



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: 06/06/19

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

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

INTRODUCTION

The Registration and Inspection unit of The Office of the Committee for Health & Social Care has a statutory responsibility to inspect private nursing and residential homes within the Bailiwick of Guernsey at least twice per year. The Registration & 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 it's 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 7TB**

Name of registered provider/company: **Hermanus Limited**

Name of registered manager: **Mrs Deborah Spencer (RGN)**

CATEGORIES/NUMBER OF REGISTERED BEDS

CATEGORY	NUMBER REGISTERED
Residential	42
Announced inspection - 19/04/18 Unannounced inspection – 01/11/18	
Date of inspection upon which this report is based: 06/06/19	
Category of inspection: Announced	
Registration and Inspection Officer - Vanessa Penney	

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

INSPECTION REPORT

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

RECOMMENDED PRACTICE DEVELOPMENTS	Refer to standard
<p><u>Record Keeping</u></p> <p>Carers are not always signing the daily care record each day to show how they have assisted residents with their care. A more regular audit and additional training sessions with the practice development trainer would help to resolve this</p>	<p>4, 7, 8, 37</p>
<p><u>Catering</u></p> <p>Explore the possibility of using a hot trolley rather than an 'open' trolley to deliver meals to residents who remain in their room to ensure the food is hot when it reaches them</p>	<p>15</p>
<p><u>Staffing Level</u></p> <p>Continue to receive feedback from the night staff to monitor staffing level overnight and increase level as needed to ensure residents' care needs are continuing to be met</p>	<p>27, 38</p>
<p><u>Safety of Environment</u></p> <p>It is recommended that the doors that lead out on to the fire escapes (as discussed) are fitted with a keypad, which de-activates in the event of a fire, or are fitted with an alarm to alert staff if a person were to access this area unsupervised to prevent a fall on the concrete steps. Some of the steps are uncovered and would be slippery when it rains</p>	<p>38</p>

STANDARD 1: INFORMATION

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

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

Key findings/Evidence:

Maison De Beauvoir provides care and support for up to 42 people who have residential care needs. When an enquiry is received the person is provided with a marketing brochure to provide them with information about the care home. The person is also informed of the company's website at www.guernseycarehomes.com where further information can be found.

When a visit is made to the home to have a look around, a residents' handbook is offered to assist with the decision-making process for a person to move in to the home. The information in the handbook is clear to read and is easy to understand and the handbook is reviewed and is updated regularly so that prospective residents can be confident that the information that they are given is current. The information consists of the home's philosophy of care, aims and objectives of the team, qualifications of the team and experience of the provider, terms and conditions for taking up residency, description of the accommodation and the number of persons registered for and acknowledgement that special needs and interests will be catered for. Also in place is a policy for pets in the home and also for smoking and alcohol management.

The procedure for making a complaint is included in the handbook and there is also a copy of the complaints procedure on display in reception. There is information for contacting the registration & inspection officer from within Health & Social Care (HSC) for the referral of a complaint that cannot be resolved by the care manager or the provider. A copy of the home's insurance certificate is on display in reception and this is current.

One resident who had just moved in to the home this week and his wife who was visiting, were spoken to. They said that so far the home has exceeded their expectations and described everyone as very kind, cheerful and helpful. The gentleman's wife said she had found it very difficult to be apart from her husband but she is able to visit at any time and the staff have been a great support to her also.

STANDARD 2: CONTRACT

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

Key findings/Evidence:

Each resident is provided with a contract when they have made a final decision to take up accommodation at Maison De Beauvoir and the contract is also in large print to assist a person with visual impairment. The contract identifies the room that the resident will occupy on admission and the financial arrangements. The information within the contract also explains what is included in the monthly fee e.g. personal care, meals, laundry service etc and the products and services which require additional payment by the individual resident e.g. medical expenses (GP visits), clothing, newspapers and personal hairdresser etc. This is also discussed with the prospective resident or NOK/representative in more detail, prior to signing the contract. The terms and conditions of residency are clear; including charges for retaining the room during a hospital stay, or if a resident takes a holiday. There is information for the period of notice required if a resident makes a decision to terminate their contract and for the charges if there is a breach of contract. The contract displays the date the agreement is made, and the resident or their NOK/representative and a representative from the home sign the contract and each party retains a copy of the signed agreement.

STANDARD 3: NEEDS ASSESSMENT

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

Key Findings/Evidence:

The Needs Assessment Panel (NAP) undertake a care needs assessment prior to a person receiving a certificate for the level of care the person requires (unless privately funding). A residential care certificate is required to enable a person to take up accommodation at Maison De Beauvoir. Prior to moving in to the home, the care manager obtains a NAP assessment summary from the person's social worker. This enables the care manager to obtain the necessary information to assist in the development of the care plan and enables her to obtain the necessary equipment the person will require. A pre-admission assessment is also completed by the care manager, which is based on the activities of daily living, before a person is offered residency in the home. This is to ensure that the home is able to meet the resident's care needs and their expectations of the home and also the expectations of the person's NOK (where relevant).

To enable an accurate assessment to be completed, the care manager gathers information from various sources; resident, resident's NOK, resident's GP (medical history summary obtained with

consent), community nurse and other relevant allied health care professionals. This is to ensure that maximum information is provided to assist in the assessment process. A person-centred care plan is then developed based on all of the information gathered.

STANDARD 4: MEETING NEEDS

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

Key findings/Evidence:

Maison De Beauvoir is a residential home, although the staff aim to enable people to remain in the home for as long as possible; even if a person requires a higher level of care due to illness or increased frailty. In order to establish if this is possible, the care manager seeks clinical guidance and support from other relevant specialist personnel to ensure that the resident's care needs can continue to be met; for example, community nurse, mental health nurse, continence nurse, palliative care nurse, tissue viability nurse, dietician, diabetic nurse and the falls clinic etc.

Once a person is living in the home, if the person's care needs change, which indicate that the person may require a higher level of care e.g. dementia care or nursing care, the care manager generates a referral to the social work department. This is generally undertaken in consultation with the person's GP and the person's NOK. A review is then undertaken and a decision is made as to whether the person is able to remain at the home with additional support e.g. from an occupational therapist or community nurses etc, or whether the person requires transfer to a more specialised facility to ensure the required level of care can continue to be provided. A daily care assessment document is in place and this is used to record and demonstrate the level to which the person's care needs have increased, prior to the referral being made and the re-assessment being undertaken by the community nurse. This has made the referral process to NAP more effective and transfers have been smoother as a result. However, at this current time, a lack of beds in some areas of care have meant that 2 people who have been assessed as requiring a higher level of care, remain in the home. The community nurses continue to provide support as needed until these residents are able to transfer to the appropriate care home (EMI & nursing).

To ensure that staff offer care to residents which is based on best practice, the care manager liaises with the director and the matron at Summerland House Nursing Home (sister home) to organise in-house training sessions. These are provided on both a one-to-one basis and as a group. Specialist nurses for subjects such as tissue viability, diabetes, infection control and for continence management provide advice and teaching sessions for the staff as requested. There is also access to the internet for ongoing development e.g. best practice guidance and research etc.

New staff undertake induction on appointment. A person's induction is completed over a 12 - week period with the practice development manager. This is to ensure that the new employee has developed the knowledge and skills that are necessary to deliver good quality care and

services to the residents who live in the home. Several carers have also completed the NVQ/VQ award.

STANDARD 5: TRIAL VISITS

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

Key findings/Evidence:

Prospective residents and/or their NOK are encouraged to visit the home if possible to have a look around and to talk to residents who already live in the home and to the staff who work there. If this is not possible, the care manager visits a person in his/her own home, hospital or other place of residence to give the person information regarding the care home.

There is provision for a 4-week trial before a resident is required to make a final decision for taking up the offer of long term accommodation in the home (possible flexibility – individual discussion with provider and care manager).

An emergency admission is accepted if there is a vacant room at the time of need. However, the home generally has full occupancy. Following an emergency admission, a person-centred care plan is developed as for all admissions to the home.

STANDARD 6: INTERMEDIATE CARE

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

Key findings/Evidence:

Maison De Beauvoir does not have dedicated accommodation for intermediate/respice care; however, a person is able to move in to the home for respice care if there is a vacant room at the time that it is needed. Currently there is 1 person at the home for respice with another person coming in for respice when this person's respice period ends. While in the home, the person is encouraged to maintain or improve their current level of independence to ensure they are able to return home. Involvement of more specialised services is sought if necessary e.g. physiotherapist, occupational therapist and from the community nurse etc. The specialist staff provide supervision and training for staff at the time of their visits to the home e.g. individual moving and handling technique, introduction of new equipment etc.

STANDARD 7: SERVICE USER PLAN

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

Key findings/Evidence:

Each resident has an assessment of their care needs and from this a care plan is developed based on the activities of daily living. The care plan incorporates risk assessments for falls, moving and handling and for personal safety, nutrition and for tissue viability.

Each resident has a copy of their care plan in their room, which includes a daily assistance chart. Each time a carer supports a resident with an element of their care, the carer is required to sign against the relevant activities e.g. bathing, dressing, attending to fingernails etc. This is important as if a need arises to refer back to this record at a future time; it is clear who the care manager needs to communicate with, to gain further information.

Individual residents' care plans are reviewed every 3 months. If there is a change with an element of a person's care, for example reduced mobility, the relevant elements of the care plan are reviewed and are updated at that time to ensure continuity of care, and all staff are informed at handovers. A copy of each resident's care plan is also kept in the office.

As previously discussed in this report, both a resident and their NOK (if appropriate) are involved in the development of the care plan, and have also been involved with any previous reviews with the person's social worker. This enables the resident and their NOK to see exactly what is needed or is being done. If a resident or a relative wanted to make any suggestions for the care plan, or wanted to discuss any issues, this can be done with the care manager so that alterations can be made as necessary and this is explained when a resident first moves in to the home.

Risk assessments are undertaken for falls, moving and handling, tissue viability and for nutrition. Restrictions regarding choice and freedom are only put in place if this is necessary to protect the health, safety or wellbeing of the resident and this is discussed with the resident, their NOK and GP and is documented in the resident's care plan and all staff are informed. All carers receive a verbal handover from the written documentation on the changeover of each shift (confirmed by staff).

The carers complete a record of the care they have assisted a resident with and a daily communication record is kept, which includes a person's well-being or any concerns, GP or other healthcare professional visits and outings etc. The daily communication sheets observed were legible and included the date of entry and all entries have been signed.

The practice development trainer (PDT) audits the care plans regularly. Where there are gaps in information, the PDN undertakes further training with the relevant group or with an individual carer (additional training session undertaken in April 2019).

STANDARD 8: HEALTH AND PERSONAL CARE**OUTCOME: Service user's health care needs are fully met.****Key findings/Evidence:**

Visits from GPs or other professionals take place in private in a resident's own room. Preventative health care strategies, changes in the delivery of care or in treatment as a result of visits from GPs or other allied healthcare professionals, are recorded in the resident's care record and are acted upon accordingly (community nurse has a separate set of notes for the residents he/she visits). A visiting GP records their visit in the resident's medical notes and additional appointments to be made are recorded in the daily diary. Advice from specialist personnel is requested as required e.g. for diabetes, continence management, tissue viability and from the community nurse. Currently 1 resident receives twice daily visits from the community nurses for the administration of insulin.

There are no residents in the home with a pressure sore at this present time. A Braden score is completed for each resident and is updated regularly. The care manager is aware that she can contact the tissue viability nurse from within HSC for advice or to organise for her to visit if necessary, and has done so previously.

On admission, if there are no concerns following a nutritional risk assessment, each resident's weight is recorded every 3 months. However, if a concern is highlighted sometime in the future, a person's weight is assessed more frequently e.g. weekly or monthly, and appropriate action is taken e.g. GP notified and in some instances a resident has been commenced on supplements (prescribed). A food and/or a fluid chart is also commenced if there are concerns in relation to a resident's dietary or fluid intake (none currently in place). It was noted in a resident's care plan that the person is at risk of choking. The person has been reviewed by the speech and language therapist (SALT) and the care plan includes guidance for the carers with how to manage this and also the requirement for thickened fluids.

Residents are supported to manage their own healthcare wherever possible in order to maintain independence. Some residents make their own GP appointments and INR checks; however, they are encouraged to inform the care manager or the senior carer on duty of any relevant information. This information can then be recorded in the resident's care record and in the daily diary to facilitate continuity of care.

Senior carers have responsibility for a group of residents on each floor (levels 1, 2 & 3) and this includes updating the care plans. They liaise with the care manager to assist residents to access services such as an optician, dentist, audiologist and an advocate as needed. This is normally undertaken in consultation with a resident's NOK.

STANDARD 9: MEDICATION

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

Key findings/Evidence:

Policies and procedures are in place for administering, receiving, storage and for returning medication to the pharmacy, in compliance with regulations and codes of practice (Guernsey Care Homes Ltd + in-house specific). The care manager is a Registered General Nurse (RGN). She assesses the senior carers with the administration of medication prior to the senior carer undertaking this task within their role. A minimum of 4 direct observations are undertaken prior to being signed off as competent. Then at least one competency assessment is undertaken by the care manager annually, which is documented. The 5 senior carers who have responsibility for the administration of medication in the home, have completed an NVQ/VQ unit for the administration of medication at level 3.

Residents are able to self-medicate if safe to do so following a risk assessment. Currently 1 resident who is in the home for respite is supported to self-medicate so that the person can continue doing this when the person returns home. The care manager regularly monitors whether the resident is taking the medication correctly and she records this monthly review to ensure that the person is still safe to self-medicate. If the care manager has any concerns regarding a person's ability to continue to self-medicate, she discusses this with the individual resident and/or their NOK and the resident's GP if necessary, and the senior carer may need to take over this responsibility either temporarily or permanently. A record of this is retained in the resident's care plan. Each resident who self-medicates has a lockable box/drawer within their room in which to store their medication.

Each resident has a medication administration record (MAR) which displays the resident's name, date of birth, known allergies and the name of their GP and the MAR is legible and has been signed and dated correctly. There is also a photograph available of each resident (additional identification). All medications that are to be disposed of are returned to the pharmacy and there is a returns book to record this activity. MAR audits are undertaken 6-12 monthly to enable the care manager to identify where further training is required. As a result of a recent audit completed, some policies have been updated and some forms have been reviewed and updated to improve recordkeeping.

The senior carers have access to an up-to-date copy of the British National Formulary (BNF) for referral for themselves and also for visiting healthcare professionals if needed. The temperature of the fridge, which stores medication is checked daily and this is recorded. There is a signature list of all of the senior carers who are involved in the administration of medication. Controlled drugs are stored and administered in compliance with current regulations and guidelines. The deputy chief pharmacist from within HSC undertook a pharmacy inspection in September 2018

where the medication system was found to be well-managed.

Each resident's GP undertakes a regular medication review for their patient, generally 3-6 monthly. Some reviews are undertaken more frequently if a person is unwell.

All residents in the home are offered an annual flu vaccination; some decisions to have (or not) have been made by NOK, where applicable (records retained).

STANDARD 10: PRIVACY AND DIGNITY

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

Key findings/Evidence:

Consultations/examinations are undertaken in a resident's own room. Residents who were spoken to on the day of inspection said that they are provided with sufficient privacy when using the bathroom (all rooms are en-suite) or when they have visitors. Staff always knock on their door and wait for a reply before entering (also noted during inspection). Residents said that they are treated with respect and the staff are also respectful with their personal belongings. Staff are always approachable and pleasant to both them and their relatives; this was also supported by 1 relative who was visiting.

Residents said they are addressed by their chosen name; most frequently it is their Christian name or a nickname (only if requested by a resident) and this is recorded in the resident's care plan. Residents open their own mail; however if a resident is not able to manage their own mail, this is forwarded to the resident's NOK. All residents wear their own clothing which is laundered on the premises. Residents said they have a very good laundry person who knows their 'little ways' well and is very accommodating with managing their laundry and delivery back to their room.

All rooms have a telephone point and the care manager assists individual residents to acquire adaptations to their telephone if this is necessary e.g. an amplifier or large number buttons. There are 2 Sonido Digital Listeners, which were donated to the home by a charity and are useful where a person requires assistance with communication if the person has a hearing difficulty and chooses not to wear a hearing aid. Residents who do not wish to have a telephone in their room, have access to a telephone to make an occasional telephone call. Some residents have their own mobile phone or computer/laptop. All resident's rooms have a lock on the door; although very few residents use them when they are not in their room.

There are policies in place for safeguarding and for privacy and dignity.

STANDARD 11: DYING AND DEATH

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

Key findings/Evidence:

There is a policy in place for end of life care. When end of life care is required, the carers are supported by the community nurses, or from the palliative care team. The team aim to enable the person to remain at Maison De Beauvoir if this is possible, however, if a person requires more end of life specialist care, it may be necessary for the person to transfer to a nursing home. This is discussed with the resident and/or their NOK prior to proceeding with a care review. This is to ensure that the resident's comfort, pain relief, nutritional needs and cultural and religious needs will continue to be met for more complex care needs. Additional equipment such as an airwave mattress is acquired as necessary to prevent pressure damage to the person's skin; either from Summerland House (sister home), community nurses, or from St John Ambulance Healthcare Equipment Centre. The care manager said the PDT undertakes end of life training with individual carers for each person who is receiving end of life care. This is to ensure the person's care remains person-centred around their end of life choices, which also involves the person's NOK.

The team at Maison De Beauvoir respect the residents and relative's wishes at this difficult time and therefore provision is made for relatives to stay with their relative if they wish (put-U-up bed available). Support and frequent refreshments and meals are also offered.

A resuscitation status is documented in each resident's care plan and there is a policy in place for resuscitation.

STANDARD 12: SOCIAL CONTACTS 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.

Key findings/Evidence:

Residents' individual choices are identified in their care plan and daily living routines aim to provide as much flexibility as possible in a group living environment. Residents are able to help out with tasks around the home if they wish; one resident likes to help periodically to fold the table napkins in preparation for laying up the tables in the dining room. This is important as it helps to give some people a feeling of purpose and can help maintain self-esteem and wellbeing. Residents are able to go out independently, or with family and friends if they are able to do so.

An activity co-ordinator provides 25-30 hours of social activity time per week. Carers and outside providers and volunteers also provide activities in the home. The programme of activities is displayed on the notice board in reception and residents are reminded each day to enable them to take part if they want to. An outing on the company bus is offered twice per week and residents frequently link up with residents of their sister home Saumarez Park Manor for social engagement. Other activities offered are; a knit and natter group, exercise to music group with an outside provider, arts and crafts, bingo, visiting dog group, crosswords and flower arranging. In the communal lounge there is also a variety of books and magazines, puzzles and games for residents to use individually or in small groups. Some residents attend 'Singing down memory lane' once per month at their sister home Saumarez Park Manor.

An organist visits the home for the fortnightly faith service and leads the residents with singing the hymns. The Healing Music Group (UK) also visit the home regularly for a music and singing session, which residents enjoy.

Residents are offered shopping trips to a supermarket; however, there is a small 'shop' that residents can purchase items from if they choose not to, or are unable to go on this outing. Activities are also attended within the wider community, for example, today there is an air display and most of the gentlemen have chosen to attend. Recently several residents attended a movie at Candie Gardens and a Liberation tea party through the Alzheimer's Society, which everyone really enjoyed. A Liberation tea party was also attended by some residents at the Vale Douzaine room and one was also held at the home where residents from Saumarez Park Manor also came down to Maison De Beauvoir to join them.

The activity co-ordinator said several residents like to be out in the garden when the weather is fine and she recently held an afternoon tea and drawing session in the garden. The mobile library service visits the home for residents who enjoy reading and more recently, a large screen has been installed in the lounge where movie sessions are held. There are several photo boards on display in the reception area to give people an idea of the activities offered and enjoyed by the residents, which is regularly updated.

The activity co-ordinator and the carers also spend time with residents who prefer activity interaction on a one-to-one; reading the newspaper, chatting, looking at photographs and doing manicures etc. Having individualised activities organised for residents ensures that each person is encouraged to pursue individual hobbies as well as group activities. It is particularly important for those residents who choose not to/are unable to come out of their room at all during the day, that they are encouraged to pursue some leisure activity. The activity co-ordinator said she attends the Dementia Friendly group meetings 3-monthly to keep up-to-date with the latest guidance for people who have dementia. She is then able to provide feedback to the care manager and the carers.

Residents who were spoken to said that the activity programme is very good; some residents said they had not wanted to join in at first but now took part and enjoyed it. They said they are never pressured to do anything they did not want to do.

The garden at the back of the home is secure and has really matured with lots of colourful plants and lawn for residents to enjoy. There is a lovely large decking area with tables, chairs and parasols. On the day of inspection several residents were observed to have their afternoon tea in the garden with their visitors as the weather was fine.

STANDARD 13: COMMUNITY CONTACT

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

Key findings/Evidence:

There is opportunity for residents to receive visitors in private in the home, either in their own room or in the communal areas or garden. There is an open visiting policy; however the keypad exit from the home is generally locked at 9pm so visitors to the home outside of these hours would need to ring the bell for assistance.

Visitors to the home are always made welcome and are offered a cup of tea when they visit (confirmed by a relative who was visiting). In addition to the regular refreshments served, some residents have a kettle in their room to make their own hot drinks (risk assessed).

A relative is able to book to have a meal with their relative if they wish (for a small charge) and some residents entertain friends and relatives for meals periodically. If a resident did not wish to see a particular visitor, this would be actioned by the care manager, documented in the resident's care plan and all staff would be informed. However, there are currently no restrictions in place for any resident in relation to this.

Residents that were spoken to confirmed that they are able to maintain their social networks outside of the home by going out with friends and relatives whenever they want to. Some residents attend the Jubilee Day Centre, Russels Day Centre and the Ron Short Centre. Visitors have a signing in/out book for fire safety and for additional security for the residents. Residents also have an in and out board.

The garden provides a secure environment. Residents who like to wander around the home or out into the garden are able to do so, without the worry that a person might wander out of the building and on to the main road. As previously discussed in this report the garden is now looking lovely with a lawn, large decking area and colourful plants and flowers.

STANDARD 14: AUTONOMY AND CHOICE**OUTCOME: Service users are helped to exercise choice and control over their lives.****Key findings/Evidence:**

Residents are encouraged to bring some of their personal possessions into the home to personalise their own room if they wish and many residents have done so. Residents manage their own financial affairs and have a lockable box/drawer in their room for personal items and medication etc. Some residents have a small amount of money at the home for outings and hairdresser visits etc, which is managed by the receptionist. Two people are required to sign money in and out as good practice.

Where a resident is not able to manage their financial affairs, their NOK or an advocate/representative does this for them. Residents have access to their care record as a copy of their care plan is kept in their room. This enables the resident and their NOK to read the information and to make suggestions or corrections where needed through communication with the care manager or senior carers.

There are policies in place for adult protection, safekeeping of money and valuables and for guardianship.

STANDARD 15: MEALS AND MEALTIMES**OUTCOME: Service users receive a wholesome, appealing, balanced diet in pleasing surroundings at times convenient to them.****Key findings/Evidence:**

The dining room is bright, pleasantly decorated and provides a welcoming environment. The tables were laid up with co-ordinating table linen; having a table pleasantly laid contributes to the ambience, making mealtimes into "an event," something for the residents to look forward to during their day. The menus are on a 4 week cycle and are displayed on the notice board in the entrance to the home. The menus are seasonal so there is a winter menu and a summer menu.

The choices for the meal are provided the day before; residents fill out a printed out menu for their choice of meal for the following day at lunchtime each day. Residents who have difficulty completing their menu choices have assistance from one of the carers. If there is something on the menu that a resident does not like he/she is offered an alternative (confirmed by residents who were spoken to). The majority of the residents that were spoken to on the day of inspection said the food in the home is enjoyable. A couple of individual residents had a few 'niggles'. Further exploration indicated this was personal preference and not that the food was of a poor

quality. The care manager said that she speaks to several residents fairly regularly, especially if they have specific dietary needs or requests. The cook who was spoken to said she always offers alternatives to ensure that each person has what they like to eat. She said that she can cook most things a person would like if they speak to her when she is in the dining room following serving out the meals.

The cook has a copy of individual residents' likes and dislikes in the kitchen (residents completed list themselves and they are kept in a folder). Special diets are catered for e.g. diabetic, pureed, low fat etc, and the dietician from within HSC has provided advice as requested. All residents are weighed every 3 months and if there is a concern regarding a particular resident, the person's weight is recorded more frequently and advice is sought from the resident's GP or from the dietician. As a result, a resident may be prescribed supplement food/drinks if needed. One resident was discussed who has swallowing difficulties and the dietician and the speech and language therapist have been involved and the guidance is documented in the resident's care plan. One resident who requires prompting and supervision is currently being monitored closely. The care manager said the person has lost quite a lot of weight but currently the dietician was not concerned as the person's BMI is within normal range.

Lunch and supper are served in the dining room unless a resident is unwell or chooses to only eat in their room; provision is then made for their meal to be delivered to their room and assistance is given as required. The majority of residents have breakfast in their room, however, some like to have breakfast in the dining room. Residents who ate in their room said this was never a problem. A couple of residents said the food was not always hot by the time it reached their room. It is recommended that the care manager explore the use of a hot trolley to resolve this. If a resident is out at a mealtime due to an appointment etc, if the kitchen staff are notified and the resident is provided with a meal on their return.

Hot or cold drinks and snacks are offered regularly throughout the day in between meals. There is also a fridge in the lounge so that in addition to this, residents can help themselves to drinks whenever they want. Residents are able to have a snack at night as requested. Residents that were spoken to said they had never asked for a snack in between meals as they are offered more than enough food at meal times and drinks and snacks are offered at regular intervals throughout the day and evening.

The kitchen, storage and preparation areas appeared clean and tidy. An environmental health officer undertook a food hygiene inspection in November 2018 and the home retained their 5 star rating, which is excellent.

STANDARD 16: COMPLAINTS

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

Key findings/Evidence:

There is a complaints procedure, which clearly explains what to do if a resident/relative has a complaint. The procedure identifies who will manage the complaint and there is a time scale for a response to the complaint. All complaints that are made are taken seriously and the care manager keeps a record and this is then reported to the relevant person e.g. social worker, safeguard lead, registration & inspection officer.

Residents and/or their NOK are advised to discuss their concerns initially with the care manager, as very often it can be resolved at the time the concern is raised. If the concern is not resolved by the care manager or by the provider, there is written information displayed on the notice board for referring a complaint to the registration and inspection officer from within HSC.

STANDARD 17: RIGHTS

OUTCOME: Service user's legal rights are protected.

Key findings/Evidence:

Residents are supported to access local advocacy services if required and are also able to participate in any local political processes if they wish.

All staff receive information for maintaining confidentiality during induction and relevant adult protection policies are in place e.g. safeguarding, whistle-blowing, restraint, confidentiality and data protection.

STANDARD 18: PROTECTION

OUTCOME: Service users are protected from abuse.

Key findings/Evidence:

There are adult protection policies in place and the staff are not permitted to have any involvement in a resident's financial affairs; witnessing a will or for the signing of legal documents. Staff are made aware of these policies during induction and are required to sign to say that they have read them and understand them. The home administrator undertakes police

checks (DBS) for all new employees before they are offered a permanent contract within the home.

The care manager is aware of the procedure for raising a safeguard with the safeguard lead and the registration & inspection officer and has done so previously when necessary. An investigation is then undertaken and the most appropriate action is undertaken to keep the person safe.

If the care manager considered that a member of staff is unsuitable to work with vulnerable adults, she is aware that the registration and inspection officer and the safeguard lead from within HSC must be informed.

STANDARD 19: PREMISES

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

Key findings/Evidence:

Although Maison De Beauvoir is not purpose built, it provides a comfortable environment for residents. The accommodation consists of both single en-suite rooms as well as 7 double apartments. The apartments have a bedroom, bathroom and a lounge with a small kitchenette to enable residents to make drinks and snacks. This enables these residents to be able to live more independently if they prefer/are able to.

The home is bright, spacious and clean, and provides a suitable environment for people with varying mobility needs. The communal lounge has new chairs, which really brighten up the room and gives it a warmer feel.

The home has access for wheelchairs; ramps are in place to enable people who are wheelchair dependent to get around the home and out into the garden easily. There is a passenger lift and stair chair lifts to service all floors.

There is an on-going programme of development to ensure that the services, environment of the home and the equipment in the home continue to meet the needs of the residents who live there. The maintenance manager undertakes a walk through the home very frequently to identify any trip hazard or where repairs are needed. These are actioned promptly and he retains records to demonstrate this.

The provider continues with an ongoing programme of developments to further upgrade the home and gardens. When a resident's room becomes vacant it is reviewed and re-painted. Furnishings, fixtures and fittings are replaced as needed.

Smoking is permitted outside of the home only and there is a smoking shelter for residents and staff to use.

Regular servicing and maintenance is carried out for fire equipment, gas, water cylinders and boilers, electrical appliances, call bell system and for the lifts and records are kept for this.

There are pictures on the walls and plants around the home to give it a more homely feel.

Public liability certificate is current and is displayed in reception.

STANDARD 20: SHARED FACILITIES

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

Key findings/Evidence:

There is a large lounge, which is bright and provides a social area for residents to meet and undertake activities during the day. With the introduction of the new furniture, a carer said it seems more residents are attracted down to the lounge.

The dining room is nicely laid out and can also be reorganised to hold social events and activity sessions. There is good space for residents to move around with mobility aids or for staff to assist a person who requires the use of a wheelchair.

The communal areas are clean, tidy and are kept well maintained. There is adjustable lighting for activities at various times of the day and during the evening.

The home has a large garden, which is accessible to residents with varying degrees of mobility. It is secure to prevent a person from wandering out of the garden unsupervised if not safe to do so, or for an unauthorised person to enter. Now that the garden is complete with a decking area this has become a vibrant area for socialising in the fine weather.

STANDARD 21: LAVATORIES AND WASHING FACILITIES

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

Key findings/Evidence:

There are sufficient lavatories and washing/bathing facilities in the home. Each resident has an en-suite with a bath and a shower facility. All resident's rooms have a call bell and there is a lock on the door, which staff can gain access to in an emergency.

There is equipment available for infection control within the home and housekeeping assistants have cleaning schedules to follow. The communal toilets near to the dining room have good access and are spacious for people who use walking aids or who require the use of a wheelchair.

There is a wet room facility for residents who prefer/need to use this instead of their en-suite bath or shower and 2 assisted baths are also available.

STANDARD 22: ADAPTATIONS AND EQUIPMENT

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

Key findings/ Evidence:

Grab rails and ramps have been installed in appropriate areas throughout the home and there are 2 passenger lifts, which services all floors – one in the main part of the home and one servicing Herm Wing. Two stair chair lifts are also available in the main part of the home to service the 2nd and 3rd floors.

There is sufficient storage for equipment and appropriate aids for residents who need to use them, to enable them to maintain their independence e.g. raised toilet seats, 22 profile beds (continuing to add to when a bed requires replacing), specialised bath seats, wheelchairs and hoists (2 non weight bearing and 2 standing hoist and all carers have undertaken training for safe use). There is a call bell in every room (some residents may wear the neck pendant style if appropriate - assessment undertaken if needed). All fire exits have clear access and signage. The care manager undertakes a regular equipment audit to monitor the equipment used in the home and also to identify where equipment requires replacement or where additional equipment is required. As a result, additional pressure relieving cushions have been purchased.

Within the home are large print books for people with visual impairment. Additional equipment is sought as necessary by seeking expertise from other persons/organisations from within the wider community.

STANDARD 23: INDIVIDUAL ACCOMMODATION - SPACE REQUIREMENT

OUTCOME: Service users own rooms suit their needs.

Key findings/Evidence:

All rooms are a good size for the needs of the residents and the layout reflects individual choice, mobility and safety requirements. Residents have personalised their room/apartment with their own pieces of furniture, pictures and ornaments and some residents have provided their own choice of bedding. The rooms inspected reflected each person's personality and interests.

All rooms in the main part of the home have a balcony which residents can sit out on if they wish. The doors are all fitted with a door restrictor which is only removed when a person has been risk assessed as safe to have this done (1st and 2nd floors). As soon as the room becomes vacant the

restrictor is re-fitted for the next resident who would need to have a risk assessment before it is removed once again (ongoing process when residents are admitted and discharged).

STANDARD 24: FURNITURE AND FITTINGS

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

Key findings/Evidence:

Residents are able to bring in some of their own smaller pieces of furniture, photographs and ornaments to personalise their room if they wish and are encouraged to do so: all rooms are pleasantly decorated, furnished and carpeted or have 'hard' flooring. Each room has a television and a telephone point. In the main part of the home radiators have been fitted with radiator covers but there is access to the regulator to enable a resident to control their own heating requirements. In the newer wings, heating is provided through low surface temperature type heaters. There are adequate accessible electrical sockets, call bells, sufficient hanging and drawer space and a lockable box in which to store money and valuables.

Bed linen and towels are changed as often as necessary or at least once a week if not needed before this time.

There are now 20 profile beds for residents who have limited mobility; including 1 'falls bed', which lowers to the floor for a person who has a high risk of falls. The care manager said a bed audit has been undertaken as some residents still have a divan. Where the carer reports a concern, a risk assessment is completed so that the most appropriate bed can be provided to support both the resident and the staff providing care.

STANDARD 25: SERVICES - HEATING AND LIGHTING

OUTCOME: Service users live in safe, comfortable surroundings.

Key findings/Evidence:

There is suitable lighting throughout the home to also include emergency lighting. The lighting in the corridors and in many of the communal areas is bright to further reduce trips and falls. Radiator covers have been fitted to all of the radiators throughout the home in the main part of the home as previously discussed and residents have a thermostat on their radiator in their room, which they/carers can adjust if needed. Low surface temperature heaters are fitted in the newer part of the home.

An outside company provide the monitoring for Legionella and this is in partnership with the home's maintenance team. The housekeeping assistants undertake the additional regular

cleaning for the prevention of Legionella. All taps in residents' rooms have been fitted with a temperature regulator to ensure that the temperature of the water does not exceed 43°C as recommended by the Health & Safety Executive guidance and these are checked regularly by the maintenance team and records are kept.

STANDARD 26: HYGIENE & CONTROL OF INFECTION

OUTCOME: The home is clean, pleasant and hygienic.

Key findings/Evidence:

On this visit the home was clean and free from any unpleasant odour and residents said they were very happy with the cleanliness of their room. Staff follow the infection control procedures recommended by HSC, which also includes the disposal of clinical waste. There are cleaning schedules for clinical equipment and for the cleaning of other areas within the home and this is undertaken by both day and night staff. The housekeeping assistants have a cleaning schedule for undertaking a 'deep clean' of all areas.

The laundry has impermeable flooring and there is good system in place for the management of clean and 'dirty' laundry. Equipment is available throughout the home for the staff to support infection control within the care home environment. Clinical waste is stored outside and is kept covered and locked in compliance with regulation. The home has a weekly contract for the collection and incineration of clinical waste.

Maison De Beauvoir had an infection control audit undertaken by the infection control nurse from within HSC in August 2018 and the home achieved 99%, which demonstrates that the team have a very good understanding of infection control within a care home environment.

There are policies and procedures in place for the safe handling of clinical waste, dealing with spillages, provision of protective clothing and for effective hand washing.

STANDARD 27: STAFF COMPLEMENT

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

Key findings/Evidence:

From examining the off-duty for a 4-week period, the staffing level continues to be reviewed regularly and staffing levels altered to reflect the dependency of the residents. During the morning shift the care manager is generally on duty from Monday to Friday, although this is flexible according to the needs of the home and she is generally supernumerary (undertakes some clinical shifts for supervision) and there are 8-10 carers on duty (at least 2 senior carers). During the afternoon there are 4-5 carers on duty (at least 1 senior carer) and during the evening

shift there are a minimum of 4 carers; this is increased to 5 when there is an increase in the number of residents who require assistance/supervision with their meal. At night there continues to be 2 carers on duty. It is acknowledged that a carer works until 9pm to assist the night staff during the busy period when residents are wanting to go to bed and in the morning a carer commences their shift at 7am to assist the night staff when residents are beginning to wake up. This must continue to be closely monitored with feedback from the night staff and increased if necessary.

The care team are supported by 3 housekeeping assistants, cook and a kitchen assistant, 2 laundry assistants, maintenance team and administration team (receptionist from Mon-Fri during office hours).

There is activity provision for 25-30 hours of social interaction per week, which is provided by an activity co-ordinator. Carers, volunteers and persons/groups from outside of the home also provide additional social stimulation and activity time.

Provision for sickness cover and for holiday cover to ensure that the residents continue to receive the same service is provided by some staff working additional hours (closely monitored by the management to ensure the person is not working too many), bank staff, or from staff who work in one of the company's other care homes.

Staff that were spoken to said their workload is manageable and said that additional staff are rostered on duty from time to time if the residents' dependency directs this to be necessary. Residents that were spoken to on the day of inspection said their call bell is answered reasonably quickly. Further exploration identified that during the busy period between 8-10am in the morning and just after lunch could take a bit longer when everyone is wanting assistance at the same time. No resident reported their call bell not being answered within a reasonable amount of time (within a couple of minutes). Residents said that staff attend with a pleasant manner and are always cheerful. Residents said generally they did not feel rushed when they are being attended to.

STANDARD 28: QUALIFICATIONS

OUTCOME: Service users are in safe hands at all times.

Key findings/Evidence:

The care manager is a registered general nurse (RGN) and she is also a VQ assessor. One carer is an associate practitioner (while waiting for her NMC registration as she is a registered nurse in her home country). Currently there are 5 senior carers with an NVQ/VQ award at level 3 and 1 other carer has completed a standalone unit of the NVQ/VQ award for the administration of medication at level 3. Two carers are currently undertaking this standalone unit at level 3. Two carers have an NVQ/VQ award at level 2.

A carer is due to commence the Care Apprenticeship course at level 2 in September and 2 carers continue to complete the BTECH units levels 2 & 3.

STANDARD 29: RECRUITMENT

OUTCOME: Service users are protected by the home's recruitment policy and practices.

Key findings/Evidence:

New employees are required to provide 2 written references. A police check (DBS) is sought before a new member of staff is confirmed in post. An enhanced check is undertaken for the care manager and the carers and a basic check is undertaken for all other staff who work in the home.

Gaps in employment are explored and a health declaration is included on the application form. Concerns regarding health are followed up with the person's GP if it is thought that this is required for the position applied for (following consent to do so). The written terms and conditions of employment are in the employee contract, which new employees are required to sign, along with reading relevant policies, which are in the staff handbook. There is an employment file for each employee and all files are kept locked away in the administration office.

All staff have access to policies for health and safety, fire and emergencies, confidentiality, whistle-blowing, receiving gifts, witnessing wills and for adult protection.

STANDARD 30: STAFF TRAINING

OUTCOME: Staff are trained and competent to do their jobs.

Key findings/Evidence:

The PDT within the team has responsibility for providing guidance and support to a new employee through their induction programme and also to plan and organise on-going training with staff. Potential staff members are provided with a job description and all current members of staff have completed an induction programme. The NVQ/VQ programmes are supported by the management through the Institute of Health and Social Care Studies (IHSCS). Five carers have an NVQ/VQ award at level 3 and 1 other carer has completed a standalone unit of the VQ award for the administration of medication at level 3. Two further carers are currently undertaking this standalone unit at level 3. Two care assistants have an NVQ/VQ level 2 award. One carer is an associate practitioner (waiting for NMC PIN) – see also standard 28. The care manager is a VQ assessor and supports candidates who are undertaking the awards.

There are 2 Ergo Coaches in the team. Most staff are up-to-date in the areas relevant to their role to cover; moving & handling, fire safety (including fire Marshall training for some staff), safeguarding, health & safety, infection control and food hygiene. The senior carers have

completed training for Emergency in the Workplace and the rest of the carers undertake in-house training for CPR. Data protection training with an RGN from within the company who is a data protection trainer has also been completed with some staff. The care manager has previously undertaken end of life care training for the use of a syringe driver and for the medication which is used in end of life care and some carers have attended training sessions for end of life care also. A number of carers have attended dementia awareness training. Records are retained for all training undertaken of both formal and informal training. The care manager is continuing to plan for further sessions in all areas to ensure all staff complete all of the training necessary. Night staff attend the same training sessions as the day staff. Informal discussions regarding practice issues are discussed each day when the care manager gives/receives a handover.

STANDARD 31: STAFF SUPERVISION

OUTCOME: Staff are appropriately supervised.

Key findings/Evidence:

The PDT works through the induction programme with all new employees and this is signed off by both the employee and the PDT. The PDT undertakes regular supervision with individual carers as she works 'on the floor' with the carers. The care manager also undertakes supervision with the senior carers who administer medication to residents and this is documented.

Concerns highlighted regarding practice issues are discussed at handover and the care manager discusses issues with staff as a group, or individually, as they arise.

There is an appraisal system in place, which is documented. Long-term staff who have been there for many years have a biennial appraisal.

STANDARD 32: MANAGEMENT AND ADMINISTRATION - DAY TO DAY OPERATIONS

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

Key findings/Evidence:

The care manager is a RGN and she has a BA Hons (Professional Practice). She has a good level of knowledge and skill for working with older people as she has worked with this client group for most of her career. She has been working at the home since February 2017, firstly as acting care manager and then as care manager when formally registered with HSC in May 2017. Prior to taking up this position she was a deputy matron at their sister home Summerland House Nursing Home. The care manager is an NVQ/VQ assessor and undertakes relevant training for her role and also to enable her to revalidate as a nurse with the Nursing & Midwifery Council (NMC) (recently re-validated).

Residents who were spoken to said the care manager is approachable and supportive but felt they didn't see as much of her around the home as they would like. However, residents are able to speak to her whenever they like; if a message is passed on to her that a resident would like to speak to her she always makes time to do this before going off-duty that day. Staff said the care manager is approachable and she will try to action areas where she can and feedback to them.

STANDARD 33: MANAGEMENT AND ADMINISTRATION - ETHOS

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

Key findings/Evidence:

The care manager has an open and positive approach in her manner where residents, relatives and the staff are able to speak to her whenever they want to. Staff appear to have a clear sense of purpose, knowing what is expected of them - a positive reflection on them and their manager.

A meeting which includes all staff is held 3-monthly where practice issues are discussed as well as on-going developments in the home. The minutes of the meeting are then made available for all staff to read. This is important as this avoids situations when staff claim not to have been informed of various issues. The care manager also has meetings as required with the heads of department e.g. senior carers, catering and housekeeping etc.

The management are continually planning development for the home in the way of upgrading to improve facilities and with staff training. The care manager has regular meetings with the director and also receives and provides support to the other managers from the other 2 care homes within the company.

STANDARD 34: QUALITY ASSURANCE

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

Key findings/Evidence:

As a self-monitoring tool the care manager uses feedback from residents, relatives, staff and from other healthcare professionals who provide a service to the home. Feedback from inspection reports or audits from outside organisations are also considered for the ongoing development of the home. Residents' meetings are held 6-monthly to monitor quality of care, activities, catering and the quality of the environment of the home and the care manager liaises with the necessary department heads to action the points raised. Feedback is then provided at the following meeting or with individual residents as relevant.

Relatives' meetings are not held. However, relatives are aware that they are able to join the residents' meeting, or are able to speak to the care manager when they are visiting and she is on duty. If she is not on duty a message can be left for her and she will contact the person on her return. Relatives also regularly communicate with her by telephone or email. She also undertakes periodic clinical shifts to interact with residents and staff. There is a suggestion box in reception for visitors, residents and relatives to provide feedback, anonymously, if they prefer; however, this is never used.

There is now a very good activity programme in place which also includes outings in the wider community, which is very popular. Residents are also supported to attend events they are invited to such as tea parties and concerts etc.

The policies and procedures for the home are updated at a minimum of 3-yearly or sooner if a change in practice directs this.

The care manager retains records of all of the training undertaken by staff; a record of training was provided.

STANDARD 35: FINANCIAL PROCEDURES

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

Key findings/Evidence:

Standard not examined as Employment & Social Security receive accounts annually.

The home's liability insurance certificate is in date and is displayed in the reception of the home.

STANDARD 36: SERVICE USERS MONEY

OUTCOME: Service user's financial interests are safeguarded.

Key findings/Evidence:

Each resident, their NOK or an advocate manage individual resident's financial affairs. Staff are not permitted to accept gifts or money or to witness a resident's will or sign any legal documentation (staff sign a contract to acknowledge this on commencing employment). Money that is given to the care manager for safekeeping is kept in a locked safe in the administration office and a record is retained for all items being put into the safe or being taken out of the safe. A resident or their representative and an administrator are both required to sign, to acknowledge each transaction. The care manager advises a resident's NOK to take valuables and large amounts of money home for safekeeping, where appropriate.

STANDARD 37: RECORD KEEPING

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

Key findings/Evidence:

Much of the information in relation to the residents in the home is kept in a locked filing cabinet in the care team's office for confidentiality and data protection. However, each resident has a copy of their care plan in their room for the carers to follow. When a carer has assisted a resident with an element of their daily care this is documented (some gaps in signing noted). Information regarding a resident's well-being, concerns and visits by other healthcare professionals is kept secure.

STANDARD 38: SAFE WORKING PRACTICES

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

Key findings/Evidence:

All staff are instructed in health and safety during their induction. And there is an on-going programme of training in place. Risk assessments are undertaken to keep people safe and care records provide information for how staff can do this.

Accidents/incidents are recorded in an accident/incident book and the care manager signs off all of the forms prior to them being filed to ensure that the correct procedure, action and documentation has been completed. The person's care plan is then reviewed and updated. The care manager regularly reviews the accident/incident forms to look for trends e.g. same person falling, same area of home, same time of day. This is then communicated to the training manager who will action the areas required and provide additional guidance for the staff. It was noted that one resident had frequent falls, discussion with the care manager provided information that the person has recently been seen by their GP, spent some time in hospital having investigations completed and returned to the home. Additional equipment and supervision is in place to minimise the risk of a fall.

There are 4 first aid boxes in the home; 1 in the kitchen, 1 in the laundry room, 1 in the office and 1 in the treatment room and the staff know where they are kept. The care manager checks the stocks 1/4rly (sooner if used) and replenishes them as necessary.

Records are kept for the maintenance of equipment, which includes the dates of services of appliances and equipment. The home is kept well maintained; kitchen, laundry, outdoor steps,

staircases, lifts, chairlifts and flooring. Window restrictors have been fitted to the patio doors above the ground floor where residents have access as previously discussed. Covers have been fitted to all radiators to ensure a resident will not get burnt if a resident happened to fall against a hot radiator. A keypad entry/exit system has been fitted to the front entrance for the protection of some residents who are unable to go out independently; the back door leads out into a secure garden.

A contractor provides regular checks and maintenance of the fire equipment in the home and the fire alarm is tested each week and records are kept for this. It is recommended that the doors that lead out on to the fire escapes (as discussed) are fitted with a keypad, which de-activates in the event of a fire, or are fitted with an alarm to alert staff if a person was to access this area unsupervised to prevent a fall on the concrete steps.

Temperature restrictor valves have been fitted to taps in all residents' rooms and in the communal bathrooms and toilets to ensure the water remains at a maximum temperature of no more than 43°C to prevent scalds. There is a programme in place for the monitoring of Legionella and an asbestos survey has been completed.

The temperature of the fridges both in the clinical room and in the kitchen are recorded daily and records are kept for this. An accredited contractor services the call bell system annually.

The clinical waste is stored correctly and is collected for incineration each week and all cleaning chemicals are stored in a locked cupboard. The building, furnishings and fittings are all in good order and appear well maintained.

Registration and Inspection Officer's comments

Maison De Beauvoir provides care and support for up to 42 people who have residential care needs. The home is comfortable and homely and is kept well-maintained. Residents who were spoken to said that they have developed positive friendly relationships with staff and that staff know their preferences and routines well, which supports them to maintain a good quality of life. Residents enjoy a good range of meaningful activities both within the home and through attending outside events and bus trips, which are a particular favourite of theirs.

Care plans and risk assessments are person-centred and contain good information, however, a more regular audit would capture the areas where there are gaps in information (daily care signatures) or where a review has lapsed. The PDT can then undertake further training with carers as necessary.

There is a robust recruitment process in place and staff have a good induction. Ongoing supervision and annual/ biennial appraisal is also in place. There is an on-going programme of training, which includes support to undertake the VQ awards and the BTECH course and more recently the Care Apprentice Scheme, which is due to commence in September.

Night staffing levels must continue to be monitored closely and increased if necessary due to the layout of the building, which is on 3 floors. Further security of the fire exits is also recommended to prevent a person from wandering through the exits unsupervised.

Measures are in place for quality assurance and policies are updated to reflect the latest clinical guidance to facilitate best practice as needed.

Residents spoken to were asked "If you could change anything about the home to make it more comfortable for you, what would this be"? The response from all of those asked was that they are currently very happy with things as they are, which is a positive reflection on all of the team at the home.

Vanessa Penney
Registration & Inspection Officer
(Private Care Homes)

REGISTERED PERSON'S AGREEMENT

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

We would welcome comments on the content of this report relating to the inspection conducted on **06/06/19** and any factual inaccuracies:

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

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

Or

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

Signed:

Designation:

Date:

Note:

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

