



The Office of the  
Committee for  
Health & Social Care

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

**MAISON DE BEAUVOIR  
RESIDENTIAL HOME**

**INSPECTION REPORT**

**DATE: 30th September 2020**

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

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

**INTRODUCTION**

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

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

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

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

Name of Establishment: **Maison De Beauvoir Residential Home**

Address: **Rue Cohu, Castel, GY5 7TH**

Name of Registered Provider: **Hermanus Limited**

Name of Registered Manager: **Mrs Debbie Spencer (RGN)**

<b>CATEGORY</b>	<b>NUMBER OF REGISTERED BEDS</b>
<b>Residential</b>	<b>43</b>

<b>Date of most recent inspections: 06/06/19 – Announced 11/12/19 – Unannounced</b>
<b>Date of inspection upon which this report is based – 30/09/20</b>
<b>Category of inspection – Announced</b>
<b>Vanessa Penney - Registration and Inspection Officer (HSC) Steve Winterflood – Quality &amp; Safety Manager (HSC)</b>

## **SUMMARY OF FINDINGS**

The information available on the company's website and in the resident's handbook provides good information to enable a person and/or the person's NOK to make an informed decision as to whether Maison De Beauvoir will be able to meet the person's care needs and their expectations of a care home environment. People are also advised to visit the home to have a look around and to speak to the Care Manager and to some of the residents and staff prior to making their final decision.

Pre-admission assessments are undertaken to determine the needs of the person and how the person wishes to live their life and whether this can be achieved at the home. This enables the Care Manager to assess whether the home is equipped to meet those needs in relation to staffing level, skills of the staff and the equipment and level of supervision required. In order to establish a clear picture of a person's care needs and choice of routine and preferences, information is gathered from a prospective resident (where able), NOK and from healthcare professionals from within the multi-disciplinary who have been/are involved with the person's care.

Following on from the assessment when a person moves in to the home a person-centred care plan is developed using this information. Risks to a person's health and safety are identified and measures are introduced to manage these risks to provide a home where a person feels safe.

There is emphasis on supporting people to lead fulfilling lives and social engagement is encouraged whether it be outings with family and friends, or trips out on the home's minibus. For people who choose not to go out, activities are organised through outside entertainers who visit the home, or through group or one-to-one activities in-house. An Activity Co-ordinator organises the weekly programme with feedback from residents. Residents who were taking part in an arts and crafts session discussed the activities they enjoy, which included outings within the wider community, which demonstrated the activities are varied and take account of people's hobbies and interests. Some other people spoken to said they did not like to join in with activities and never felt any pressure to do so.

People's nutrition and hydration needs are assessed on admission and the team provide the necessary support and ongoing monitoring to minimise the risk of malnutrition and dehydration. The Care Manager and some of staff have completed training for the preparation of fluids using the recently introduced IDDSI framework but are awaiting access to a further training session with SALT from within HSC. Residents who were spoken to said they enjoy their meals and are offered choices to meet their preferences and any special dietary requirements.

Maison De Beauvoir provides a comfortable and friendly environment. The home is generally kept well-maintained with maintenance programmes in place for re-decoration and replacement of furnishings as needed. Residents' are encouraged to bring in personal items to make their room feel comfortable and homely. The rooms viewed appeared to reflect the person's personality, hobbies and interests and resident's said they liked their room and are happy there. Some people have lots of ornaments and small items that can be time consuming for the housekeeping staff to clean. The Care Manager said going

forward, she will have to limit items in some cases as this is a hazard for housekeeping staff for infection control within the home.

There is a robust system in place for the recruitment of staff to help the employer to make safer decisions to safeguard people. All staff have a supervised period of induction, which is monitored by the Practice Development Lead. A programme of training and updates then continues throughout the person's employment at the home. Please ensure all staff complete their necessary training updates.

Senior Carers on each shift supervise the Carers and there is a Housekeeping Supervisor now in place to oversee infection control practices in the home and a Kitchen supervisor to oversee the catering. Annual appraisal is in place to support personal and professional development of the team. The staffing level in the home is satisfactory for the dependency of the current residents and this is continually monitored for each shift. Close monitoring by the Care Manager continues for staffing levels overnight taking in to account resident dependency levels, layout of the building and management of an emergency situation e.g. fire. Some staff live in the grounds of the home and would help out as needed.

A quality monitoring process is in place through seeking the views of residents, relatives and staff and through the use of audits from professionals from outside of the home. Advice provided due to the recent pandemic has been implemented.

Staff who were spoken to said they are able to speak to the Care Manager as needed. Generally they feel listened to and supported if they make suggestions. Staff said they feel able to raise a concern if needed and the appropriate action has been taken.

Residents who were spoken to said they are happy living in the home. They said the staff are kind and caring and they liked their room. Residents said if they call for assistance their call bell is answered promptly. Several residents offered that wouldn't like to have to move anywhere else, which is a positive reflection on the management and the team in the home.

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

## GUERNSEY STANDARDS FOR CARE HOMES AUDIT

<b>Standard 1: Information</b> <b>Outcome – Prospective service users have the information they need to make an informed choice about where to live</b>	YES	NO	In Part	COMMENTS
Website (optional)	✓			Information is available on the home's website <a href="http://www.guernseycarehomes.com/maison-beauvoir.html">http://www.guernseycarehomes.com/maison-beauvoir.html</a> , which also includes a copy of their most recent inspection report
Marketing Brochure (optional)	✓			
<b>There is a Statement of Purpose that sets out the:</b>				
Philosophy of care, aims and objectives	✓			
Terms and conditions of the home	✓			
Updated at least annually or when changes to services and home occur	✓			Updated August 2020
<b>There is a Service Users Guide/Resident's Handbook</b>				
Prospective and current residents are provided with/have access to a copy	✓			The website, marketing brochure and the resident's handbook facilitate the decision-making process as to whether Maison De Beauvoir is the right home for the person
Written in the appropriate language and format for intended service user	✓			
Brief description of accommodation & services provided	✓			
Detailed description of individual and communal space	✓			
Qualifications and experience of registered provider, manager and staff	✓			
Number of residents registered for	✓			Residential care for 43 people – current occupancy 34
Special needs & interests catered for e.g. diets, activities etc	✓			
How to access a copy of most recent inspection report	✓			Report available on website and a copy is also available in entrance to the home
Procedure for making a complaint	✓			
Service users views of the home	✓			In report

Summary of fees payable and any extras payable e.g. newspapers, incontinence products & toiletries etc	✓			On website and in resident's handbook. Also explained in detail prior to signing contract agreement
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	✓			If a person has a preference they will need to make this known before moving in to the home as a male Carer may not be available on all shifts
Insurance – what is and is not covered (does resident need to take out personal insurance for personal items e.g. valuables, money, antiques, false teeth, spectacles and hearing aids etc)	✓			
The contact for HSC is displayed in the resident's handbook or is visible on the home notice board	✓			Both

<b>Standard 2: Contract Outcome – Each service user has a written contract/statement of terms and conditions with the home</b>	YES	NO	In part	COMMENTS
Contract provided on admission	✓			
Identifies room to be occupied	✓			
Care and services covered (including food)	✓			
Additional items and services listed to be paid for including; food, equipment, insurance, medical expenses and SJA	✓			
Fees payable and by whom (service user, long term care benefit scheme, relative/ other)	✓			
Rights and obligations listed and liability if breach of contact	✓			
Terms and conditions of occupancy e.g. including period of notice	✓			
Charges during hospital stays or holidays	✓			
Charge for room following death (social Security pay 3 days only following death)	✓			
The contract is signed by the service user or named representative and the registered person for the home	✓			All of the above are discussed with the resident and/or their NOK/representative prior to signing the contract and both parties keep a copy of the signed contract

<b>Standard 3: Assessment</b> <b>Outcome - No service user moves in to the home without having had his/her needs assessed and been assured that these will be met</b>	YES	NO	In part	COMMENTS
Pre-admission assessment prior to moving in to the care home	✓			
Involvement of others; relatives, GP other allied health professionals	✓			GP provides medical history summary to the Care Manager with the person's/representative's consent. The person's Social Worker also provides a summary of care needs from the Needs Assessment Panel (NAP). Care Manager stated the NAP summary is not always up to date (The Inspection Officer has communicated this to the Social Work Manager)
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	✓			Care plans now developed using an electronic software programme

<b>Standard 4: Meeting Needs</b> <b>Outcome - Service users and their representatives know that the home they enter will meet their needs</b>	YES	NO	In part	COMMENTS
Registered person can demonstrate the home's capacity to meet people's assessed needs	✓			Care home is registered to provide residential care and also provides residential respite care if there is a vacancy at the time that it is required

The services of specialised personnel are sought to meet people's care needs	✓			One resident has had a recent referral to the Occupational Therapist for a re-assessment due to a decline in dependency level
Social/cultural needs are met to the preference and needs of the person and are understood by the people caring for them	✓			People's lifestyle choices are recorded in their care plan
Policies for discrimination & Equality (equal access to services)	✓			

<b>Standard 5: Trial Visits</b> <b>Outcome – Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home</b>	YES	NO	In part	COMMENTS
Provision for staff to meet a service user in their own home or other place of residence	✓			Care Manager visits a prospective resident in hospital or other place of residence e.g. other care home, own home
Residents or their representative are encouraged to visit the home before making a decision	✓			A prospective resident or their NOK are encouraged to visit the home to have a look around and to talk to some of the residents and staff to assist in their decision-making process
Is there provision for a trial before final decision made to move into home	✓			1 month trial period
Does the home take emergency admissions	✓			If there is a vacant room at the time that it is needed. The Care Manager will always undertake her own assessment prior to acceptance, to ensure the home is the right place to meet the person's current care needs
Information process in standards 2-4 is in place within 5 working days	✓			

<b>Standard 6: Intermediate Care</b> <b>Outcome: Service users assessed and referred for intermediate care are helped to maximise their independence and return home</b>	YES	NO	In part	COMMENTS
Dedicated accommodation is available	N/A			There are currently no residents in the home receiving intermediate care

Specialised facilities, therapies, treatment and equipment are available to enable a service user to return home	N/A			
Staff are qualified in techniques for rehabilitation and promotion of programmes to re-establish community living	N/A			
There is appropriate supervision of staff by specialists from relevant professions to meet the assessed needs of the service-user	N/A			
A person who is unable to return home is not admitted for long term care unless the current care needs can be met	N/A			

<b>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</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Care plan is in place and is based on assessment	✓			Care plans are person-centred and detail people's routine and preferences
Risk assessments in place for:				
<ul style="list-style-type: none"> <li>Moving &amp; handling &amp; mobility &amp; risk of falls</li> </ul>	✓			Risks are documented with the action to be taken to minimise the risk of avoidable harm
<ul style="list-style-type: none"> <li>Nutrition</li> </ul>	✓			Peoples' likes and dislikes are documented. A balanced diet is provided and people are weighed regularly (some more frequently than monthly if necessary)
<ul style="list-style-type: none"> <li>Skin condition &amp; Pressure sore prevention</li> </ul>	✓			The Braden score is used to assess skin integrity and equipment is in place where needed to minimise the risk of a pressure injury e.g. pressure relieving cushions and mattresses. Community Nurses provide additional support as needed
<ul style="list-style-type: none"> <li>Other</li> </ul>				
Minimum of 3-monthly review of care plan, or as needs change if before review date	✓			
Evidence of user/relative involvement	✓			In the initial information gathering to develop the care plan and then documented in daily care notes when discussions with relatives
Restrictions on choice & freedom are agreed and documented (Mental Health, Dementia)	✓			There is a locked door policy, however, residents who are able to go out independently continue to do so. Residents who require

			supervision for their safety, the level of supervision required is documented in the person's care plan
Format of care plan	✓		Electronic password protected
Handover discussions: verbal, written on changeover of each shift	✓		Good handover sheet in place
All entries on documentation are legible, dated and signed	✓		

<b>Standard 8: Health Care Needs</b> <b>Outcome: Service user's health care needs are fully met</b>	YES	NO	In part	COMMENTS
Service users are supported and facilitated to take control and manage own healthcare wherever possible; staff assist where needed	✓			Some people attend GP surgery for appointments with support from family and friends
Specialist health services used, dietician, tissue viability, continence, falls clinic etc where needed; including referral for uplift of care certificate when needed	✓			
People are free of pressure injuries	✓			Braden score used to assess risk - appropriate equipment is in place where risk identified e.g. profile beds and pressure relieving mattress and cushion if required. Additional equipment and/or support can be obtained from the Community Nurses through the referral system
Preventative strategies for health care: link nurse/carer, equipment etc	✓			Has access to the Tissue Viability Specialist Nurses from within HSC as needed
Results from appointments, treatments and problems and from health care professionals are recorded in care plan and acted upon	✓			
Nutritional assessment completed on admission and reviewed regularly thereafter (weight recorded)	✓			Monthly weight recorded – more frequently for an individual if required. Access to GP and to the Dietician and Speech and Language Specialist Nurse from within HSC if needed (swallowing assessment for a person at risk of choking – 1 resident has in place)
Regular night checks in place	✓			Unless refused - documented
Is there a named key-worker/carer	✓			Work area delegated on each shift
Service users, relatives and/or advocates have the opportunity to discuss service users' wishes on their care with an informed member of staff	✓			The Care Manager has an open door policy. Relatives communicate frequently with her by email and on

				the telephone also. A Senior Carer is on duty on each shift to provide information
The support service needs of each resident are assessed and access provided. Support services may include: advocate; alternative therapy; social worker; bereavement counsellor; 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	✓			

<b>Standard 9: Medication</b> <b>Outcome: Service user's, where appropriate, are responsible for their own medication and are protected by the home's policies and procedures for dealing with medicines</b>	YES	NO	In part	COMMENTS
Policies: for receipt, recording, storage, handling, administration, disposal, self-medication, errors, re-ordering, homely remedies and for administration during a pandemic	✓			Administration of medication during a pandemic is in preparedness plan
NMC guidance and BNF (within 6 month date) available	✓			
There is a self-medication assessment completed for each resident if person wanting to continue with this process and this is reviewed regularly including safe storage within person's room	N/A			No residents are currently self-medicating
Records for:				
• Meds received	✓			
• Meds administered	✓			No gaps in signing for medication administered
• Meds leaving the home (e.g. return to pharmacy)	✓			Returns book for pharmacy for medication that is no longer required. No evidence of unnecessary surplus stock
• Meds disposed of	✓			Appropriate disposal of medication as per current guidelines e.g. sharps, unused medication
• Medication Administration Record (MAR) in place	✓			Contains necessary information e.g. name of person, DOB, GP, known allergies
• Photo of service user (consent obtained)	✓			

If medication is required to be administered covertly, this is in the care plan, consent from GP and from resident's next of kin	N/A			No one is currently receiving medication covertly but the Care Manager and the Senior Carers are aware of the regulations for administering covertly
Controlled drugs (CDs) are stored in line with current regulations	✓			
Register in place to monitor CD usage and stocks	✓			
Compliance with current law and codes of practice	✓			
Daily check of medication fridge, which is documented, to ensure remains between 2-8°C	✓			Recommendation in Pharmacy inspection in May has been addressed
Staff training programme in place for residential homes where Carer administering medication e.g. VQ standalone unit for the administration of medication or other training at level 3	✓			The Care Manager is a registered nurse. Two Carers have a VQ award at level 3, which also includes for the administration of medication. One Senior Carer is currently undertaking the B-Tech award (almost completed). All Carers who administer medication should complete accredited training at level 3 prior to undertaking this task
Competency for Carers (residential home) for the administration of medication and is reviewed at least annually, which is recorded	✓			Competency assessments are undertaken by Care Manager as she undertakes regular direct observations with individual Carers (Care Manager undertakes the administration of medication twice per week)
Pharmacist advice used	✓			
Frequency of medication reviews by GP (minimum 3-6 monthly)	✓			More frequently as needed for individuals if unwell or needing a review
Has a Medication Inspection been undertaken by HSC's Pharmacist	✓			Most recent inspection in May 2020. Recommendations made on the pharmacy inspection were noted to have been actioned
Flu vaccinations offered to residents, staff annually	✓			This is to be encouraged this year for all residents, and staff who work in care homes
Medications kept in the home for minimum of 7 days or after burial or cremation following a death	✓			
Audit of MARs	✓			Care Manager undertakes the administration of medication twice per week. Areas for action noted are

				discussed with the relevant Carer/s. Documented formal audit 6-monthly
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<b>Standard 10: Privacy and Dignity Outcome: Service users feel they are treated with respect and their right to privacy is upheld</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Privacy and dignity is provided when assisting a resident with washing, bathing, dressing etc	✓			Confirmed by residents who were spoken to
Bedrooms are shared only by the choice of service users e.g. married couples, siblings	✓			
Screens are available in shared rooms	N/A			Could be organised but rooms are all en-suite
Door to room able to be locked	✓			Most residents don't lock their door when not in their room
Examinations, consultations legal/financial advisors, visits from relatives with privacy	✓			
Entering bedrooms/toilets - staff knock and wait for a reply before entering	✓			Observed during day and confirmed by residents who were spoken to
Wear own clothing	✓			
Laundry undertaken in house	✓			Except for dry cleaning items
Mail is only opened by staff when instructed to do so	✓			Otherwise forwarded to NOK/representative
Preferred term of address in consultation with resident & this is documented in person's care plan	✓			Established on admission to the home
Wishes respected and views taken into account	✓			Confirmed by residents who were spoken to
Treated with respect - verbally	✓			Confirmed by residents who were spoken to
Privacy and dignity is included in staff induction training	✓			
Service users are protected from the undesirable action of others (staffing levels)	✓			
Information about service users imparted to members of staff is treated with respect and confidentiality	✓			This is included during induction and staff receive reminders periodically at handover or staff meetings
There is easy access to a telephone	✓			Each room has a telephone point. Some people have their own mobile phone, ipad
Telephone adaptations are available to meet the needs of service users e.g. large buttons, amplifier	✓			Are organised as needed. Usually in consultation with a person's NOK

<b>Standard 11: Death and Dying</b> <b>Outcome: Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect</b>	YES	NO	In part	COMMENTS
Resident given comfort and attention in privacy	✓			
Nutritional needs met	✓			Advice sought from SALT, GP, Community Nurses or Palliative Care Team as needed
Pain relief/palliative care - where the home has RNs syringe pump training is available and practice is current. For a residential home support is sought from the Community/Palliative Care Team	✓			Residential home so Community Nurses and Palliative Care Team provide support and guidance as needed
Suitable equipment available	✓			Additional equipment required is brought in by the Community Nurses or Palliative Care Team e.g. air wave mattress, syringe pump for medication administration
Family involvement & needs met - provision to stay with relative	✓			Offered refreshments. There is also a put-you-up bed available so that a person can stay with their relative if choose to
Service users wishes respected (including after death)	✓			Known wishes actioned as prior request
Religious/cultural needs met	✓			
Changing needs met	✓			Services of healthcare professionals sought as relevant and NOK is kept updated
Dignity of possessions after death	✓			Generally a person's NOK and relatives pack up their relative's belongings. However this was undertaken by the home during the recent period of lockdown during the pandemic outbreak in care homes
Staff training – induction, specialist nurses	✓			The Care Manager, Team Leaders or RNs within the wider company provide training for Carers. Debriefing sessions are provided by the Care Manager or other RN within the group
Resuscitation status for each person	✓			Documented in care plan
Notification of death reported to Medical Officer & Inspection Officer	✓			
Policies in place for end of life care and following death and for resuscitation	✓			

<b>Standard 12: Social Contact and Activities Outcome: Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Social interests and hobbies are recorded in the care plan	✓			
Flexibility and choice of daily living routines e.g. no restriction for getting up or going to bed	✓			Confirmed by residents spoken to.
Able to go out independently or with friends & relatives freely	✓			If well and safe to do so
Involved in day-day running (if wanted) e.g. attending to garden, collecting dishes etc	✓			
Choice of leisure, social & cultural activities	✓			Activity programme on display on notice board at entrance to the home. There is a good variety of social interaction activities both within the home and attendance at outside events e.g. recent outing to the air display. On the day of inspection residents were enjoying an arts & crafts session in the lounge
Are religious/cultural choices acknowledged?	✓			Some attend local church services. There is also a non-dominant faith service held in the home fortnightly
Social activity profile kept- person engagement in activity	✓			
Is there an Activity Co-ordinator or do staff facilitate activities with residents	✓			An Activity Co-ordinator is in post with some Carers also rostered to undertake activities when not working as a Carer. One volunteer visits the home to undertake activities with residents. Explore support for communication with residents with people/groups outside of the home who could support residents with activities/communication during periods of isolation during the pandemic
Evidence of activities e.g. photo boards, albums, social media site	✓			Photos on wall in reception (photos taken with service user's consent)

<b>Standard 13: Community Contact</b> <b>Outcome: Service users maintain contact with family/friends/representatives and the local community as they wish</b>	YES	NO	In part	COMMENTS
There is a written visiting policy, which is flexible	✓			Open visiting – visitors are asked to avoid mealtimes if possible. Restrictions may be in place during periods of lockdown as a result of the current pandemic and residents and staff will be informed
Visitors' book in place	✓			Additional information may be required on entering the home at times during the current pandemic
Privacy when receiving visitors	✓			Can use own room or quieter area of home e.g. dining room, garden in fine weather
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	✓			Opportunity to join their relative for a meal if requested. Offered refreshment when visiting
Supported to maintain social networks in the community	✓			Some residents go out regularly with family and friends. Other residents attend Jubilee House, Ron Short Centre and their chosen church meetings
Residents inform staff when going out and returning (if relevant) e.g. verbally, in & out board	✓			In & out board

<b>Standard 14: Autonomy and Choice</b> <b>Outcome: Service users are helped to exercise choice and control over their lives</b>	YES	NO	In part	COMMENTS
The registered person conducts the home so as to maximise service users' capacity to exercise personal autonomy and choice	✓			No restrictions unless needed due to safety
Service users are encouraged to bring personal possessions into the home e.g. small furniture, pictures & ornaments etc	✓			Rooms reflect people's personality and preferences
Service users encouraged to manage own financial and other affairs as long as they have capacity to do so	✓			
Service users and their relatives and friends are informed of how to contact external agents (e.g. advocates) who will act in the person's best interests if needed	✓			

Access to personal records in accordance with the current local data protection legislation, is facilitated	✓			Copy of the resident's care plan is kept in their room. Now that you have changed over to the electronic programme please ensure the changes made on the computer are also printed out to be provided in the room when updates are made, if you continue with this system
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<b>Standard 15: Meals and Mealtimes</b> <b>Outcome: Service users receive a wholesome, appealing, balanced diet in pleasing surroundings at times convenient to them</b>	YES	NO	In part	COMMENTS
The registered person ensures that people receive a varied, appealing, wholesome and nutritious diet, which is suited to individual assessed and recorded requirements and a reasonable choice is available as to when and where residents eat their meal	✓			Dining room encouraged for residents to have their meals but individuals can have their meal in their room if preferred
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	✓			Confirmed by residents spoken to
The menu is varied and is changed regularly	✓			
The food reflects popular choice	✓			
The food is appealing and is served in an attractive manner	✓			
The food is nutritious	✓			
Service user's nutritional needs are assessed, regularly monitored and reviewed including factors associated with malnutrition and obesity	✓			Weights recorded and intervention from the person's GP, SALT or Dietician sought as needed
Fresh fruit and vegetables are served/offered regularly	✓			
There is a choice available at each mealtime	✓			Menus provided
Individual likes/dislikes are met	✓			Confirmed by residents with examples given
Hot and cold drinks and snacks available at all times and are offered regularly	✓			Apartments have a fridge, kettle and microwave (risk assessment prior to use)
A snack available in the evening/night	✓			At any time 24/7
Special therapeutic meals are provided if advised e.g. diabetic, modified diet, gluten free etc	✓			
Swallowing problems/risk of choking identified in risk assessment and is incorporated into the care plan	✓			1 resident has recently been reviewed by SALT

Aware of International Dysphagia Diet Standardisation Initiative (IDDSI) – training, information	✓			Care Manager and some staff have completed training for fluids but are awaiting training for food preparation
Person has Percutaneous Endoscopic Gastrostomy (PEG)	N/A			
Supplements prescribed	✓			When advised by GP or Dietician and documented on the person's MAR
Religious and cultural needs are met	✓			When known / informed about
The menu is written or displayed e.g. in dining room or resident notice board	✓			
Mealtimes are unhurried	✓			
Staff offer assistance to residents if needed	✓			
The dignity of those needing help supported	✓			
Staff attitude satisfactory	✓			
Food covers used to transport food to rooms	✓			
Table settings pleasant	✓			
Crockery, cutlery, glassware and napery suitable	✓			Special implements are available for those with gripping / reduced mobility
General ambience and comfort	✓			
Temperature satisfactory	✓			
Lighting satisfactory	✓			
Flooring satisfactory	✓			Carpet – consider hard flooring when replacing
Cleanliness satisfactory	✓			
Odour control	✓			
Furnishings satisfactory	✓			Some dining chairs have arms and 'ski' bottoms for support and ease of movement
Décor pleasant	✓			
Safer Food, Better Business manual completed	✓			
Food preparation (areas clean)	✓			
Waste disposal – foot operated bin	✓			
Kitchen & dining room hygiene	✓			
Staff hand washing facilities	✓			
Date of most recent Environmental Health food hygiene inspection	✓			In between the inspection visit and the writing up of the report, the department was informed that a food hygiene inspection has been undertaken at the home by an Environmental Health Officer and the home achieved a 5 star rating

<b>Standard 16: Complaints</b> <b>Outcome: Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon</b>	YES	NO	In part	COMMENTS
There is a complaints procedure which is clear and simple, stating how complaints can be made	✓			
The procedure is accessible e.g. reception notice board, resident's handbook	✓			
Are there timescales for the process	✓			
The procedure states who will deal with them	✓			
Records are kept of all formal complaints	✓			
Duty of Candour – transparent and honest	✓			
Details of investigations and any action taken is recorded	✓			
There is written information available, clearly displayed, in an accessible place, for referring a complaint to the HSC	✓			Displayed on the notice board in reception and is in the resident's handbook

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

<b>Standard 18: Protection</b> <b>Outcome: Service users are protected from abuse</b>	YES	NO	In part	COMMENTS
Polices & procedures are in place for Safeguarding Vulnerable Adults against:				
• Physical abuse	✓			
• Sexual abuse	✓			
• Inappropriate restraint	✓			
• Psychological abuse	✓			
• Financial or material abuse	✓			

• Neglect	✓			
• Discrimination	✓			
• Whistle-blowing	✓			
• Safe storage of money & valuables	✓			
• Staff non-involvement in residents financial affairs or receiving of gifts	✓			
Safeguard allegations reported to Safeguard Advisor & Inspection Officer	✓			Has done so previously
Allegations/incidents are recorded, followed up and actioned appropriately	✓			
Staff who the Care Manager considers may be unsuitable to work with vulnerable adults makes a referral to HSC	✓			Care Manager aware and would do this as needed
Staff undertake regular training for safeguarding	✓			Refreshers organised to keep staff updated throughout employment at the home

<b>Standard 19: Premises</b> <b>Outcome: Service users live in a safe, well-maintained environment</b>	YES	NO	In part	COMMENTS
Facilities within home safely accessible	✓			
Is entry/exit to home restricted	✓			Push button to enter main entrance in to reception, PIN coded to exit. Fire escape doors in lounge and on fire escapes at the end of the corridors on the first and second floors have an alarm fitted
The home was free of trip hazards	✓			? stair chair lift falls risk
Facilities in grounds safe and accessible for varying abilities e.g. wheelchair	✓			Large rear secure garden with wheelchair friendly pathway and access on to a large decked patio area
Routine maintenance programmes with records kept	✓			
Routine renewal of fabric and decoration with records kept	✓			Reviewed when room vacant and replaced if necessary and re-decorated
The building is safe, homely and comfortable	✓			
The furniture is suited to individual needs and is in good order	✓			
Décor satisfactory	✓			
Lighting, internal and external satisfactory	✓			
Relevant fire equipment throughout the home	✓			
CCTV (entrances only)	N/A			
Cleanliness satisfactory	✓			
Odour control	✓			

Flooring satisfactory	✓			Carpets throughout the home are cleaned 6-monthly. Spot cleaned as needed in between
General equipment maintained with records	✓			
Insurance certificates on display and in date	✓			
Environmental audit undertaken	✓			The Care Manager has a regular walk through the home with the Maintenance Manager. Areas requiring repair or replacement are addressed by the maintenance team or are escalated to the Owner for appropriate action (documented)

<b>Standard 20: Shared Facilities (communal areas)</b> <b>Outcome: Service users have access to safe and comfortable indoor and outdoor communal facilities</b>	YES	NO	In part	COMMENTS
Recreational area provided	✓			Lounge, dining room
Private area provided	✓			Dining room pre and post meal time
Lighting- domestic and flexible for different needs/activities	✓			
Furnishings non-institutional, in good order and suitable for client group	✓			
Odour control	✓			
Cleanliness satisfactory	✓			
Good quality flooring	✓			
General ambience good	✓			
Ventilation good	✓			
Smoking Policy	✓			

<b>Standard 21: Lavatories and Washing Facilities</b> <b>Outcome: Service users have sufficient and suitable lavatories and washing facilities</b>	YES	NO	In part	COMMENTS
The toilets near to the lounge and dining areas are clearly marked	✓			
Clear access	✓			
Can the doors be locked	✓			
Lighting suitable	✓			
Adequate ventilation	✓			
Suitable temperature	✓			
Staff hand washing provision e.g. soap and paper towel dispenser and foot operated bin available	✓			

Aids and adaptations as required	✓			Grab rails where needed and various pieces of assisted equipment available to individuals
Odour control	✓			
Call bell available	✓			
Décor satisfactory	✓			
Flooring suitable	✓			
Cleaning schedule in place	✓			

<b>Standard 22: Adaptations and Equipment Outcome: Service users have the specialist equipment they require to maximise their independence</b>	YES	NO	In part	COMMENTS
Ramps where necessary	✓			
Handrails/grab rails where appropriate	✓			
Passenger lift	✓			2 lifts
Stair chair lift	✓			2 stair chair lifts (inspection of equipment was taking place today)
Aids, hoists etc. for individual needs	✓			
Assisted toilets & baths to meet needs	✓			
Doorways (800mm wheelchair user – new builds)	✓			Some rooms in the home
Signs and communication systems to meet needs (as and where necessary)	✓			Toilets, bathrooms, resident's individual rooms
Storage for aids, hoists & equipment	✓			
Call bell in every room	✓			
If bed rails are used is there a risk assessment in place and evidence of a regular review	✓			

<b>Standard 23: Individual Accommodation: Space Requirements Outcome: Service users own rooms suit their needs</b>	YES	NO	In part	COMMENTS
Adequate size for user's needs and any equipment used: sizes pre-June 30 <sup>th</sup> 2002 at least the same size now <ul style="list-style-type: none"> <li>new build and extensions single rooms 12m<sup>2</sup> (16m<sup>2</sup> some nursing beds)</li> <li>22m<sup>2</sup> shared residential rooms</li> <li>24m<sup>2</sup> shared nursing rooms</li> </ul>	✓			
Room layout suitable taking in to account fire safety and limitations due to mobility	✓			For some rooms on the 1 <sup>st</sup> & 2 <sup>nd</sup> floor access on to the room's balcony is restricted for safety reasons

Shared rooms by choice e.g. married couple or siblings	✓			Have 4 double rooms (currently 2 rooms occupied as double)
Choice to move from shared room when single vacant (may be subject to finances)	✓			

<b>Standard 24: Individual Accommodation: Furniture and Fittings</b> <b>Outcome: Service users live in safe, comfortable bedrooms with their possessions around them</b>	YES	NO	In part	COMMENTS
Bed width 900mm (if not own bed)	✓			
Bed height suitable (residential)	✓			
Adjustable height (nursing)	✓			Have a good amount of profile beds. Ongoing programme in place to replace divans with profile beds as needed
Bed linen, towel and flannels are changed frequently	✓			
Furniture is in satisfactory a condition	✓			Several residents have brought in some of their own pieces of furniture
Adequate number of chairs in room	✓			
Décor is satisfactory	✓			Reviewed and re-decorated and re-carpeted as needed when vacant
Flooring-carpet/hard flooring is in good condition	✓			Ongoing programme for replacing flooring throughout the home
Lockable drawer or safe available	✓			
Door able to be locked and resident has key if wanted	✓			Rooms are able to be locked but most residents choose not to
Adequate drawers & hanging space	✓			
Table & bedside table available	✓			
Accessibility satisfactory	✓			
Safety within room	✓			Rooms personalised. Kept tidy to avoid trip hazards
Privacy (screening if appropriate.)	N/A			All rooms are en-suite
Telephone point	✓			Rooms have a telephone point for a land line, which several residents have. Some people have their own mobile phone
Television point	✓			Some residents have brought in their own TV
Overhead and bedside lighting	✓			
Accessible sockets	✓			
Evidence of personalisation	✓			Pictures, photos, ornaments etc
Wash hand basin if no en-suite	N/A			All rooms en-suite
Mirror	✓			

Call bell	✓			Some people have a pressure sensor mat in place by their bed during the night if unable to use a call bell
Soap & paper towel dispenser and foot operated rubbish bin in room or en-suite	✓			
Odour control	✓			
Cleanliness satisfactory	✓			

<b>Standard 25: Heating, Lighting Water and Outcome: People live in safe, comfortable surroundings</b>	YES	NO	In part	COMMENTS
There is natural ventilation	✓			
Adequate hot water is available at all times of the day	✓			Currently working through a programme to replace bath taps in resident's rooms
Individually controllable heating	✓			
Guarded pipes & radiators or low surface temperature type or under floor heating	✓			
Adequate & suitable lighting	✓			
There is Emergency lighting throughout the home	✓			
Water temperature is set at a maximum of 43°C and this is checked regularly	✓			Records kept
<b>Control of Legionella - maintenance &amp; regular monitoring</b>				
Water storage of at least 60°C, distributed at a minimum of 50°C	✓			
Weekly run off of all taps of those not used regularly	✓			Maintenance staff complete this task
Hot water at least 60°C in kitchen	✓			
Shower heads are cleaned quarterly	✓			Maintenance manages – schedule in place
Legionella control contract in place with records	✓			Maintenance Manager manages with outside contractors – records kept

<b>Standard 26: Hygiene and Control of Infection Outcome: The home is clean, pleasant and hygienic</b>	YES	NO	In part	COMMENTS
The Housekeeping Team have cleaning schedules in place	✓			Infection Control/cleaning supervisor role in place to manage the housekeeping team
Odour control	✓			
Laundry is located away from the food area	✓			Upstairs
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	✓			Foul laundry is segregated into red bags
Flooring impermeable/waterproof	✓			
<b>Disposal of clinical waste:</b>				
Storage bin is located in an appropriate area	✓			Enclosed area outside
Clinical waste is collected weekly for disposal	✓			
Sluicing disinfectant available (Nursing)	N/A			
Sluicing facility available		✓		As there is no sluice, items that would normally require sluicing are disposable e.g. commode linings
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	✓			Since the recent Pandemic outbreak policies and procedures have been reviewed by the management with the infection control team from within HSC to include changes required to the 'normal' way of working in an outbreak of any infection in a care home environment
Staff undertake regular training for infection control	✓			Recent training in the use of PPE
Infection control audit undertaken by the Infection Control Nurse from within HSC	✓			Several audits undertaken during the recent pandemic to advise on infection control in various areas for providing safe care and for maintaining a safe environment (preparation for infection control for a pandemic)
Infection Control Nurse and Inspection Officer from within HSC to be informed when outbreak of infection (2 cases)	✓			Has done so previously as necessary
Preparedness plan in place in the case of a pandemic (recent COVID outbreak). Prepare in case of a second wave	✓			Continuing with the ongoing development of the plan as information received from various sources is added/updated

<b>Standard 27: Staffing</b> <b>Outcome: The numbers and skill mix of staff meet service user's needs</b>	YES	NO	In part	COMMENTS
Care staff minimum age 18, in charge of the care home minimum 21yrs	✓			
Recorded rota with person in-charge on each shift	✓			

Adequate care staff are on duty on each shift for the assessed needs of the residents taking in to account the size and layout of the building	✓			Duty rota provided – staffing levels monitored and adjusted accordingly to meet the care needs of the residents (continuous monitoring of staffing level at night in place through feedback from night staff)
Adequate number of Housekeeping staff	✓			4 Cleaners + 1 Housekeeping Supervisor
Catering staff numbers	✓			1 Cook + 1 relief Cook
Maintenance staff numbers	✓			1 Maintenance Manager + 2 Maintenance people
Bank or agency staff are used to cover staff sickness and annual leave periods	✓			Bank staff x 2 (1 is a registered nurse)

<b>Standard 28: Qualifications</b> <b>Outcome: Service users are in safe hands at all times</b>	YES	NO	In part	COMMENTS
Progress made 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	✓			The Care Manager is a VQ assessor. Four Carers have an NVQ/VQ award at level 3 and 2 Carers are currently undertaking the B-Tech award at level 3. One Carer is an Associate Practitioner. Two Carers have a VQ award at level 2. This can be difficult to maintain due to staff changes, which is a problem within the health care sector. However, the management encourage and support this programme

<b>Standard 29: Recruitment</b> <b>Outcome: Service users are supported and protected by the home's recruitment policy and practices</b>	YES	NO	In part	COMMENTS
<b>Recruitment procedure includes the following:</b>				
Equal opportunities	✓			
Compliance with local laws – right to work document, housing licence (as appropriate)	✓			
2 written references; one of which is from applicant's present or most recent employer	✓			
Employment gaps are explored	✓			
Appropriate level of Police check (DBS) is undertaken for role within the home	✓			
NMC register check for all RNs prior to employment, followed by ongoing support for Revalidation once employed	✓			Care Manager who is a RN

Health declaration where necessary/relevant	✓			
Staff personal records/files kept locked away	✓			
All staff have a job description	✓			Kept in file
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	✓			One volunteer working in the home
<b>The following policies must be included in the employee's terms and conditions or included in the staff handbook</b>				
• 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	✓			Staff aware – have updates for safeguarding
• Use of mobile phone while on duty and non-use of social network sites to discuss home/residents (confidentiality & data protection)	✓			

<b>Standard 30: Staff Training</b> <b>Outcome: Staff are trained and competent to do their jobs</b>	YES	NO	In part	COMMENTS
Core values pre-employment:				
• Aims & values of role	✓			
• Residents rights to - privacy, independence, dignity, choice and fulfilment	✓			
Job role clearly explained pre-start	✓			
Induction programme is commenced on first day of induction to post, training is assessed and completed by twelfth week of employment (signed off by new employee and their supervisor/Care Manager)	✓			
<b>Policies and training included on induction:</b>				
• Fire & emergency	✓			Care Manager & Maintenance Manager have completed a refresher this month. Training for rest of staff planned for October 2020

<ul style="list-style-type: none"> <li>• Moving &amp; Handling</li> </ul>	✓			Jan/Feb 2020 Ergocoaches provided updates for staff. October further session for new staff
<ul style="list-style-type: none"> <li>• Health and Safety awareness</li> </ul>	✓			
<ul style="list-style-type: none"> <li>• Basic first aid</li> </ul>	✓			The home has a defibrillator and almost all staff undertook training for how to use this equipment with an accredited trainer – further training sessions are being planned to ensure those that missed this session undertake and will be on-going for all new staff
<ul style="list-style-type: none"> <li>• Accident procedures</li> </ul>	✓			
<ul style="list-style-type: none"> <li>• Confidentiality</li> </ul>	✓			
<ul style="list-style-type: none"> <li>• Safeguarding</li> </ul>	✓			
<ul style="list-style-type: none"> <li>• Cultural needs</li> </ul>	✓			
<ul style="list-style-type: none"> <li>• Personal hygiene</li> </ul>	✓			
<ul style="list-style-type: none"> <li>• Person-centred care</li> </ul>	✓			
<ul style="list-style-type: none"> <li>• Use of equipment</li> </ul>	✓			
<b>Further/ongoing training:</b>				
<ul style="list-style-type: none"> <li>• Care planning</li> </ul>	✓			
<ul style="list-style-type: none"> <li>• Handling of medicines</li> </ul>	✓			Those who undertake this responsibility
<ul style="list-style-type: none"> <li>• Risk assessment &amp; risk management</li> </ul>	✓			
<ul style="list-style-type: none"> <li>• Security measures</li> </ul>	✓			
<ul style="list-style-type: none"> <li>• Escort duties &amp; mobile phone usage while working</li> </ul>	✓			
<ul style="list-style-type: none"> <li>• Hygiene, food handling and presentation</li> </ul>	✓			Level 2 updates completed in August 2020.
<ul style="list-style-type: none"> <li>• Infection control</li> </ul>	✓			Recent training for the use of PPE
<ul style="list-style-type: none"> <li>• Pressure area care</li> </ul>	✓			
<ul style="list-style-type: none"> <li>• End of life care</li> </ul>	✓			
<ul style="list-style-type: none"> <li>• Restraint</li> </ul>	✓			Within safeguard training
<ul style="list-style-type: none"> <li>• Caring for people with dementia</li> </ul>	✓			2019/2020 dementia awareness update session with an accredited trainer
<ul style="list-style-type: none"> <li>• Other training required for providing care for the medical conditions, wellbeing of client group</li> </ul>	✓			
Frequency of training to be advised by accredited trainer	✓			
A minimum of 3 days per year of training is provided for full time staff and pro rata for part-time staff	✓			
Staff training profile – kept and updated throughout employment	✓			

<b>Standard 31: Staff Supervision</b> <b>Outcome: Staff are appropriately supervised</b>	YES	NO	In part	COMMENTS
Written induction programme in place	✓			Observed
Training opportunities of both formal and informal training	✓			Staff training record provided
Supervision covers:				
• All aspects of practice	✓			
• Philosophy of care	✓			
• Career/personal development - appraisal system in place	✓			Annual appraisals in place
Other staff supervised as needed as part of management process	✓			Senior Carers supervise Carers, Housekeeping Supervisor for housekeeping staff and Laundry Assistant, Catering Supervisor in place, Maintenance Manager in place
Supervision, support and training for volunteers	✓			1 volunteer
Return to work interview to assess additional support/supervision required	✓			
Records kept for supervision sessions	✓			Records not kept for informal sessions. Records are kept for more formal sessions e.g. feedback from assessor if undertaking the VQ awards or for additional training/supervision needed in relation to further development for role

<b>Standard 32: Day to Day Operations: The Manager</b> <b>Outcome: Service users live in a home which is run and managed by a person who is fit to be in charge, is of good character and is able to discharge her responsibilities fully</b>	YES	NO	In part	COMMENTS
Registered Care Manager has a job description	✓			
Minimum of 2 years' experience in a senior management capacity of a relevant setting within the previous 5 years	✓			
Qualifications of Care Manager	✓			RGN, VQ assessor
From 2007 Care Manager in residential home to work towards gaining an NVQ/VQ level 4/5 or other management qualification	✓			
Nursing home RN with management qualification	N/A			Residential home

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?	✓			Care Director who takes an active role in the operation of the care home

<b>Standard 33: ETHOS</b> <b>Outcome: Service users benefit from the ethos, leadership and management approach of the home</b>	YES	NO	In part	COMMENTS
Management approach creates an open, positive and inclusive atmosphere	✓			Access to Care Manager as needed – open door policy
Leadership-clear direction	✓			The staff appeared to be organised and knew what is expected of them
Strategies enable staff, service users and stakeholders to contribute to the way the service is delivered	✓			Questionnaire sent out to residents annually – last completed in July. Apart from during lockdown, relatives are also invited to resident’s meetings
Frequency of staff meetings	✓			Formal staff meeting is held 3-monthly – minutes are documented
Management planning practices encourage innovation, creativity, development	✓			A well-being resource file has been developed by the company to support staff, which contains excellent information and contacts
Compliance with Code of Practice and standard setting in the management of care workers and a care home	✓			

<b>Standard 34: Quality Assurance</b> <b>Outcome: Service users can be sure that the home is responsive to their wishes, and is run in their best interests</b>	YES	NO	In part	COMMENTS
Regular reviews and planning to meet the needs of the service users	✓			The Care Manager has regular meetings with the other Directors of the home for future planning of the service. This includes feedback from staff, residents, relatives and visiting healthcare professionals
How does Care Manager monitor own performance	✓			Reflection on feedback from residents, relatives, visitors to the home, audits undertaken by healthcare professionals from within

			other departments e.g. HSC, EH, feedback from the Institute of Health & Social Care Studies for VQ assessing
Commitment demonstrated to meets service user needs through the implementation of their care plan and meeting their goals	✓		Information as a result of the installation of the electronic recordkeeping programme provides more in-depth information in the person-centred care plans
Feedback actively sought & acted upon	✓		Recommendations as the result of audits and inspections are listened to and are actioned
Others views sought e.g. questionnaires for relatives or relatives meetings	✓		See standard 33
Planned inspections advertised	✓		Notice that an inspection is taking place was on display on the notice board in reception
Views of service users made available	✓		Able to walk around the home independently to speak to residents and relatives to gain their views – positive feedback in relation to the level of care people said they receive and for service delivery
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)	✓		Recommendations made on previous inspection have been actioned
Auditing to improve care, services, environment	✓		Auditing in place for medication management, care plans, maintaining a safe and well-maintained environment and for accidents/incidents (looking for trends - same person, same time of day, same area of care home)

<b>Standard 35: Financial Procedures</b> <b>Outcome: Service users are safeguarded by the accounting and financial procedures of the home</b>	YES	NO	In part	COMMENTS
Financial viability, business and financial statements and business continuity plans - ability to trade.	✓			Confirmed by Care Manager but not included in this inspection because Employment & Social Security receive the home's accounts annually

Insurance in place to cover loss or damage to the assets of the business (Business Continuity plan in place).			✓	Business continuity plan is in progress of being developed for the company's 3 homes. This is especially important in relation to the threat for care homes of COVID 19 and will be a valuable tool to help in the case of any interruption of business
Legal liabilities for service users and staff – Is the insurance certificate on display and in date	✓			

<b>Standard 36: Service Users Money</b> <b>Outcome: Service user's financial interests are safeguarded</b>	YES	NO	In part	COMMENTS
Residents control own money & have access to a secure facility in which to store it e.g. locked drawer/safe	✓			If capacity to do so
Safeguards are in place if managed by home e.g. records kept for safe keeping of valuables and/or money, secure storage	✓			Small amounts of money kept for outings, hairdresser, chiropody – sign in and out (if needed and in agreement with NOK) – records kept

<b>Standard 37: Record Keeping</b> <b>Outcome: Service user's rights and best interests are safeguarded by the home's record keeping policies and procedures</b>	YES	NO	In part	COMMENTS
Admission & Discharge Register in place	✓			
Records kept are up to date and in good order (resident information)	✓			Now electronic care plans
Records secure	✓			Password protected for sensitive information that does not need to be included in the care plan in the person's room
Data protection and confidentiality compliance – policy in place	✓			
Service users have access to their record	✓			Each person has a copy of their care plan in their room

<b>Standard 38: Safe Working Practices in Place</b> <b>Outcome: The health, safety and welfare of service users and staff are promoted and protected</b>	YES	NO	In part	COMMENTS
Safe moving and handling practices are in place	✓			1 Ergocoach organises training sessions - theory through e-learning,

			which is followed up with a practical session in-house
Fire safety training is provided	✓		Staff currently undertaking additional training for the new fire system – see entry below
Fire equipment is kept maintained for immediate use; including the fire alarm, which is tested each week and this is logged	✓		Fire system recently upgraded and includes a flash system to support a person with hearing difficulties
First Aid training – staff have an understanding of first aid and there is a named first aider	✓		Training also for using the home's defibrillator
There is first aid equipment in the home that is always available when needed	✓		Available in Kitchen and treatment room
Food hygiene – Chefs and Cooks undertake food hygiene training at level 2 level, care staff at level 1	✓		e-learning
Infection control – staff undertake training for infection control	✓		See also standard 30
Safeguard training	✓		
Housekeeping undertake training for the safe storage and disposal of hazardous substances (COSHH)	✓		e-learning package for COSHH and Health & Safety Awareness
Regular servicing of boilers & heating systems	✓		Dates provided
Maintenance of electrical systems & equipment	✓		Dates provided
Regulation of water temperature (Legionella control – plan in place with records kept	✓		Maintenance Manager manages
Radiator protection, low surface heaters	✓		
Risk assessment and use of window restrictors	✓		Restrictors to rooms with a balcony are risk assessed when a person is admitted prior to removal if safe to do so
<b>Maintenance of safe environment &amp; equipment:</b>			
• Kitchen	✓		
• Laundry	✓		
• Outdoor steps and pathways	✓		
• Staircases	✓		
• Lifts	✓		Regular maintenance and inspection programme in place as required by insurer. A potential trip hazard was noted at the higher termination point of the stair lifts which could present a possible trip hazard when approaching the stairs from the landing area. Consideration should be given to a warning sign or barrier
• Flooring	✓		
• Garden furniture	✓		

Security of service users & premises – doors locked at night, outdoor lighting, security of fire doors	✓			See standards 19 & 25
Compliance with legislation ; <ul style="list-style-type: none"> <li>• The Health &amp; Safety at Work (General) (Guernsey) Ordinance 1987</li> <li>• The Safety of Employees (Miscellaneous Provisions) Ordinance 1952</li> <li>• Health &amp; Safety in Care Homes (HSG220)</li> </ul>	✓			
Written statement for Health and Safety is displayed in the home	✓			
Risk assessments are undertaken as necessary and are recorded for safe working practices in the home	✓			It is recommended that flammable items such as tins of paint are housed in a shed outside of the main building rather than being stored in a cupboard, which is a fire risk. Ideally the workshop would be better housed in a separate building/shed outside of the home. The maintenance workshop should be locked each time it is left unsupervised
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	✓			Monitored by Care Manager and the Practice Development Lead. Blue Stream Academy e-learning programme in place as well as practical training sessions

## 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.	9 – Medication	Ensure all Carers who administer medication complete accredited training prior to taking on this responsibility (at level 3)	2 months	Care Manager	End of November 2020 – Telephone call to Care Manager	
2.	12 – Social Contact and Activities	In view of the previous lockdown earlier in the year and possible visitor restrictions in the future due to Covid 19, continue to explore ways in which to minimise the risk to residents from feeling lonely if isolating in their room and relative's anxiety. Continue to discuss as a team, creative ways for residents to maintain regular communication with their relatives e.g. explore outside support offered, various technologies available	ongoing	Care Manager	Inspection in 2021 (date to be confirmed)	

3.	15 – Meals & Meal times	Care Manager and staff are awaiting access to further training with SALT from within HSC for food preparation using the IDDSI framework	As soon as available places can be secured	Care Manager	Next inspection 2020 – (date to be confirmed)	
4.	27 - Staffing	Continue to monitor staffing level, especially overnight to ensure adequate staffing in relation to resident's dependency levels, layout of the building and for managing an emergency situation e.g. fire	ongoing	Provider & Care Manager	Next inspection 2020 – (date to be confirmed)	
4.	35 - Financial Procedures	Development of a Business Continuity Plan for the home continues, to include plans for the interruption of business during an incident e.g. pandemic	Currently ongoing	Provider & Care Manager	Next inspection 2021- date TBC	
5.	37 - Recordkeeping	Now that you have changed over to an electronic recordkeeping programme, if each resident continues to keep a copy of their care plan in their room, ensure these are also updated to reflect the care plan which is held electronically	End of October	Care Manager	Telephone call to Care Manager	
6.	38 – Safe Working Practices	It is recommended that flammable items such as tins of paint are housed in a shed outside of the main building rather than being stored in a cupboard, which is a fire risk. Ideally the workshop would be better housed in a separate building/shed outside of the home. The maintenance workshop should be locked each time it is left unsupervised A potential trip hazard was noted at the higher termination point of	Ongoing  Immediate	Provider & maintenance person  Care Director said she will action	Ongoing	

		the stair lifts which could present a possible trip hazard when approaching the stairs from the landing area. Consideration should be given to a warning sign or barrier			Telephone call to the Care Director and check on next visit to the home	
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<b>HOME MANAGER/PROVIDERS RESPONSE</b>
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Please provide the Inspection department of Health & Social Care with an action plan, which indicates how requirements and recommendations are to be addressed and a completion date within the stated timetable.

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

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

## REGISTERED PERSON'S AGREEMENT

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

We would welcome comments on the content of this report relating to the inspection conducted on **30/09/20** and any factual inaccuracies:

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

I \_\_\_\_\_ of \_\_\_\_\_ confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the requirements made and will seek to comply with these.

Or

I \_\_\_\_\_ of \_\_\_\_\_ am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

**Signature:**

**Position:**

**Date:**

**Note:**

**In instances where there is a profound difference of view between the inspector and the registered person both views will be reported. Please attach any extra pages, as applicable. September 2020**