflects popular choice	✓			Menus recently reviewed due to admission of new residents to ensure they meet everyone's needs
The food is appealing and is served in an attractive manner	✓			
Is the food nutritious	✓			
Service user's nutritional needs are assessed, regularly monitored and reviewed including factors associated with malnutrition and obesity	✓			Nutritional assessment on admission and is regularly monitored and reviewed. People are weighed regularly and concerns are escalated to the appropriate healthcare professional for further guidance

Fresh fruit and vegetables are served/offered regularly	✓			
Is there choice available at each mealtime	✓			Several choices available
Individual likes/dislikes are met	✓			Residents spoken to said they enjoy their meals
Three full meals a day are offered with at least 1 a cooked meal	✓			
Hot and cold drinks and snacks available at all times and offered regularly	✓			Observed during the day of inspection
A snack available in the evening/night	✓			
Special therapeutic meals are provided if advised e.g. diabetic, pureed, gluten free etc	✓			1 person on diabetic diet and blood sugars are checked regularly – no concerns – regular reviews by GP
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	✓			Modified diets recorded in care plan using the IDDSI framework – Kitchen staff and Carers have completed training and framework terminology documented in relevant care plans
Person has Percutaneous Endoscopic Gastrostomy (PEG)	N/A			
Supplements prescribed	✓			When advised by GP or Dietician and documented on the person's MAR
Religious and cultural needs are met	✓			When known/informed
The menu is written or displayed e.g. in dining room or resident notice board	✓			
Mealtimes are unhurried	✓			
Staff offer assistance to residents if needed	✓			
The dignity of those needing help supported	✓			Specialist crockery and cutlery provided as needed
Staff attitude satisfactory	✓			Patient and helpful
There is reasonable choice as to when & where meals are eaten	✓			Dining room encouraged but some people eat in their room
Food covers used to transport food to rooms, is hot trolley used?	✓			
Table settings pleasant	✓			
Crockery, cutlery, glassware and napery suitable	✓			
General ambience and comfort	✓			
Temperature satisfactory	✓			
Lighting satisfactory	✓			
Flooring satisfactory	✓			
Cleanliness satisfactory	✓			
Odour control	✓			
Furnishings satisfactory	✓			
Décor pleasant	✓			

Safer Food, Better Business manual completed	✓			
Food preparation (areas clean)	✓			
Waste disposal – foot operated bin	✓			
Kitchen & dining room hygiene	✓			Good
Staff hand washing facilities	✓			
Date of most recent Environmental Health food hygiene inspection	✓			April 2019 – 4 star rating – this should increase when new kitchen completed in 2 nd stage of the building project

Standard 16: Complaints Outcome: Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon	YES	NO	In part	COMMENTS
There is a complaints procedure which is clear and simple, stating how complaints can be made	✓			
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	✓			
Duty of Candour – transparent and honest	✓			
Details of investigations and any action taken is recorded	✓			
There is written information available, clearly displayed, in an accessible place, for referring a complaint to the HSC	✓			Displayed on the notice board at the entrance to the home and is in the resident's handbook

Standard 17: Rights Outcome: Service users' legal rights are protected. Service users know that information about them is handled appropriately and that their confidences are kept	YES	NO	In part	COMMENTS
The home facilitates access to available advocacy services	✓			
The home facilitate the individual's right to participate in the local political process	✓			In consultation with a person's NOK where appropriate, unless a person can do this independently
Written policies are in place for Data Protection (Bailiwick Of Guernsey) Law, 2018 and for confidentiality	✓			
Prior consent obtained for any photographs taken	✓			

Standard 18: Protection Outcome: Service users are protected from abuse	YES	NO	In part	COMMENTS
Polices & procedures are in place for Safeguarding Vulnerable Adults against:				
• Physical abuse	✓			
• Sexual abuse	✓			
• Inappropriate restraint	✓			
• Psychological abuse	✓			
• Financial or material abuse	✓			
• Neglect	✓			
• Discrimination	✓			
• Whistle-blowing	✓			
• Safe storage of money & valuables	✓			
• Staff non-involvement in residents financial affairs or receiving of gifts	✓			
Safeguard allegations reported to Safeguard Advisor & Inspection Officer	✓			Has done so previously
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	✓			Has done so previously if needed
Staff undertake regular training for safeguarding	✓			Refreshers organised to keep people updated throughout employment at the home

Standard 19: Premises Outcome: Service users live in a safe, well-maintained environment	YES	NO	In part	COMMENTS
Facilities within home safely accessible	✓			Main home cordoned off safely while work takes place on the new build dementia care part of the home
Is entry/exit to home restricted	✓			Doors to exit the building are PIN coded, which automatically release on loss of electricity
The home was free of trip hazards	✓			
Facilities in grounds safe and accessible for varying abilities e.g. wheelchair	✓			Passenger lift to service all floors, limited outside access while building work takes place but there is a patio area for people to sit out in the fine weather
Routine maintenance programmes with records kept	✓			
Routine renewal of fabric and decoration with records kept	✓			Parts of the home, which are within the building project require re-

				decoration and re-carpeting, however, this will be actioned in stage 2 of the building project when the new building is completed within the next couple of months
The building is safe, homely and comfortable	✓			Adapted well to ensure residents are not too disrupted with the building work – contractors are also considerate to the needs of the residents e.g. noise level and timing of noise (avoiding meal times)
The furniture is suited to individual needs and is in good order	✓			
Décor satisfactory	✓			
Lighting, internal and external satisfactory	✓			
Relevant fire equipment throughout the home	✓			
CCTV (entrances only)	N/A			
Cleanliness satisfactory	✓			
Odour control	✓			
Flooring satisfactory	✓			Regular cleaning but will be replaced in the part of the home on the next stage of the project
General equipment maintained with records	✓			
Insurance certificates on display and in date	✓			Near front door
Environmental audit undertaken	✓			Quarterly by Care Manager – one recently viewed

Standard 20: Shared Facilities (communal areas) Outcome: Service users have access to safe and comfortable indoor and outdoor communal facilities	YES	NO	In part	COMMENTS
Recreational area provided	✓			Several areas suitable for socialising/activities
Private area provided	✓			
Lighting- domestic and flexible for different needs/activities	✓			
Furnishings non-institutional, in good order and suitable for client group	✓			
Odour control	✓			
Cleanliness satisfactory	✓			
Good quality flooring	✓			
General ambience good	✓			
Ventilation good	✓			
Smoking Policy	✓			Smoking outside in a designated area only

Standard 21: Lavatories and Washing Facilities Outcome: Service users have sufficient and suitable lavatories and washing facilities	YES	NO	In part	COMMENTS
The toilets near to the lounge and dining areas are clearly marked	✓			
Clear access	✓			
Can the doors be locked	✓			
Lighting suitable	✓			
Adequate ventilation	✓			
Suitable temperature	✓			
Staff hand washing provision e.g. soap and paper towel dispenser and foot operated bin available	✓			
Aids and adaptations as required	✓			Grab rails where needed and various pieces of assisted equipment available to individuals
Odour control	✓			
Call bell available	✓			
Décor satisfactory	✓			
Flooring suitable	✓			
Cleaning schedule in place	✓			

Standard 22: Adaptations and Equipment Outcome: Service users have the specialist equipment they require to maximise their independence	YES	NO	In part	COMMENTS
Ramps where necessary	✓			
Handrails/grab rails where appropriate	✓			
Passenger lift	✓			
Stair chair lift	N/A			
Aids, hoists etc. for individual needs	✓			
Assisted toilets & baths to meet needs	✓			All rooms bar 3 are en-suite. The 3 rooms that are not en-suite have a toilet within close proximity. There are communal toilets and assisted bathrooms on both floors with a shower room on the ground floor
Doorways (800mm wheelchair user – new builds)	N/A			No as not a new building, however the new build will meet these requirements
Signs and communication systems to meet needs (as and where necessary)	✓			Toilets, bathrooms, names of residents outside of their doors, fire exits
Storage for aids, hoists & equipment	✓			

Call bell in every room	✓			Pendant style call bells can be programmed on to the system if needed – 1 person has
If bed rails are used is there a risk assessment in place and evidence of a regular review	✓			In care plans

Standard 23: Individual Accommodation: Space Requirements Outcome: Service users own rooms suit their needs	YES	NO	In part	COMMENTS
Adequate size for user's needs and any equipment used: sizes pre-June 30 th 2002 at least the same size now <ul style="list-style-type: none"> • new build and extensions single rooms 12m² (16m² some nursing beds) • 22m² shared residential rooms • 24m² shared nursing rooms 	✓			
Room layout suitable taking in to account fire safety and limitations due to mobility	✓			Rooms have been personalised with items people have brought from home to make them feel homely and comfortable in their personal space
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			

Standard 24: Individual Accommodation: Furniture and Fittings Outcome: Service users live in safe, comfortable bedrooms with their possessions around them	YES	NO	In part	COMMENTS
Bed width 900mm (if not own bed)	✓			
Bed height suitable (residential)	✓			
Adjustable height (nursing)	✓			All bar 2 beds are now profile beds
Bed linen, towel and flannels are changed frequently	✓			
Furniture is in satisfactory a condition	✓			
Adequate number of chairs in room	✓			
Décor is satisfactory	✓			
Flooring-carpet/hard flooring is in good condition	✓			Generally, it is acknowledged that some flooring that is clean but is looking tired will be replaced in the next stage of the building work which is due to commence in the latter part of the year

Lockable drawer or safe available	✓			
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	✓			Some people have their own mobile telephone
Television point	✓			
Overhead and bedside lighting	✓			
Accessible sockets	✓			
Evidence of personalisation	✓			
Wash hand basin if no en-suite	✓			3 rooms are not en-suite
Mirror	✓			
Call bell	✓			Some people have a pressure sensor mat in place by their bed during the night if unable to use a call bell
Soap & paper towel dispenser and foot operated rubbish bin in room or en-suite	✓			
Odour control	✓			No unpleasant odour noted in the rooms viewed
Cleanliness satisfactory	✓			

Standard 25: Heating, Lighting Water and Outcome: People live in safe, comfortable surroundings	YES	NO	In part	COMMENTS
There is natural ventilation	✓			
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	✓			Radiator covers are in place in C & D sections, furniture in front of radiators in sections A & B, which will be replaced with low surface temperature types within the building project work
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	✓			Records kept
Control of Legionella - maintenance & regular monitoring				

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	✓			Housekeeping Team manages – schedule in place
Legionella control contract in place with records	✓			Secretary of the Board manages with outside contractors

Standard 26: Hygiene and Control of Infection Outcome: The home is clean, pleasant and hygienic	YES	NO	In part	COMMENTS
The Housekeeping Team have cleaning schedules in place	✓			
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	✓			PPE available, soap and paper towels
Foul laundry wash requirements; minimum 60°C for not less than 10 mins	✓			
Flooring impermeable/waterproof	✓			
Disposal of clinical waste:				
Storage bin is located in an appropriate area	✓			Outside - locked
Clinical waste is collected weekly for disposal	✓			
Sluicing disinfectant available (Nursing)	✓			Also has this facility installed
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	✓			Also specifics for a pandemic e.g. COVID 19
Staff undertake regular training for infection control	✓			
Infection control audit undertaken by the Infection Control Nurse from within HSC		✓		ICN will undertake an infection control audit once the building work is completed
Infection Control Nurse and Inspection Officer from within HSC to be informed when outbreak of infection (2 cases)	✓			Has done so previously as necessary

Preparedness plan in place in the case of a pandemic (recent COVID outbreak). Prepare in case of a second wave	✓			Continuing with the ongoing development of the plan as information received from various sources is added/updated
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Standard 27: Staffing Outcome: The numbers and skill mix of staff meet service user's needs	YES	NO	In part	COMMENTS
Care staff minimum age 18, in charge of the care home minimum 21yrs	✓			
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	✓			Satisfactory – The Care Manager and the Deputy Care Manager are both RNs who organise the staffing ratios, which are calculated on the residents' dependency levels, outings and training taking place
Housekeeping staff numbers	✓			
Catering staff numbers	✓			Kitchen staff – Chefs at PEH provide cook-chill meals
Maintenance staff numbers	✓			
Bank or agency staff are used to cover staff sickness and annual leave periods	✓			Bank staff if needed if restrictions re-instated over winter. Currently have excess staff due to recruitment for the new build facility. As the new facility is occupied staff will transfer across

Standard 28: Qualifications Outcome: Service users are in safe hands at all times	YES	NO	In part	COMMENTS
Progress towards compliance for 50% of Carers to have the minimum of an NVQ/VQ/B-Tech award or other equivalent in health & Social Care at level 2 trained, on each shift	✓			This is ongoing and levels are dependent on leavers and starters but Carers have opportunity to undertake the VQ/B-Tech awards – 7 Carers have an NVQ/VQ at level 2, 3 Carers have level 3 and 1 Carer is currently undertaking level 3

Standard 29: Recruitment Outcome: Service users are supported and protected by the home's recruitment policy and practices	YES	NO	In part	COMMENTS
Recruitment procedure includes the following:				

Equal opportunities	✓			
Compliance with local laws – right to work document, housing licence (as appropriate)	✓			
2 written references; one of which is from applicant’s present or most recent employer	✓			
Employment gaps are explored	✓			
Appropriate level of Police check (DBS) is undertaken for role within the home	✓			
NMC register check for all RNs prior to employment, followed by ongoing support for Revalidation once employed	✓			Care Manager & Deputy Care Manager who are RNs
Health declaration 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			No volunteers working in the home
The following policies must be included in the employee’s terms and conditions or included in the staff handbook				
• Health & Safety policy	✓			
• Dealing with fire & emergencies	✓			
• Confidentiality policy	✓			
• Whistle blowing policy	✓			
• Non receipt of gifts & non-involvement in any resident’s financial affairs; witnessing wills or other documentation	✓			
• Action if any abuse suspected or witnessed	✓			
• Use of mobile phone while on duty and non-use of social network sites to discuss home/residents (confidentiality & data protection)	✓			

Standard 30: Staff Training	YES	NO	In part	COMMENTS
Outcome: Staff are trained and competent to do their jobs				
Core values pre-employment:				
• Aims & values of role	✓			
• Residents rights to - privacy, independence, dignity, choice and fulfilment	✓			
Job role clearly explained pre-start	✓			

Induction programme is commenced on first day of induction to post, training is assessed and completed by twelfth week of employment (signed off by new employee and their supervisor/Care Manager)	✓			
Policies and training included on induction:				
• Fire & emergency	✓			
• Moving & Handling	✓			
• Health and Safety awareness	✓			
• Basic first aid	✓			
• Accident procedures	✓			
• Confidentiality	✓			
• Safeguarding	✓			
• Cultural needs	✓			
• Personal hygiene	✓			
• Person-centred care	✓			
• Use of equipment	✓			
Further/ongoing training:				
• Care planning	✓			
• Handling of medicines	✓			Those who undertake this responsibility
• Risk assessment & risk management	✓			
• Security measures	✓			
• Escort duties & mobile phone usage while working	✓			
• Hygiene, food handling and presentation	✓			To include IDDSI
• Infection control	✓			
• Pressure area care	✓			
• End of life care	✓			
• Restraint	✓			Breakaway training is currently being sought through HSC
• Caring for people with dementia	✓			The Deputy Care Manager, 1 Senior Carer, 2 night Carers, Activity Co-ordinator and a Housekeeper are currently undertaking a more in-depth course for dementia care through Stirling University with a qualified facilitator
• Other training required for providing care for the medical conditions, wellbeing of client group	✓			Diabetes management, managing staff (Care Manager & Deputy Care Manager)
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	✓			
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Standard 31: Staff Supervision Outcome: Staff are appropriately supervised	YES	NO	In part	COMMENTS
Written induction programme in place	✓			
Training opportunities of both formal and informal training	✓			Staff training matrix observed
Supervision covers:				
• All aspects of practice	✓			
• Philosophy of care	✓			
• Career/personal development - appraisal system in place	✓			
Other staff supervised as needed as part of management process	✓			
Supervision, support and training for volunteers	N/A			No volunteers
Return to work interview to assess additional support/supervision required	✓			Care Manager or her deputy undertake an informal discussion to ensure person is fit to return to their role
Records kept for supervision sessions	✓			RNs for revalidation, Carers working on VQ/BTECH awards meet regularly and work frequently with their assessor also Stirling University course and IHASCO courses. Carers also have opportunity for regular informal supervision sessions with the Deputy Care Manager

Standard 32: Day to Day Operations: The Manager Outcome: Service users live in a home which is run and managed by a person who is fit to be in charge, is of good character and is able to discharge her responsibilities fully	YES	NO	In part	COMMENTS
Registered Care Manager has a job description	✓			
Minimum of 2 years' experience in a senior management capacity of a relevant setting within the previous 5 years	✓			
Qualifications of Care Manager	✓			Degree and a certificate in District Nursing in Health Care and is an NVQ/VQ assessor
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	✓			Residential home, however, Care Manager and Deputy Care Manager are RNs
Periodic training/updating for registered manager (relevant to manager and client group needs)	✓			
Knowledge of older people; disease process, ageing etc	✓			Dementia Care
Line of accountability – Care Manager reports to?	✓			Reports to Board of Trustees – Bi-monthly meetings

Standard 33: ETHOS Outcome: Service users benefit from the ethos, leadership and management approach of the home	YES	NO	In part	COMMENTS
Management approach creates an open, positive and inclusive atmosphere	✓			
Leadership-clear direction	✓			Staff spoken to said the management are approachable and supportive
Strategies enable staff, service users and stakeholders to contribute to the way the service is delivered	✓			Feedback sought regularly from residents, staff, relatives and visiting healthcare professionals
Frequency of staff meetings	✓			Aim for bi-monthly but usually quarterly (minutes recorded). Daily with those on duty during the recent lockdown due to COVID 19 restrictions to ensure staff updated and to reduce anxiety
Management planning practices encourage innovation, creativity, development	✓			The need for a purpose-built facility for people with dementia
Compliance with Code of Practice and standard setting in the management of care workers and a care home	✓			

Standard 34: Quality Assurance Outcome: Service users can be sure that the home is responsive to their wishes, and is run in their best interests	YES	NO	In part	COMMENTS
Regular reviews and planning to meet the needs of the service users	✓			Care Manager has regular meeting with Activity Co-ordinator
How does Care Manager monitor own performance	✓			Reflection on feedback from residents, relatives, visitors to the home, audits undertaken by healthcare professionals from within other departments e.g. HSC, EH

Commitment demonstrated to meets service user needs through the implementation of their care plan and meeting their goals	✓			
Feedback actively sought & acted upon	✓			Activity Co-ordinator has regular meetings with residents and feeds back to Care Manager
Others views sought e.g. questionnaires for relatives or relatives meetings	✓			Annual questionnaires sent out to relatives and residents. Care Manager and her deputy have an open door policy for residents, staff and relatives
Planned inspections advertised	✓			Notice that an inspection is taking place was on display
Views of service users made available	✓			On a walk around the home and conversation with 3 residents, results of annual questionnaires – feedback very positive
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)	✓			No areas of concern/recommendations made on previous inspection visit
Auditing to improve care, services, environment	✓			Auditing in place for medication management and MARS, care plans, maintaining a safe environment and accidents/incidents (looking for trends (same person, safe time of day, same area of care home)

Standard 35: Financial Procedures Outcome: Service users are safeguarded by the accounting and financial procedures of the home	YES	NO	In part	COMMENTS
Financial viability, business and financial statements and business continuity plans - ability to trade.	✓			Confirmed by Care Manager but not included in this inspection because Employment & Social Security receive the home's accounts annually
Insurance in place to cover loss or damage to the assets of the business (Business Continuity plan in place).			✓	Business continuity plan is in progress of being developed. This is especially important in relation to the threat for care homes of COVID 19 and will be a valuable tool to help in the case of any interruption of business
Legal liabilities for service users and staff – Is the insurance certificate on display and in date	✓			

Standard 36: Service Users Money Outcome: Service user's financial interests are safeguarded	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	✓			
Safeguards are in place if managed by home e.g. records kept for safe keeping of valuables and/or money, secure storage	✓			Secure storage of money and valuables if needed and records are kept and a regular audit is undertaken. A person's NOK is advised to take money and valuables home for safekeeping (where appropriate)

Standard 37: Record Keeping Outcome: Service user's rights and best interests are safeguarded by the home's record keeping policies and procedures	YES	NO	In part	COMMENTS
Admission & Discharge Register in place	✓			
Records kept are up to date and in good order (resident information)	✓			
Records secure	✓			Fusion electronic software package – care plans are password protected
Data protection and confidentiality compliance – policy in place	✓			
Service users have access to their record	✓			Request to Care Manager at any time. Three people who were spoken to said they are very happy with the care they receive

Standard 38: Safe Working Practices in Place Outcome: The health, safety and welfare of service users and staff are promoted and protected	YES	NO	In part	COMMENTS
Safe moving and handling practices are in place	✓			In-house training is provided during induction and a place is secured on a formal training session at the next availability. Staff do not use hoists and other moving and handling equipment unsupervised until assessed as safe to do so
Fire safety training is provided	✓			Fire safety training is undertaken during induction and staff receive updates throughout their

			employment in the home. Further training is provided to be a Fire Marshall and the home has a high number of Fire Marshalls in the team
Fire equipment is kept maintained for immediate use; including the fire alarm, which is tested each week and this is logged	✓		
First Aid training – staff have an understanding of first aid and there is a named first aider	✓		The management, Senior Carers and the Activity Co-ordinator undertake training with an accredited trainer and this is updated as advised by the trainer
There is first aid equipment in the home that is always available when needed	✓		Available in Kitchen and there is a 'grab bag' in the Dispensary, which is checked and replenished regularly
Food hygiene – Chefs and Cooks undertake food hygiene training at level 2 level, care staff at level 1	✓		All Carers undertake level 1 and the Care Manager, Deputy Care Manager and kitchen staff level 2 e-learning via IHASCO
Infection control – staff undertake training for infection control	✓		This forms part of the induction programme and then updates provided throughout employment in the home e-learning - IHASCO, more recent informal training for the use of PPE and infection control within a pandemic
Safeguard training	✓		In-house during induction with updates throughout employment in the home using an accredited training e-learning programme (IHASCO)
Housekeeping undertake training for the safe storage and disposal of hazardous substances (COSHH)	✓		Using an accredited training e-learning programme (IHASCO)
Regular servicing of boilers & heating systems	✓		Dates provided
Maintenance of electrical systems & equipment	✓		Dates provided
Regulation of water temperature (Legionella control – plan in place with records kept	✓		Maintenance person manages
Radiator protection, low surface heaters	✓		See standard 25
Risk assessment and use of window restrictors	✓		
Maintenance of safe environment & equipment:			
• Kitchen	✓		
• Laundry	✓		
• Outdoor steps and pathways	✓		

<ul style="list-style-type: none"> • Staircases 	✓			PIN protected access to basement for resident safety – staff access only
<ul style="list-style-type: none"> • Lifts 	✓			Regular maintenance and inspection programme in place as required by insurer
<ul style="list-style-type: none"> • Flooring 	✓			
<ul style="list-style-type: none"> • Garden furniture 	✓			
Security of service users & premises – doors locked at night, outdoor lighting, security of fire doors	✓			PIN protected entry & exit – automatic release when there is a loss of electricity
Compliance with legislation ; <ul style="list-style-type: none"> • The Health & Safety at Work (General) (Guernsey) Ordinance 1987 • The Safety of Employees (Miscellaneous Provisions) Ordinance 1952 • Health & Safety in Care Homes (HSG220) 	✓			
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	✓			Undertaken by Care Manager and Deputy Care Manager

Improvement Plan

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

Action No.	Standard No.	Action	Date action to be achieved	Person/s Responsible for completion of the action	Compliance check date:	Through addressing the actions, has this raised any issues that require further action
1.	26 - Hygiene and Control of infection	Continue with the development of your preparedness plan in the case of a Pandemic and amend information as new information is received to ensure information remains current	In place and ongoing	Care Manager	Inspection 2021	
2.	35 - Financial Procedures	Development of a Business Plan for the home to include plans for the interruption of business during an incident e.g. pandemic	31/12/20	Provider	Inspection 2021	

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

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

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

REGISTERED PERSON'S AGREEMENT

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

We would welcome comments on the content of this report relating to the inspection conducted on **06/08/20** 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. August 2020