

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

**LE PLATON RESIDENTIAL HOME
(RESIDENTIAL AND DEMENTIA CARE)**

INSPECTION REPORT

DATE: 1st November 2023

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

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

INTRODUCTION

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

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

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

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

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

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

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

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

CATEGORY	NUMBER OF REGISTERED BEDS
Residential	50

Date of most recent inspection: 14/06/23 – Unannounced
Date of inspection upon which this report is based – 01/11/23
Category of inspection – Announced
Vanessa Penney - Registration and Inspection Officer (Quality & Patient Safety Team - HSC) Ron O'Rourke – Incident Triage Officer (Quality & Patient Safety Team – HSC)

SUMMARY OF FINDINGS

Le Platon Care Home provides care and support for up to 50 people with residential care needs. Many of these people are living with dementia. On the day of inspection there were 42 people living in the home.

The main house is not purpose-built but has been adapted to provide care at residential level. Not all rooms are ensuite but all are single occupancy. The new build that links on to the main house has been purpose-built for people who are living with the effects of dementia. Rooms have been personalised to create a homely and comfortable environment and are bright and spacious.

All of the rooms in the extension are ensuite and the corridors and communal areas are very spacious with plenty of seating areas and areas of interest; including a Chapel. There is a large garden area in the central courtyard, which is secure, and where people can sit out or exercise when the weather is fine.

People are provided with information about the home when they enquire and visit to look around. The information in the resident's guide and website require updating to include information about the new extension now that it is complete and fully operational.

Prior to a person moving in to the home, the Care Manager completes a care assessment, to ensure the team are able to meet the person's care needs and the person's and/or NOK's expectations of the care home. Information to inform this decision is also collected from the resident (where able), NOK/representative, GP and external healthcare professionals who are involved with the person's care. The Needs Assessment Panel provide a care summary for the care level required.

The information from the assessment is used to develop a person-centred care plan to guide staff with how they can support the person's care needs and how to manage identified risks. People are encouraged to maintain as much independence as possible and to remain mobile; with the necessary support and supervision from the staff. Referrals are made to external healthcare professionals within the multi-disciplinary team; where more specialist advice is required. Both the Care Manager and the Deputy Care Manager are registered nurses.

People are supported to eat and drink enough to maintain a balanced diet and support from staff is provided where needed. A person's nutritional status is regularly reviewed to including the recording of people's weight as part of the monitoring process.

Where a concern arises, a referral is made to the dietician or to the person's GP for further assessment and guidance. Staff use the IDDSI framework in the preparation of modified

diets and thickened fluids for a person at risk of choking and this is recorded in the person's care plan.

The programme of activities, which is led by the 2 activity co-ordinators aims to promote the well-being of people by making activities meaningful and fun and to prevent social isolation and loneliness. Relatives are encouraged to visit and are able to take their relative on outings, where this is possible, to maintain positive relationships with family and friends. Residents spoken to enjoy the activities. The atmosphere in the home was relaxed and people seemed content and happy.

There is a safe system for managing medication. Residents receive their medication as prescribed and staff support them in an appropriate way with how they like to take them. Carers who administer medication have completed training and ongoing supervision is provided by the Deputy Care Manager who regularly works 'on the floor' alongside carers.

Staff have completed training for infection prevention and control to prevent the spread of infection to minimise the risk of an outbreak. Some staff require refresher training to ensure the most up to date practice continues.

There is a robust recruitment process in place to support the Care Manager with making safer decisions to protect people from abuse. Police checks (DBS) and written references are requested for all new employees.

There are adequate staff on duty on each shift. As the rooms in the new extension have been occupied the Care Manager has increased the staff numbers.

All new staff have a period of induction where they work with more experienced staff. Following successful completion of induction an ongoing programme of training is provided throughout the person's employment at the home.

Both staff and residents gave very positive feedback about the way the home is managed. They said the management are friendly and approachable and residents feel safe living in the home.

There is a system in place for the management of accidents/incidents and staff know how to report these. Management are transparent when things go wrong and report accidents/incidents to the inspection officer as required. Accidents/incidents are shared with the team for reflection; so that learning can take place to minimise the risk of a re-occurrence. The Care Manager monitors accidents/incidents to look for trends so that appropriate action or training can be provided.

Quality assurance monitoring is provided through feedback from all stakeholders; including via audit to address gaps or shortfalls and to meet regulatory requirements.

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)	✓			Evidence – Folder in reception, website, discussion with Deputy Care Manager.
Marketing Brochure (optional)	✓			
	✓			
There is a Statement of Purpose that sets out the:	✓			<p>The new extension to the home has been completed recently. The information on the website and in the folder in reception require updating to include the changes e.g. current board of directors, increase in communal areas etc. It would also be good to see views of some of the residents who live in the home.</p> <p>Some action required</p>
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	✓			
Written in the appropriate language and format for intended service user	✓			
Brief description of accommodation & services provided	✓			
Detailed description of individual and communal space			✓	
Qualifications and experience of registered provider, manager and staff	✓			
Number of residents registered for	✓			
Special needs & interests catered for e.g. diets, activities etc	✓			
How to access a copy of most recent inspection report	✓			
Procedure for making a complaint	✓			
Service users views of the home			✓	
Summary of fees payable and any extras payable e.g. newspapers, incontinence products & toiletries etc	✓			
The home's policy for alcohol	✓			
The smoking policy	✓			
The home's policy for pets	✓			

A statement that service users can expect choice in the gender of those who provide basic care whenever possible	✓			
Insurance – what is and is not covered (does resident need to take out personal insurance for personal items e.g. valuables, money, antiques, false teeth, spectacles and hearing aids etc)	✓			
The contact for HSC is displayed in the resident's handbook or is visible on the home notice board	✓			

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	✓			Evidence – Discussion with Deputy Care Manager.
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 are discussed with the home manager at a face to face meeting to ensure people understand which parts of payment are provided by who e.g. ESS, top up etc.
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	✓			People are advised to visit the home to have a look around and to further discuss terms and conditions and to ask any questions prior to making their final decision and signing the contract.
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	✓			Standard Met

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	√			Evidence – Care plans, discussion with Care Manager.
Involvement of others; relatives, GP other allied health professionals	√			<p>Care plans show people have been assessed prior to moving in to the care home. A person's NOK and healthcare professionals who have been involved in the person's care have provided information for the development of the care plan e.g. GP, social worker – Needs Assessment Panel (NAP) summary.</p> <p>Standard Met</p>
Assessment for all admissions covers the following:	√			
• Personal care & physical well-being	√			
• Mental state & cognition	√			
• 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	√			

Standard 4: Meeting Needs Outcome - Service users and their representatives know that the home they enter will meet their needs		NO	In part	COMMENTS
Registered person can demonstrate the home's capacity to meet people's assessed needs	√			Evidence – Discussion with Care Manager.
The services of specialised personnel are sought to meet people's care needs	√			Care home has residential status and also provides care for people who are living with dementia. The Care Manager and the Deputy Care Manager are both registered nurses
Social/cultural needs are met to the preference and needs of the person and are understood by the people caring for them	√			

Policies for discrimination & Equality (equal access to services)	✓			<p>and have completed training for dementia care.</p> <p>The mental health team provide support and guidance to the team where a person requires specialist care for more challenging behaviour affecting a person with dementia.</p> <p>Care Manager and Office Manager have completed training for the recently introduced Guernsey Discrimination Law.</p> <p>Standard Met</p>
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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	✓			Evidence – Discussion with Care Manager.
Residents or their representative are encouraged to visit the home before making a decision	✓			A person and/or their NOK are advised to visit the home to have a look around prior to making their final decision.
Provision for a trial before final decision made to move into home	✓			
Emergency admissions to the home are accepted?	✓			
Information process in standards 2-4 is in place within 5 working days	✓			<p>The Care Manager said trial periods are flexible as it can take people with dementia longer to settle in to their new surroundings when a change occurs in their life.</p> <p>An emergency admission is accepted if there is a vacancy at the time needed.</p> <p>Standard Met</p>

Standard 6: Intermediate 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		✓		<p>Evidence – Discussion with Care Manager.</p> <p>There is no dedicated respite bed at Le Platon. However, it is not a requirement for care homes to provide respite or intermediate care beds; this is optional.</p> <p>Le Platon will accept a person for respite care if they have a vacancy at the time needed and are able to provide care for the activities of daily living. If a person requires additional support from specialist healthcare professionals, a referral is completed and the appropriate specialist visits the home to provide additional support.</p> <p>When a person's period of respite is completed, the person is able to remain living in the home if there is a vacancy. If not, the person's Social Worker would assist with finding an alternative placement.</p> <p>The Care Manager said they are planning to have a respite bed in the future plans for the home.</p> <p>Standard Met.</p>
Specialised facilities, therapies, treatment and equipment are available to promote activities of daily living and mobility	✓			
Are staff qualified in techniques for rehabilitation and promotion of programmes to re-establish community living?			✓	
Is there appropriate supervision of staff by specialists from relevant professions to meet the assessed needs of the service-user	✓			
If a person is unable to return home the person is able to remain living at the care home			✓	

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	√			Evidence – Discussion with Care Manager, care plans.
Risk assessments in place for:				
<ul style="list-style-type: none"> Moving & handling, mobility & risk of falls 	√			Care plans are held electronically and are password protected.
<ul style="list-style-type: none"> Nutrition 	√			
<ul style="list-style-type: none"> Skin condition & Pressure sore prevention 	√			Risk assessments are in place for identified risks and these have been reviewed and updated regularly.
<ul style="list-style-type: none"> Other dementia 	√			
Minimum of 3-monthly review of care plan, or as needs change if before review date	√			Involvement of others e.g. resident, relative, other healthcare professionals is recorded in the person's care plan.
Evidence of user/relative involvement	√			
Restrictions on choice & freedom are agreed and documented (Mental Health, Dementia)	√			Standard Met
Format of care plan is acceptable	√			
Handover discussions: verbal, written on changeover of each shift	√			
All entries on documentation are legible, dated and signed	√			

Standard 8: Health Care Needs Outcome: Service user's health care needs are fully met	YES	NO	In part	COMMENTS
Service users are supported and facilitated to take control and manage own healthcare wherever possible; staff assist where needed	√			Evidence – Discussion with Care Manager, care plans, discussion with individual staff and residents.
Access is provided to specialist health services e.g. medical, nursing, dental, pharmaceutical chiropody and therapeutic services and care from hospitals and community services according to need	√			
Care staff maintain the personal and oral care of each person and wherever possible support the person's independence	√			People are supported to maintain independence in areas of their care where possible. Where support is required, it is documented in the person's care plan how carers need to assist or support them.
People are assessed by a person who is trained to do so, to identify those people who have developed, or are risk of developing a	√			

pressure injury. Appropriate intervention is recorded in the plan of care				arises e.g. GP, tissue viability service etc.
People are free of pressure injuries	✓			<p>Nobody in the home currently has a pressure injury. There is pressure relieving equipment in place as a preventative measure.</p> <p>Standard Met</p>
The incidence of pressure injuries, their treatment and outcome are recorded in the person's care plan	✓			
There are preventative strategies for health care: link nurses, equipment etc	✓			
The registered person ensures that professional advice about the promotion of continence is sought and acted upon and the necessary aids and equipment are provided	✓			
A person's psychological health is monitored regularly and preventative and restorative care is sought as deemed necessary	✓			
Opportunities are given for appropriate exercise and physical activity; appropriate interventions are carried out for individuals identified as at risk of falling	✓			
Results from appointments, treatments and problems and from health care professionals are recorded in care plan and are acted upon	✓			
Nutritional assessment completed on admission and reviewed regularly thereafter (weight recorded). Identified problems are documented and are acted upon	✓			
Regular night checks are in place	✓			
Service users, relatives and/or advocates have the opportunity to discuss service users' wishes on their care with an informed member of staff	✓			
The support service needs of each resident are assessed and access provided – choice of own GP, advocacy services; alternative therapy; social worker; bereavement councillor; specialist nurses; dentist; audiologist; spiritual advisor; optician etc	✓			
Residents are referred for reassessment at appropriate time if this becomes necessary e.g. residential to nursing care needs or EMI	✓			
The registered person ensures that peoples' entitlements to Health & Social Care services	✓			

are upheld by providing information about entitlements and ensuring access to advice				
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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
There are policies for the receipt, recording, storage, handling, administration, disposal, self-medication, errors, re-ordering, homely remedies and for administration during a pandemic	✓			<p>Evidence – Discussion with Care Manager, check of dispensary where medication is stored and prepared, medication administration records (MARs).</p> <p>Residents in the home are unable to self-medicate due to dementia or frailty.</p> <p>No person is currently receiving medication covertly. Managers are aware that should this be necessary the involvement of the person's GP and NOK is required for consent.</p> <p>Staff who administer medication have completed training prior to undertaking this task to ensure they have the necessary knowledge and skills.</p> <p>A competency assessment is completed by the Deputy Care Manager or the Care Manager who are registered nurses; but these are not always evidence with documentation.</p> <p>Medication Administration Records are audited on the changeover of the medication cycle. Areas for further</p>
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	N/A			
There is safe storage within a person's room to store the medication to which suitable trained staff have access with the person's permission	N/A			
Records for:	✓			
• Meds received	✓			
• Meds administered	✓			
• Meds leaving the home	✓			
• Meds disposed of	✓			
• Medication Administration Record (MAR) in place	✓			
• 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	✓			
Controlled drugs (CDs) are stored in line with current regulations	✓			
Register in place to monitor CD usage and stocks	✓			
Compliance with current law and codes of practice	✓			

Medicines, including controlled drugs, (except those for self-administration) for people receiving nursing care, are administered by a medical practitioner or registered nurse	✓			<p>development are used as an opportunity for learning with carers; either individually or if it involves all of the carers who administer medication.</p> <p>In between the inspection and writing up the report, a medication inspection was completed by the Deputy Chief Pharmacist from within HSC (Dec 2023) where the medication process was found to be well- managed.</p> <p>Some action required</p>
Daily check of medication fridge, which is documented, to ensure remains within advised range (between 2-8°C)	✓			
Staff training programme in place for residential homes where Carer administering medication e.g. VQ standalone unit for the administration of medication or other accredited training at level 3	✓			
Competency assessment in place for Carers (residential home) for the administration of medication and this is reviewed at least annually, which is recorded			✓	
Pharmacist advice used regarding medicines policies within the home and medicines dispensed for individuals in the home	✓			
Each person's medication is reviewed regularly by a GP. Any concern in a person's condition as a result of a change in medication must be reported to the GP immediately	✓			
Has a Medication Inspection been undertaken by HSC's Pharmacist	✓			
Are flu vaccinations offered to residents, staff annually	✓			
Medications are kept in the home for a minimum of 7 days or after burial or cremation following a death	✓			
Audit of MARs in place	✓			

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 are provided when assisting a resident with washing, bathing, dressing etc	✓			Evidence – Discussion with Care Manager and residents.
Bedrooms are shared only by the choice of service users e.g. couples, siblings	N/A			All rooms in the home are single occupancy and most are ensuite.

Screens are available in shared rooms	N/A			<p>Throughout the day staff were observed to treat people with respect both in the way they spoke to them and how they assisted them. This was also confirmed in conversation with several residents.</p> <p>Residents do not automatically have a telephone as some people are unable to manage this. However, this can be risk assessed when a person moves in to the home. Residents still have access to a telephone with assistance from staff if they want to receive or make a telephone call.</p> <p>Standard Met</p>
Examinations, consultations legal/financial advisors, visits from relatives are provided with privacy	✓			
Entering bedrooms/toilets - staff knock and wait for a reply before entering	✓			
Wear own clothing	✓			
Laundry undertaken in house	✓			
Mail is only opened by staff when instructed to do so	✓			
Preferred term of address in consultation with resident & this is documented in person's care plan	✓			
Wishes respected and views considered	✓			
Treated with respect - verbally	✓			
Privacy and dignity are included in staff induction	✓			
There is easy access to a telephone	✓			
Telephone adaptations are available to meet the needs of service users e.g. large buttons, amplifier	✓			

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	✓			<p>Evidence – Discussion with Care Manager.</p> <p>Care Manager confirmed there is an end of life care (EOLC) policy in place.</p> <p>When a person is receiving EOLC, a referral is made to the community nurses and palliative care nurses who support the team with providing EOLC, and medication management to ensure a person's comfort.</p>
Current nutritional needs are met	✓			
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	✓			
Suitable equipment available	✓			
Family involvement & needs met - provision to stay with relative and involvement in care	✓			
Service user's wishes are respected (including after death)	✓			
Religious/cultural needs met	✓			

Changing care needs met	✓			<p>The Care Manager and the Deputy Care Manager are also RNs and provide staff with training and additional advice where needed. The Care Manager said she is in the process of organising for the palliative care nurse to come in to the home to do some refresher training with staff.</p> <p>Standard Met</p>
Dignity of possessions after death	✓			
Staff training – includes supporting dying person and their family	✓			
Bereavement counselling is offered to staff if needed (palliative care nurses can support if needed)	✓			
Resuscitation status documented for each person	✓			
Notification of death reported to Medical Officer & Inspection Officer	✓			
Policies in place for end of life care and following death and for resuscitation	✓			

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
Social interests and hobbies are recorded	✓			Evidence – Discussion with 2 activity co-ordinators and with individual residents.
Flexibility and choice of daily living routines e.g. no restriction for getting up or going to bed	✓			
Able to go out independently or with friends & relatives freely	✓			There is a full programme of activities offered, which include activities both within the home and within the community. The programme is on display in the activity room office window for residents and their visitors to see.
Involved in normal household chores if wanted attending to garden, collecting dishes etc	✓			
There is a choice of leisure and social activities	✓			
Religious/cultural choices are acknowledged	✓			
Level of engagement in activities is recorded	✓			Residents are currently helping out with the Christmas preparations e.g. decorating the home and making cards to send to their family, which is a nice touch.
Does the home have an Activity Co-ordinator	✓			
Evidence of activities e.g. photo boards, albums, social media site, conversations with residents	✓			<p>An outing has been organised for residents to go on the petit train and to see the Christmas lights with a stop off for coffee and cake.</p>

				<p>There are several Christmas parties taking place; one for all the men, one for all the ladies and a joint Christmas party for all.</p> <p>Several residents went sailing in the summer and to the Cotils to spend time in the bar.</p> <p>Each week, some residents go to Beau Sejour for sports, where some of the schools help out. There are golf sessions and visits to the Alzheimer's groups for morning coffee and afternoon teas.</p> <p>In-house residents enjoy bingo, group games, quizzes, beauty pampering sessions and manicures; to name just a few.</p> <p>1 resident is able to go out independently on the bus (risk assessment in place and reviewed regularly to ensure remains safe).</p> <p>1 resident is transported and collected so she has time to spend with a friend, on her own, to build up her confidence with going on outings and socialising.</p> <p>Several residents go out with family and friends.</p> <p>1 resident likes to help out doing the dishes; a normal household chore that makes her feel useful.</p> <p>The Care Manager said they are currently in the process of recruiting a 3rd activity co-ordinator.</p>
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				Standard Met
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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	✓			Evidence – Visitor’s book, discussion with activity co-ordinators.
Is there a visitors’ book in place	✓			
Privacy when receiving visitors	✓			See information in standard 12.
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	✓			Several entertainers visit the home for music and singing sessions and for pet therapy. Residents also recently went to a ‘Boogie in the Bar’ session at a hotel, which they enjoyed.
Supported to maintain social networks in the community	✓			
Residents inform staff when going out and returning	✓			
				Standard Met

Standard 14: Autonomy and Choice Outcome: Service users are helped to exercise choice and control over their lives	YES	NO	In part	COMMENTS
The registered person conducts the home so as to maximise service users’ capacity to exercise personal autonomy and choice	✓			Evidence – Walk through the home, discussion with Care Manager.
Service users are encouraged to bring personal possessions into the home e.g. small furniture, pictures & ornaments etc	✓			
Service users encouraged to manage own financial and other affairs as long as they have capacity to do so	✓			Residents have brought in items of familiarity from home to personalise their room how they wish.
Service users and their relatives and friends are informed of how to contact external agents (e.g. advocates) who will act in the person’s best interests	✓			
Access to personal records in accordance with the current local data protection legislation, is facilitated	✓			Residents are supported to be as independent as they are able to manage; with staff assisting when required.
				Most residents are unable to manage their own financial affairs independently and therefore the person’s NOK or representative provide support with this.

				<p>Staff complete training for data protection through the home's e-learning training programme.</p> <p>Standard Met</p>
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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 registered person ensures that people receive a varied, appealing, wholesome and nutritious diet, which is suited to individual assessed and recorded requirements and a reasonable choice is available as to when and where residents eat their meal	✓			<p>Evidence – Risk assessments, care plans, discussion with Care Manager and individual residents.</p> <p>Each person has a nutritional assessment completed on admission.</p>
Each person is offered 3 full meals each day (at least 1 of which must be cooked) at intervals of not more than five hours	✓			This information is used to develop the nutritional part of the care plan and is regularly reviewed and updated thereafter as changes occur.
The menu is varied and is changed regularly	✓			
The food reflects popular choice	✓			<p>Referrals are made to SALT where concerns are raised for a resident who has developed a swallowing problem and is at risk of choking. Also, to the dietician when a concern is identified; dietician visited a resident yesterday and this is recorded in the person's care plan.</p> <p>Staff have completed training for how to use the IDDSI framework to prepare modified foods and fluids for a person who is at risk of choking. One care plan observed noted 1 resident on IDDSI level 6.</p>
The food is appealing and is served in an attractive manner	✓			
Service user's nutritional needs are assessed, regularly monitored and reviewed including factors associated with malnutrition and obesity	✓			
Fresh fruit and vegetables are served/offered regularly	✓			
There is a choice available at each mealtime	✓			<p>Now that the new in-house kitchen is fully operational, the home has their</p>
Individual likes/dislikes are met	✓			
Hot and cold drinks and snacks are available at all times and are offered regularly	✓			
A snack available in the evening/night	✓			
Special therapeutic meals are provided if advised e.g. diabetic, pureed, gluten free etc	✓			
Swallowing problems/risk of choking identified in risk assessment and is incorporated into the care plan	✓			

Aware of International Dysphagia Diet Standardisation Initiative (IDDSI) – training, information	✓			own chef. Cook-chill dishes previously supplied by the catering department from within HSC have been discontinued.
Person has Percutaneous Endoscopic Gastrostomy (PEG)	N/A			
Supplements are prescribed if needed	✓			Residents who were spoken to said they enjoy their meals. There are choices at each meal and the chef is very accommodating if there is something a person would particularly like that is not on the menu. Care Manager said they chef is trialling different dishes to establish people's tastes and favourite dishes.
Religious and cultural needs are met	✓			
The menu is written or displayed e.g. in dining room or on notice board	✓			
Mealtimes are unhurried	✓			
Staff offer assistance to residents if needed	✓			
The dignity of those needing help is supported	✓			
Staff attitude is satisfactory	✓			
Food covers are used to transport food to rooms	✓			
Table settings are pleasant	✓			
Crockery, cutlery, glassware and napery are suitable	✓			
General ambience and comfort is satisfactory	✓			The dining room in the extension is bright and airy. The Care Manager said they are awaiting the arrival of their new furniture, which will really show it nicely furnished and more comfortable for residents (currently have temporary furniture in place).
Temperature satisfactory	✓			
Lighting satisfactory	✓			
Flooring satisfactory	✓			
Cleanliness satisfactory	✓			
Odour control (no unpleasant odour should be present)	✓			
Furnishings are satisfactory	✓			
Décor is pleasant	✓			
Safer Food, Better Business manual is completed	✓			
Food preparation areas are clean	✓			
Waste disposal – there is a foot operated bin	✓			An Environmental Health Officer last completed a food hygiene inspection in 2019 where 4 stars were awarded. With the new commercial kitchen and in-house chef in place they are expected to achieve a 5-star rating this year when next inspected.
Kitchen & dining room hygiene is satisfactory	✓			
Staff hand washing facilities are available	✓			
Food Hygiene rating available	✓			
				Standard Met

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	✓			Evidence – Complaints policy, discussion with Care Manager and individual residents and 2 relatives who were visiting. People know how to make a complaint. There were no concerns raised, when asked, on this inspection visit. One relative said “they all do a very difficult but grand job, they really show compassion for all those they care for”. Standard Met
The procedure is accessible e.g. reception notice board, resident’s handbook	✓			
Are there timescales for the process	✓			
The procedure states who will deal with them	✓			
Records are kept of all formal complaints	✓			
There is a duty of Candour – transparent and honest	✓			
Details of investigations and any action taken is recorded	✓			
There is written information available, clearly displayed, in an accessible place, for referring a complaint to the HSC	✓			

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	✓			Evidence – Discussion with Care Manager. Residents rights are protected. Support is sought from the individual’s NOK/representative where needed. Data protection and confidentiality is included in training during the induction of a new employee. Standard Met
The home facilitates the individual’s right to participate in the local political process	✓			
There are written policies are in place for Data Protection (Bailiwick of Guernsey) Law, 2018 and for confidentiality	✓			
Prior consent is 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:				Evidence – Discussion with Deputy Care Manager, individual residents and staff.
• Physical abuse	✓			There is a policy in place for safeguarding. Safeguarding forms part of a person's induction and staff then go on to complete a safeguard unit through the home's online training programme. Not all staff are up to date with initial training or have undertaken refresher training. Deputy Care Manager said they have a presentation pack that they plan to use in the near future.
• Sexual abuse	✓			
• Inappropriate restraint	✓			
• Psychological abuse	✓			
• Financial or material abuse	✓			
• Neglect	✓			
• Discrimination	✓			
• Whistle-blowing	✓			
• Safe storage of money & valuables	✓			
• Staff non-involvement in resident's financial affairs or receiving of gifts	✓			
Safeguard allegations are reported to the Safeguard Lead & Inspection Officer (HSC)	✓			In conversation with residents and staff there were no concerns of rough handling or people being spoken to in a disrespectful manner. Staff appeared very caring and compassionate.
Allegations/incidents are recorded, followed up and actioned appropriately	✓			
Staff who the Care Manager considers may be unsuitable to work with vulnerable adults makes a referral to HSC	✓			
Staff undertake regular training for safeguarding			✓	Some action required

Standard 19: Premises Outcome: Service users live in a safe, well-maintained environment	YES	NO	In part	COMMENTS
Facilities within the home are safely accessible	✓			Evidence – Walk through the home, discussion with Deputy Care Manager.
Restricted entry/exit to the home is appropriate	✓			
The home is free of trip hazards	✓			
Facilities in the grounds are safe and accessible for varying abilities e.g. wheelchair			✓	New extension to the home has been completed and is fully operational.
Routine maintenance programmes with records kept	✓			The home is nicely decorated throughout out taking in to account

Routine renewal of fabric and decoration with records kept	✓			<p>the needs of people with dementia e.g. colours of doors and walls, non-shiny floors and is bright and spacious with plenty of different areas to walk around and to sit in.</p> <p>There is restricted entry and exit to the home, which is recommended practice for dementia specialist care homes. This is to minimize the risk of a person leaving the building unsupervised if not safe to do so. Also, to prevent people who are unknown to staff in the home from entering.</p> <p>There is a passenger lift to enable people to move about the home; mostly with assistance from staff.</p> <p>The older part of the home is currently undergoing refurbishment.</p> <p>There is a large patio area with seating and shrubs that residents can walk around and sit out when the weather is fine. BBQs, afternoon teas and activities took place in the summer months, which residents enjoy.</p> <p>There are railings around the patio area where there is a considerable drop on the other side. It is a recommendation that a solution be found to make the area safe to prevent a person from climbing over the railings if looking to leave the care home while unsupervised. Currently there is temporary fencing in place.</p> <p>Some action required</p>
The building is safe, homely and comfortable	✓			
The furniture is suited to individual needs and is in good order	✓			
Décor is satisfactory	✓			
Lighting, internal and external is satisfactory	✓			
There is relevant fire equipment throughout the home	✓			
CCTV (entrances only)	✓			
Cleanliness is satisfactory	✓			
Odour control	✓			
Flooring satisfactory	✓			
General equipment is maintained with records	✓			
Insurance certificates on display and in date	✓			
Environmental audit undertaken	✓			

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 is provided	√			Evidence – Walk through the home, discussion with Deputy Care Manager.
Private area is provided	√			
Lighting is domestic and is flexible for different needs/activities	√			
Furnishings are non-institutional, in good order and suitable for client group	√			Areas in the new extension are spacious and bright. Communal areas are also available in the older part of the home, which is for residential care (not EMI).
Odour control	√			
Cleanliness is satisfactory	√			
Good quality flooring	√			A smoking area is provided outdoors in a designated area.
General ambience is good	√			
Ventilation is good	√			
Smoking Policy in place	√			Standard Met

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	√			Evidence – Walk through the home and check of facilities.
There is clear access	√			
Doors can be locked	√			
Lighting is suitable	√			Areas were clean and hygienic throughout. Grab rails and toilet seats are in contrasting colours for ease of use for people with dementia.
There is adequate ventilation	√			
Temperature is suitable	√			
Staff hand washing provision - e.g. soap and paper towel dispenser and foot swing bin are available	√			Standard Met
Aids and adaptations are in place as required	√			
Odour control	√			
Call bell is available	√			
Décor is satisfactory	√			
Flooring is suitable	√			
Cleaning schedule is in place	√			

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	N/A			Evidence – Walk through the home, discussion with Deputy Care Manager.
Handrails/grab rails where appropriate	✓			
Passenger lift	✓			
Stair chair lift	N/A			Each floor has a name displayed on the wall so residents can become familiar with where they live. Each floor has different colour walls.
Aids, hoists etc. for individual needs	✓			
Assisted toilets & baths to meet needs	✓			
Doorways (800mm wheelchair user – new builds)	✓			Seating areas are available all around the home so people can rest when they are walking around and there are pictures of scenes people will be familiar with on the corridor walls.
Signs and communication systems to meet needs (as and where necessary)	✓			
Storage for aids, hoists & equipment	✓			
Call bell in every room	✓			
If bed rails are used is there a risk assessment in place and evidence of a regular review	✓			Standard Met

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 	✓			Evidence – Walk through the home. The majority of the rooms in the care home are ensuite; in the new build all rooms are ensuite. For those that are not ensuite, there is a toilet facility within close proximity to the person's room. Rooms are laid out according to person's choice and/or mobility needs. Standard Met
Room layout suitable taking in to account fire safety and limitations due to mobility	✓			
Shared rooms by choice e.g. 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 is 900mm (if not own bed)	✓			Evidence – Walk through the home, discussion with Deputy Care Manager.
Bed height is suitable (residential)	✓			
Adjustable height (nursing)	✓			
Bed linen, towel and flannels are changed frequently	✓			Rooms are spacious and comfortable. Residents have personalised their room with familiar and sentimental possessions from their home. Each room reflects people's personality & interests.
Furniture is in satisfactory a condition	✓			
Adequate number of chairs in room	✓			
Décor is satisfactory	✓			The rooms do not have keys. However, a resident can lock their door from the inside as they all have a turn lock. Should a member of staff need to gain access in an emergency, or if a person is becoming distressed as they cannot work out how to unlock the door, staff can gain access.
Flooring-carpet/hard flooring is in good condition	✓			
Lockable drawer or safe available	✓			
Door able to be locked and resident has key if wanted	✓			Residents can request a telephone in their room if wanted. However, for some residents with dementia this may not be appropriate so this is risk assessed. If a person wanted to receive or make a call, this remains possible with supervision of a member of staff. Some residents have their own mobile phone.
Adequate drawers & hanging space	✓			
Table & bedside table available	✓			
Accessibility satisfactory	✓			Residents who were spoken to are happy with their room. Several residents were happy to show us around.
Safety within room	✓			
Privacy (screening if appropriate.)	N/A			
Telephone point	✓			
Television point	✓			
Overhead and bedside lighting	✓			
Accessible sockets	✓			
Evidence of personalisation	✓			
Wash hand basin if no en-suite	✓			
Mirror	✓			
Call bell	✓			
Soap & paper towel dispenser and foot operated rubbish bin in room or en-suite	✓			
Odour control	✓			
Cleanliness is satisfactory	✓			

				<p>Rooms in the older part of the home are not purpose-built but have been adapted to meet the needs of residents. This part of the home is due to be refurbished in the next phase of the building plan.</p> <p>Standard Met</p>
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Standard 25: Heating, Lighting and Water Outcome: People live in safe, comfortable surroundings	YES	NO	In part	COMMENTS
There is natural ventilation	✓			Evidence – Discussion with Deputy Care Manager, walk through the home.
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	✓			In the residential part of the home the heating is via radiators, which have limited temperature to prevent burns if a person were to fall against a hot radiator. In the new extension, there is underfloor heating.
Adequate & suitable lighting	✓			
There is Emergency lighting throughout the home	✓			
Water temperature is set at a maximum of 43°C and this is checked regularly	✓			There is a Legionella management plan in place with an external contractor, which includes regular water sampling – records are 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	✓			Standard met.
Hot water at least 60°C in kitchen	✓			
Shower heads are cleaned quarterly	✓			
Legionella control contract in place with records	✓			

Standard 26: Hygiene and Control of Infection Outcome: The home is clean, pleasant and hygienic	YES	NO	In part	COMMENTS
The housekeeper/s have cleaning schedules in place	✓			Evidence – Discussion with Deputy Care Manager and with individual staff.
Odour control	✓			

Laundry is located away from the food area	✓			<p>Policy in place for infection control.</p> <p>Of the staff spoken to, some have completed refresher training but others have yet to do. However, staff appeared to work within current guidance using appropriate PPE and coloured bags to segregate laundry and waste.</p> <p>The most recent infection control audit by the IPACT from within HSC was last undertaken in August 2023 where the home received 77%.</p> <p>Some action required</p>
There is segregation of clean and 'dirty' laundry	✓			
Hand washing facilities are available near to or in the laundry area	✓			
Foul laundry wash requirements; minimum 60°c for not less than 10 mins	✓			
Flooring impermeable/waterproof	✓			
Disposal of clinical waste:	✓			
Storage bin is located in an appropriate area	✓			
There is appropriate disposal of clinical waste	✓			
Suicing disinfectant available (Nursing)	✓			
Suicing facility available	✓			
Policies and procedures for the control of infection include: safe handling and disposal of clinical waste, dealing with spillages, provision of protective equipment, hand washing	✓			
Staff undertake regular training for infection control	✓		✓	
Infection control audit undertaken by the Infection Control Nurse from within HSC	✓			
Infection Control Nurse and Inspection Officer from within HSC to be informed when outbreak of infection (2 cases)	✓			
Preparedness plan in place in the case of a pandemic (recent Covid-19 outbreak)	✓			

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	✓			Evidence – Duty rota, discussion with Care Manager, staff and individual residents.
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	✓			The home provides both residential care (older part of care home) and residential dementia care (purpose-built new extension).
Adequate number of housekeeping staff	✓			
Adequate number of catering staff	✓			
Access to maintenance person when required	✓			

Are bank or agency staff used to cover staff sickness and annual leave periods, or do existing staff provide this cover	✓			<p>Both the Care Manager and the Deputy Care Manager are registered nurses.</p> <p>The level of staff in the home is satisfactory taking in to account resident dependency levels and current occupancy.</p> <p>Standard Met</p>
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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			✓	<p>Evidence – Discussion with Care Manager.</p> <p>Both the Care Manager and the Deputy Care Manager are RNs as discussed above.</p> <p>Four carers have completed the NVQ award at level 3.</p> <p>Six carers have completed the NVQ/VQ unit for the administration of medication at level 3 and 1 carer has completed the Care Certificate. This is ongoing as staff turnover allows.</p> <p>Some action required</p>

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:	✓			Evidence – Discussion with Deputy Care Manager.
Equal opportunities policy in place	✓			

Compliance with local laws – right to work document, housing licence (as appropriate)	✓			There is a robust process in place for the recruitment of staff to help the employer make safe decisions to minimise the risk of abuse.
2 written references required; 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	✓			All staff are required to provide references and to have a police check (DBS).
NMC register check for all RNs prior to employment, followed by ongoing support for Revalidation once employed	✓			For the 2 managers, the Nursing & Midwifery register is also checked to ensure they are on the register for qualified nurses and there are no sanctions on their practice.
Health declaration requested where necessary/relevant	✓			
Staff personal records/files kept locked away	✓			
All staff have a job description	✓			Standard Met
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	✓			
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 Outcome: Staff are trained and competent to do their jobs	YES	NO	In part	COMMENTS
Core values pre-employment:	√			Evidence – Discussion with Care Manager and individual staff.
<ul style="list-style-type: none"> Aims & values of role 				
<ul style="list-style-type: none"> Residents rights to - privacy, independence, dignity, choice and fulfilment 	√			Management maintain a spreadsheet of training. Most training is completed via e-learning. However, the managers work alongside carers regularly and identify training opportunities while working together.
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)	√			Staff spoken to said they have completed initial training but are not always up to date with refresher training.
Policies and training included on induction:	√			
<ul style="list-style-type: none"> Fire & emergency 	√			Each person has an induction when they commence employment at the home; where they work with a senior member of staff (induction training programme has recently been reviewed and updated).
<ul style="list-style-type: none"> Moving & Handling 	√			
<ul style="list-style-type: none"> Health and Safety awareness 	√			
<ul style="list-style-type: none"> Basic first aid 	√			
<ul style="list-style-type: none"> Accident procedures 	√			
<ul style="list-style-type: none"> Confidentiality 	√			
<ul style="list-style-type: none"> Safeguarding 	√			
<ul style="list-style-type: none"> Cultural needs 	√			
<ul style="list-style-type: none"> Personal hygiene 	√			
<ul style="list-style-type: none"> Person-centred care 	√			
<ul style="list-style-type: none"> Use of equipment 	√			
Further/ongoing training:				Some action required
<ul style="list-style-type: none"> Care planning 	√			
<ul style="list-style-type: none"> Handling of medicines 	√			
<ul style="list-style-type: none"> Risk assessment & risk management 	√			
<ul style="list-style-type: none"> Security measures 	√			
<ul style="list-style-type: none"> Escort duties & mobile phone usage while working 	√			
<ul style="list-style-type: none"> Hygiene, food handling and presentation 	√			
<ul style="list-style-type: none"> Infection control 	√			
<ul style="list-style-type: none"> Pressure area care 	√			
<ul style="list-style-type: none"> End of life care 	√			
<ul style="list-style-type: none"> Restraint 	√			
<ul style="list-style-type: none"> Caring for people with dementia 	√			

<ul style="list-style-type: none"> Other training required for providing care for the medical conditions, wellbeing of client group 	√			
Frequency of training to be advised by accredited trainer	√			
A minimum of 3 days per year of training is provided for full time staff and pro rata for part-time staff	√			
Staff training profile – kept and updated throughout employment	√			

Standard 31: Staff Supervision Outcome: Staff are appropriately supervised	YES	NO	In part	COMMENTS
Written induction programme in place	√			Evidence – Discussion with Care Manager, induction programme.
Training opportunities of both formal and informal training	√			
Supervision covers:	√			Care Manager confirmed annual appraisals are up to date for all staff.
<ul style="list-style-type: none"> All aspects of practice 	√			
<ul style="list-style-type: none"> Philosophy of care 	√			
<ul style="list-style-type: none"> Career/personal development - appraisal system in place 	√			Care home support people who do placements from the Guernsey Employment Trust (GET). Supervision is provided by the staff member responsible for them for their shift and a GET Employment Officer provides the person's formal supervisions.
Other staff supervised as needed as part of management process	√			
Supervision, support and training for volunteers	√			
Return to work interview to assess additional support/supervision required	√			
Are records kept for supervision sessions	√			<p>Supervisions are a combination of both formal and informal supervision for care home staff. Care Manager said they are aiming for 2 formal supervisions and 1 appraisal per year along with regular informal supervision when the managers work 'on the floor' alongside individual staff.</p> <p>Standard Met</p>

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	✓			<p>Evidence – Discussion with Care Manager.</p> <p>Care Manager is a registered nurse with many years of experience working with children, people with a learning disability and with older people and people living with dementia.</p> <p>As part of the compliance for registered Care Manager, the Care Manager is due to commence a management and leadership course at level 5 in January 2024.</p> <p>The Care Manager reports to the Home Secretary.</p> <p>Some action required</p>
Minimum of 2 years' experience in a senior management capacity of a relevant setting within the previous 5 years	✓			
Qualifications of Care Manager	✓			
From 2007 Care Manager in residential home to work towards gaining an NVQ/VQ level 4/5 or other management qualification			✓	
Nursing home RN with management qualification	N/A			
Periodic training/updating for registered manager (relevant to manager and client group needs)	✓			
Knowledge of older people; disease process, ageing etc	✓			
Line of accountability (Care Manager reports to)	✓			

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	✓			<p>Evidence – Discussion with Care Manager, individual residents and staff.</p> <p>The team appear well organised and know what is expected of them in their role. Lots of new initiatives have been introduced with</p>
Leadership-clear direction	✓			
Strategies enable staff, service users and stakeholders to contribute to the way the service is delivered	✓			
Staff meetings are held (frequency)	✓			
Management planning practices encourage innovation, creativity, development	✓			

Compliance with Code of Practice and standard setting in the management of care workers and a care home	✓			<p>completion of the new extension; now that it is fully operational.</p> <p>Several staff said they feel more settled now that the new extension has been completed and have noticed the same with the residents as they all have more space.</p> <p>Everyone spoken to gave very positively feedback about the home. They said the management are supportive and approachable and they feel listened to and valued.</p> <p>Staff meetings take place regularly; some meetings are informal with groups of staff and others are more formal. A day carer meeting took place recently and there have been meetings with night carers and domestic team – minutes documented.</p> <p>Standard Met</p>
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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	✓			Evidence – Discussion with Deputy Care Manager, information provided pre-inspection.
How does Care Manager monitor own performance	✓			
Commitment demonstrated to meets service user needs through the implementation of their care plan and meeting their goals	✓			Management have an open-door policy where residents and relatives are able to speak to them when they are visiting their relative.
Feedback actively sought & acted upon	✓			
Others views sought e.g. questionnaires for relatives or a relatives meeting	✓			Referrals are made to external healthcare professionals within the
Planned inspections advertised	✓			

Views of service users made available	✓			multi-disciplinary team when required to support people's care needs to be met.
Policies and procedures are reviewed and are updated in line with registration (minimum of every 2 years)	✓			
Action progressed on agreed implementation of statutory/good practice requirements (progress from last inspection)	✓			
Auditing to improve care, services, environment			✓	<p>A satisfaction survey for family to complete is available. There are many 'Thank You' cards the home have received from relatives of residents who have lived at the home.</p> <p>Resident's views of the home are collected during the day of inspection by the auditors.</p> <p>Some audits are completed in the home. This is an excellent way to show where areas of care and services are meeting needs and should be increased, which provides good evidence for quality monitoring.</p> <p>Some action required</p>

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 - ability to trade	✓			<p>Evidence – Evidence – Discussion with Care Manager, insurance certificate displayed on notice board.</p> <p>Employment and Social Security receive home's accounts annually.</p> <p>Care Manager confirmed there is a business plan in place for ongoing development and to take account of interruption of business e.g. fire, flood, power cut etc.</p>
Insurance in place to cover loss or damage to the assets of the business (is there a business continuity plan in place?)	✓			
Legal liabilities for service users and staff – Is the insurance certificate on display and in date?	✓			

				Standard Met
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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	✓			Evidence – Discussion with Care Manager.
Safeguards are in place if managed by home e.g. records kept for safe keeping of valuables and/or money, secure storage	✓			Residents who are unable to manage their money are supported by their NOK /representative. A ledger is maintained for small amounts of money held at the home for services such as chiropody or hairdresser etc. Standard Met

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	✓			Evidence – Discussion with Care Manager, 2 relatives who were visiting, security of care records.
Records kept are up to date and in good order (resident information)	✓			
Records secure	✓			Care records are stored electronically and are password protected.
Data protection and confidentiality compliance – policy in place	✓			
Service users have access to their record	✓			Access to records is by discussion with the Care Manager. A person's NOK is always kept up-to-date with any changes with a person's care or well-being by the Care Manager or the Deputy Care Manager or by being invited to a

				care review with a social worker. This was also confirmed by 2 relatives who were visiting. Standard met
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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	√			Evidence – Discussion with Deputy Care Manager, walk through the home, information provided pre-inspection.
Fire safety training is provided	√			
Fire equipment is kept maintained for immediate use; including the fire alarm, which is tested each week and this is logged	√			
First Aid training – staff have an understanding of first aid and there is a named first aider	√			Hoists and sliding sheets available to support good moving & handling practice.
There is first aid equipment in the home that is always available when needed	√			
Food hygiene – Chefs and Cooks undertake food hygiene training at level 2 level, care staff at level 1	√			Most staff complete fire safety training through the home's e-learning training. Those that are fire marshals complete training with the local fire service – there are 6 fire marshals in the team.
Infection control – staff undertake training for infection control			√	
Safeguard training			√	
Housekeeping undertake training for the safe storage and disposal of hazardous substances (COSHH)	√			Chef has completed food hygiene training level 2; staff food hygiene awareness training level 1.
Regular servicing of boilers & heating systems	√			
Maintenance of electrical systems & equipment	√			Most staff have completed initial training for safeguarding and infection control via the home's e-learning programme but not all have completed refresher training – management are trying to source face to face training sessions.
Regulation of water temperature (Legionella control – plan in place with records kept	√			
Radiator protection, low surface heaters	√			
Risk assessment and use of window restrictors	√			
Maintenance of safe environment & equipment:				Staff have a schedule in place for cleaning down equipment. All moving & handling equipment is
• Kitchen - new	√			
• Laundry			√	
• Outdoor steps and pathways	√			

• Staircases	✓			service and inspected as required by regulation or equipment provider. E.g. hoists, lift etc.
• Lifts - chair	✓			
• Flooring	✓			
• Garden furniture	✓			
Security of service users & premises – doors locked at night, outdoor lighting, security of fire doors	✓			<p>A member of staff was observed dragging a bag of laundry down the stairs. This should be discouraged as there are trolleys and a lift to move laundry around the home safely.</p> <p>Some action required</p>
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	✓			

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.	1 - Information	➤ Update information in the handbook and on website to include the new extension to the home so that it is current	As soon as possible	Care Manager	Progress check on inspection in 2024	
2.	9 – Medication 30- Staff Training	➤ Use of competency assessment to monitor staff knowledge and skills advised	Immediate – (competency assessment tool provided)	Care Manager	Progress check on inspection in 2024	
3.	18 – Protection 30 – Staff Training	➤ Ensure all staff complete initial training for safeguarding and have a regular refresher	ongoing	Care Manager	Progress check on inspection in 2024	
4.	19 - Premises	➤ Additional safety measure to be put in place to prevent a person from climbing over the railings on the patio	As soon as solution found	Care Manager & Home Secretary	Progress check on inspection in 2024 – temporary fencing in place provides safety while more permanent solution found)	

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
5.	26 – Hygiene and Control of Infection 30 – Staff Training	➤ Ensure all staff complete initial training for safeguarding and have a regular refresher	ongoing	Care Manager	Progress check on inspection in 2024	
6.	28 - Qualifications	➤ Continue to support carers who want to undertake the VQ award	ongoing	Care Manager	Progress check on inspection in 2024	
7.	32 – Day to day operations – The Manager	➤ Care Manager to complete a Leadership & Management course in compliance with the standards	End of 2024	Care Manager	Progress check on inspection in 2024	
8.	34 – Quality Assurance	➤ Consider using more audit for quality monitoring	Ongoing	Care Manager	Progress check on inspection in 2024	
9.	38 – Safe Working Practices	➤ Ensure staff are using equipment provided for the safety of them and others in the home	Immediate	Care Manager	Resolved on day – Care Manager will continue to monitor	

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

Registered Person's statement of agreement/comments: Please complete the relevant section that applies.

Or

A large, empty rectangular box with a black border, intended for a drawing or illustration.

Note:

November 2023