



The Office of the
**Committee for
Health & Social Care**

INSPECTION REPORT

UNANNOUNCED VISIT

This is a report of an inspection to assess whether services are meeting the needs of the people who use them. There is provision within The Nursing Homes and Residential Homes (Guernsey) Law, 1976 and the Nursing Homes Ordinance, 1977 and the Residential Homes Ordinance 1977 that such inspections take place.

This was an unannounced inspection conducted as part of the annual inspection process to examine the care provided and to monitor the progress in relation to the requirements and recommendations, which were made on the previous announced inspection in June 2019.

NAME OF ESTABLISHMENT:

Le Platon Residential Home

REGISTERED OWNER:

Le Platon Home LBG

REGISTERED CARE MANAGER:

Mrs Sharon Williams (RGN)

CATEGORIES/NUMBER OF REGISTERED BEDS

CATEGORY	NUMBER REGISTERED
Residential	25

**Date of most recent inspection:
05/06/19 - Announced**

**Date upon which this report is based:
14/11/19**

Type of Inspection	Unannounced
Registration and Inspection Officer	Vanessa Penney

This was an unannounced inspection to review the progress that has been made from recommendations on inspection in June 2019. The following areas were also examined as part of the unannounced inspection process;

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Progress from recommendations made in June 2019

- **No areas of concern were noted on this visit**

Method of inspection

1. Discussion with 10 residents
2. Walk through the home
3. Observation of staff working and interacting with residents
4. Examination of 3 care plans and attendance at staff handover
5. Discussion with the Care Manager, Deputy Care Manager, Senior Carer and 3 Carers

Background

Le Platon Residential Home provides care and support for people who have moderate to high dependency, including for people who have early stage dementia. The home is currently registered for 25 people and on the day of inspection the home was at full occupancy.

A building project is currently underway at the home to provide a purpose-built development for people who have dementia and also to upgrade areas of the existing building.

Is The Service Safe?

During the building work, the site where the development is in progress is kept secure to minimise risk to residents, visitors and staff. The team continue to work very hard to protect residents' well-being, for example, building activity where there is a lot of noise, is limited to certain times of the day. The building site is secured when the builders leave the site at the end of the day.

Le Platon care home offers an atmosphere where people are warm and friendly and are welcoming to visitors. The home is generally kept well-maintained and was clean and tidy throughout, however, this is providing an ongoing challenge for the Housekeeping Assistants, while the building work is in progress. During this period, an infection control audit will not be undertaken. However, previous infection control audits, have achieved high scores, which demonstrate that the team have a good understanding of infection control within a care home environment. The next infection control audit will be undertaken by the Infection Control Specialist Nurse from within Health & Social Care (HSC), once the building work is complete and the new development is fully operational.

An Environmental Health Officer undertook a food hygiene inspection in April 2019 and the home was awarded a 4 star rating. It is expected that a 5 star rating will be achieved on completion of the kitchen in the new building, once it is fully operational.

The back door to the home from the car park has a keypad entry/exit. People who are not regular visitors to the home do not have the code. They would need to ring the bell to enable a member of staff to assist them. The front door to the building is alarmed to alert staff to prevent a person from leaving the building unsupervised if not safe to do so. An individual room door alarm, bed or chair sensor, or a sensor mat, are in place for people who are at risk of wandering and this is documented in the person's care plan.

On a walk through the home it was observed to be pleasantly decorated and was free of any unnecessary clutter. There was clear access to fire exits, which display the necessary signage and the fire alarm is tested each week in line with the Fire Service requirements and a log is maintained. Staff have undertaken training for fire safety in the home and are clear with the procedure in the event of a fire and with how to evacuate people out of the building. While the building work is taking place the garden area is limited to the patio area, which has tables and chairs for people to sit out when the weather is fine. However, there will be a secure landscaped garden with seating areas once the building work is completed.

Service checks and inspections for equipment such as the passenger lift, bath hoists and mobile hoisting equipment are carried out as recommended by the supplier/insurer. Radiators throughout the home are either fitted with a radiator cover, have furniture placed in front, or are low surface temperature heaters to minimise the risk of a burn if a person were to fall against a hot radiator and not be able to move away independently.

The temperature of the water in people's en-suites is restricted to 43°C to prevent a person from a scald due to excessively hot water. The water temperatures are checked regularly and are adjusted accordingly. The windows on the first floor have restricted opening to prevent a person from climbing through, or falling from an open window and these are also checked regularly.

There is a process in place for the recruitment of staff to help the employer to make safer decisions and prevent unsuitable people from being employed. Two written references are requested; one from the person's most recent employer. An enhanced Police check (DBS) is requested for all Carers and a basic check is obtained for staff who are not assisting people with their personal care, for example Housekeepers, Catering Team. A new employee has an induction period where the person works alongside a Senior Carer until the person has developed the necessary knowledge, skill and confidence to work safely. The period of induction is flexible and depends on the person's current knowledge base and level of experience.

A new employee is required to complete a programme of mandatory training - moving & handling, safeguarding, infection control, fire safety, food hygiene awareness, health & safety, and dementia awareness. This is initially undertaken in-house with additional formal sessions organised at a later date along with other relevant training, which is pertinent to their client group. The Catering Team are up-to-date with food hygiene at level 2.

Staff have a clear understanding of safeguarding and whistle-blowing to support keeping people safe. They know what is meant by abuse - recognising signs of abuse, how to respond to an allegation, or witnessed an incident of abuse, and who this should be reported to. The Care Manager and the Deputy Care Manager are aware that all allegations of abuse reported to them must be forwarded to the Registration & Inspection Officer and also to the Safeguard Lead from within HSC and has done so previously.

Medications are managed safely and are stored in line with current regulations. Carers who have responsibility for administering medication undertake training and assessment of competency, prior to undertaking this task. Supervision sessions are provided thereafter by the Care Manager, Deputy Care Manager or a Senior Carer to ensure Carers maintain their skills. Medication Administration Records (MARS) contain the necessary information to ensure people receive their medications as prescribed. The Deputy Chief Pharmacist from within HSC undertook a pharmacy inspection in May 2019 where the medication system was found to be well-managed. One recommendation made was in relation to prescribed oxygen and was implemented promptly.

All accidents and incidents that occur in the home are documented. The Care Manager monitors these to action trends that might occur e.g. same person falling, accident in same area of the home, or accident at same time of day (staff handover). They are aware that they must report all accidents/incidents that occur in the home to the Registration & Inspection Officer, where a person is transferred to hospital for treatment or an x-ray. They are also aware of when to complete a RIDDOR form to send to the Health & Safety Executive and have done so previously as needed. Whenever an accident/incident occurs, it is discussed within the team to enable the team to make changes to minimise the risk of reoccurrence and a person's risk assessment and care plan are reviewed and updated. Other healthcare professionals are contacted for further guidance if needed and additional equipment is also

introduced if required e.g. pressure sensor mat, door alarm or increased observation or supervision.

The staffing level is adequate for the dependency of the current residents in order to meet people's care needs and to keep people safe. The Care Manager and the Deputy Care Manager are supernumerary whenever they are on duty. During a morning shift there are 6 Carers on duty (at least 1 Senior Carer) and an Activity Assistant. During the afternoon shift there are 4 Carers (at least 1 Senior Carer) and an Activity Assistant. During the evening shift there are 6 Carers (at least 1 Senior Carer) and overnight there are 2 Senior Carers on duty.

Every person has a call bell in their room. On the day of inspection few call bells were heard to ring, those that did, were answered promptly and staff were observed/heard to be pleasant and professional in their manner and didn't appear to rush people when attending to them.

Is The Service Effective?

People's rooms were personalised to reflect their hobbies and interests. The soft furnishings, flooring and furniture are suitable for the client group. Some of the rooms will be updated as part of the building project in the next stage of the development. This includes replacing flooring in the corridors. People who were spoken to said the staff are always cleaning around the home. When cleaning is undertaken in their room people said the staff take care with their belongings and this appeared to be so with how individual rooms were set out and personal belongings are displayed or stored. People spoken to were happy with their room. Several rooms upstairs at the front of the home have beautiful sea views out to the islands. People whose room is at the back of the home said they liked their room as they could sit near the window and see people coming and going.

Prior to moving in to the home an assessment is undertaken to ensure that a person's care needs are able to be met. The information is obtained by visiting the person in hospital, through the person's Social Worker, or when the person and their NOK visit the home to have a look around. There are no dedicated beds for respite care, however, if there is a vacant room at the time a place for respite care is requested, this is offered.

Information from a person, their NOK and healthcare professionals who are involved in the person's care is used to provide information for risk assessment in order to develop a person-centred care plan. The care plans include risk assessments for environmental risks, nutritional status, skin integrity, cognition and physical ability and for the risk of falls etc. Where a person occupies an upstairs room, if the person becomes less mobile or has increased episodes of confusion or disorientation, a person is transferred to a downstairs room for their safety, when a room becomes available. This is only undertaken following consultation with the person's NOK and other healthcare professionals if needed.

People are referred to other healthcare professionals as needed to support elements of care. For example Diabetes Specialist Nurse, Community Nurses, Palliative Care Team, Mental Health Team, Physiotherapist, Occupational Therapist, Chiropodist, Dentist, Optician and Audiologist etc. Instructions from the specialists are included in the individual person's care plan. For example, the care team are currently receiving support from a Physiotherapist for moving & handling for 1 person. People also have access to their own GP.

Carers spoken to said people have the freedom to do what they want each day and this was confirmed by residents who were spoken to in both the communal lounge and in people's own room. Some people in the lounge were chatting in a large group and others were reading, colouring, watching television or doing a jigsaw puzzle. There was much laughter to be heard as they bantered with each other and the staff when they entered the room or were giving out hot drinks and snacks. They said the Activity Assistant was not on duty that day so they were undertaking their own past times. People said activity and social engagement is very good at the home and consists of in-house activities, outside entertainers visiting the home and activities within the wider community. People said there was no pressure to join in if they did not want to and they are free to go out with family and friends or receive visitors at any time.

Le Platon currently uses the cook-chill system through the PEH for the main meal of the day and the Care Manager communicates with the team at the PEH regularly to give feedback from the residents so that menus can be reviewed. People who were spoken to said the meals at the home are very good. There is plenty of choice and drinks and snacks are offered frequently in between meals. Comments made were "I have no complaints I enjoy my meals here". "Plenty to eat at any time, you only have to ask, everyone is so kind they will go out of their way to make sure we have what we want". "We are always eating and drinking it seems. I am not complaining though, the meals are good".

Carers have time to assist people with their lunch time meal so that they are not rushing people, however, a person is encouraged to maintain as much independence with eating and drinking as possible and equipment is available to assist with this e.g. specially adapted cutlery, crockery and cups etc.

Is The Service Caring?

People are encouraged to bring in items of furniture, photographs and ornaments to personalise their room and this reflected their personality and interests. People are encouraged to maintain as much independence as possible and there are various pieces of

equipment around the home to support a person to do this, for example; chairs and beds of various height, passenger lift which services both floors and assisted baths and showers. People also have their own pieces of equipment to support them to mobilise e.g. walking aids, wheelchair. Additional equipment is also in place where necessary to help to minimise the risk of a fall e.g. pressure sensor mats, door alarms.

Some people are able to make their own choices, for example the clothing they would like to wear each day, time to get up and go to bed, choice of meals and drinks, visitors, activities they want to take part in and outings with family and friends. For those that cannot provide this information, a Carer makes a decision in the person's best interest using information provided in the person's biography and from their NOK. Some of this was evidenced in the staff handover that I attended.

There are no restrictions for visiting; visiting at meal times is not encouraged as a mark of respect to other people in the dining room. However, a person's friend or NOK are able to join their friend/relative in the home for a meal if they want to (organisation through Care Manager or person in charge of the shift).

There is a signing in and out book for visitors to complete. Relatives inform the Carers when they are taking their relative on an outing and when they return, so the staff know who is in and out of the building for security purposes and in the event of a fire, which is good practice.

People were observed to be addressed by their chosen name and staff were observed to always knock on a person's door and to wait for a reply before entering their room. Even if a person was unable to communicate, staff were observed to knock and call out before entering. People always appeared cheerful to see them and welcomed them in without any hesitation. During the inspection staff were observed interacting with people who have different levels of communication and were observed to be patient and interested in what people had to say. Residents who were spoken to spoke very highly of all of the staff in the home and said that they felt very well looked after and have everything they need.

Relatives have a good relationship with the Care Manager and her team and are able to speak to them in relation to their relative's care whenever they are visiting. However, a relative is able to make a private appointment if preferred. The Care Manager said she walks around the home frequently each day and always stops to have a conversation with the residents or visitors who she meets along the way.

Is The Home Responsive?

The care plans examined provide information in relation to risk assessment and with how to meet people's care needs. It was documented in one care record that the person is a high

risk of wandering out of the home unsupervised as the person likes to walk around the home. To use the least restrictive method in order to keep the person safe, the person wears a Roam Alert alarm. This alerts the staff if the person tries to leave the building unsupervised. A member of staff can then assist the person outside and discreetly monitor the person's whereabouts. The Care Manager said as an additional safety measure, a card has been placed in the gentleman's wallet with the contact number of the care home in case the gentleman did manage to abscond.

One person's care plan highlighted a food allergy. The information in the care plan identified which foods are to be avoided and there is clear instructions for staff for what signs to look for where concerns are raised and how to manage the symptoms and with who to raise the alarm. Staff are aware of this. The Care Manager said the catering department at the PEH are also aware as they provide the cook-chill meals to the home.

One person is administered medication covertly. This is documented in the person's care plan and the correct procedure was undertaken to put this in place, which involved the person's GP and the person's NOK. One person's care plan identified that a full assessment had been undertaken for the use of bedrails. The outcome of the assessment is that bedrails are not suitable for the person so a low level bed has been sought to minimise the risk of a fall.

The care plans include each person's life history, likes and dislikes and their preferred routines. The support a person requires with their activities of daily living are clear and the pieces of equipment required are also documented. Supplementary care records are used where required, for example, food diary or fluid chart, repositioning chart, night check chart and daily care given record etc.

People are weighed regularly to ensure a person's weight loss/gain is documented and managed appropriately. Where a concern is highlighted, the person is referred to their GP for a review as necessary. If needed, some people are prescribed supplements and monitoring continues through the person's GP and also through the Dietician if the GP completes a referral. For a person who is diabetic, the Diabetic Specialist Nurse is contacted as needed.

A person's skin integrity is monitored throughout the person's stay in the home and pressure relieving equipment is in place as needed. Currently, no person in the home has a pressure injury. The team are aware that they are able to contact the Community Nurses or the Tissue Viability Specialist Nurse from within HSC for advice and support if needed.

Although the home provides residential care, the team aim to provide care for a person until end of life, with support from the Community Nurses and Palliative Care Team as needed. This is to ensure the person remains comfortable in their final days and the person's family are offered the support and comfort they also need from the people who they have built up a relationship with, while their relative has been living in the home. Unfortunately, there are

occasions where a person requires more frequent care or observation from a Registered Nurse and would therefore transfer to a nursing home or hospital setting.

There is a policy in place for raising a complaint. This discusses how to make a complaint, who will manage the complaint and there is a timescale for a response to a complaint. Most complaints received are generally little niggles that can be managed at the time with an immediate satisfactory outcome and are in relation to a group living environment and people being tolerant of others. Where a formal complaint is received, this is forwarded to the Registration & Inspection Officer if it cannot be resolved by the management of the home. People who were spoken to said they know who to speak to if they wanted to raise a concern and felt comfortable to do so. They were confident that they would be listened to and their concern would be taken seriously and would be addressed appropriately.

Formal residents' meetings are not held. People who were spoken to said they would prefer to make suggestions and give feedback independently and not within a group. They said they have good access to the Care Manager at any time whenever she is on duty. One person said "If we want to speak to the Care Manager we only have to ask a member of staff and the manager comes up to our room to have a chat, which is better". The Care Manager said she also receives feedback via the Activity Co-ordinator when she is doing group activities or a one-to-one with a person and she feeds back anything she needs to so the relevant action can be taken.

Is The Home Well-led?

The Care Manager is a Registered General Nurse (RGN) and has worked with older people for many years. She has managed care homes previously both in the UK and in Guernsey, which also included for people who have dementia. She has a degree and a certificate in District Nursing in Health Care and is an NVQ/VQ assessor. She has also completed the NVQ level 4 award for Leadership and Management. The Care Manager completed a course through Stirling University for designing effective environments for people who have dementia prior to the planning of the new build dementia care home.

The Deputy Care Manager is a Registered Nurse and holds a Bsc (Hons) degree in Health Visiting. She brings a wealth of experience with her having worked for Health and Social Care for the last 23 years, most recently as a Health Visitor Specialist for Older People. She is passionate about care of the elderly and the Care Manager said she is delighted to have her join the team at Le Platon.

People spoken to, both residents and staff, said there is an open culture within the home. The Care Manager and her deputy are approachable and they can speak to them at any time. There is clear organisation of work systems and staff are clear in relation to their role within the team and the level of responsibility it holds. On the day of inspection staff were observed

to work well with each other to support the people who live in the home. They have a clear understanding of people's routines and preferences, which were demonstrated in their actions with each other and planning how they were going to work in order to meet individual people's needs.

All new employees have an induction period where they work with a Senior Carer and there is a documented programme in place. On successful completion of induction and the offer of a permanent position in the team, an ongoing programme of training is provided. This includes in-house training sessions and training with other outside organisations such as at the Institute of Health & Social Care Studies. The management support Carers to access the NVQ/VQ programme and currently there are three Carers who have an NVQ/VQ award at level 3. Six Carers have achieved the NVQ/VQ award at level 2. In January 2020 6 staff members including care, activities and ancillary staff will be undertaking a City and Guilds Qualification in Best Practice in Dementia Care.

The Care Manager undertakes an annual appraisal with each employee to encourage staff development and to enable the Care Manager and the Deputy Care Manager to plan for future training to ensure that the home continues to meet the needs of the people who live there. A meeting with the care team and the housekeeping team is held 3-monthly and with the catering team 4 monthly.

A residents' meeting is held 3-monthly and this is chaired by the Activity Co-ordinator. The minutes of the meeting are documented and are shared with the Care Manager so that the necessary action can be taken.

There are effective quality assurance systems in place. These include audits such as medication charts and for falls and for maintaining a safe environment. Feedback as a result of inspections and audits by outside services/organisations (e.g. care standards, infection control, medication management, fire safety, food hygiene) is accepted constructively; as well as feedback from visiting healthcare professionals.

Registration & Inspection Officer's Comments

Le Platon Residential Home provides a comfortable environment where people who live there said they feel safe and well cared for. Visitors to the home receive a warm and friendly welcome and the home is kept clean and tidy throughout. People said they are supported to maintain their current level of independence where possible, with staff offering individual levels of assistance and support where needed. People are supported to make decisions and choices in the least restrictive way and in their best interests and people said they are free to do what they choose to do each day. Most people are unable to go on outings independently however, the staff support people to organise outings with family and friends and also to

attend social events offered to the home within the wider community. For people who are unable to go on outings outside of the home, the Activity Co-ordinator provides in-house activities either as a group or on a one to one as needed.

People receive the care they need by staff who know their routines and preferences well. The care plans provide the staff with guidance for how to meet peoples care needs, which include assessment of risks for individuals. The care records are reviewed and updated regularly and include input from other healthcare professionals as further guidance has been sought.

There is a robust system in place for the recruitment of staff. All new employees have a period of induction and this is followed by a programme of training and development throughout a person's employment at the home. Supervision is provided daily as the Care Manager/Deputy Care Manager and Senior Carers work with more junior staff. There is an annual appraisal system in place to support staff development and staff spoken to say they feel well supported by the management in an open and positive culture.

There are systems in place to monitor the quality and safety of the service; to include feedback from inspections and audits, which are undertaken both in-house and by outside services. Feedback in the reports received continue to be very encouraging. Relatives also have opportunity to give feedback to the Care Manager at any time when visiting their relative, her door is always open, which is also very encouraging.

Vanessa Penney
Registration & Inspection Officer