



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: 19/04/18

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 - 09/02/17 Unannounced inspection – 09/11/17	
Date of inspection upon which this report is based: 19/04/18	
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>There were improvements in the quality of recordkeeping, however, some gaps remain;</p> <ul style="list-style-type: none"> • Carers are not always signing the daily care record each day to show how they have assisted residents with their care • The date of review of risk assessments and the updating of the care plans are not always recorded • Further training sessions with staff for recordkeeping should be considered • A more regular care plan audit would help to identify the areas where further training is required (audit tool provided for guidance) 	4, 7, 8, 37
<p><u>Staffing Level</u></p> <p>Continue to receive feedback from the night staff to assist with the monitoring of the staffing level on the night shift and increase level as needed to ensure residents' care needs are continuing to be met</p>	27, 38
<p><u>Qualification & Training</u></p> <p>Continue to support care assistants to undertake the VQ training to ensure good all-</p>	28, 30

round skills within the team and that staff undertake regular refresher sessions in other areas as guided by the individual provider of the training	
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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 has a resident's handbook 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.

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.

One resident who was spoken to who was on respite said that her next of kin (NOK) had been given good information to enable her to make an informed choice to move in to the home for a period of respite. The resident said that she was enjoying her time at the home and although she will be going home again, if she has to move in to a care home in the future, this home would be the one for her.

A copy of the home's insurance certificate is also on display in reception and this is current.

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 (fee structure). 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 hairdressers 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. A residential care certificate is required to enable a person to take up accommodation at Maison De Beauvoir. The Care Manager said a snapshot of the assessment summary is forwarded to her by the person's social worker; which provides crucial information for the development of the person's plan of care. 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 expectations, and the expectations of the person's NOK (where relevant).

To enable an accurate assessment to be completed, the Care Manager also seeks information from the resident, their NOK, the resident's GP (medical history summary obtained with consent), the community nurse and other relevant allied health care professionals. This is to ensure that maximum information is provided to assist in the assessment process. An individual plan of care 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 residents to remain in the home for as long as is 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 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 discussion with the Care Manager in relation to this, highlighted the implementation of a daily care assessment document. 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 suggests that referrals back to the NAP are now more efficient, which prevents a situation from becoming unmanageable before support is sought. This has already prevented hurried transfers and allows adequate communication with a resident's NOK and the receiving service, to ensure the transfer can be undertaken as smoothly as possible; with minimal relocation stress for the resident and their family.

To ensure that staff offer care to residents, which is based on best practice, the Care Manager liaises with 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 home 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 care assistants have also undertaken 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).

The Care Manager is able to accommodate an emergency admission if there is a vacant room at the time of need. 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/respite care; however, a person is able to move in to the home for respite care if there is a vacant room at the time that it is needed. One person has recently moved in to the home for convalescence following discharge from hospital, prior to taking the final step to return to their own home. The person is encouraged to maintain his/her current level of independence. 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.

Residents' have a daily assistance chart in their room, which forms part of the care plan. Each time a care assistant assists/supports a resident with an element of their care, the care assistant 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 speak to, to gain further information. However, there were gaps once again in all of the records examined, which demonstrates that there continues to be a training need in this area (discussed with Care Manager on day of inspection).

Individual residents' care plans are reviewed every 3 months. The Care Manager said 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 kept in the office and a copy is also kept in the resident's room.

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 (discussed with Care Manager as some risk assessments have not had a recent review). 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 care assistants receive a verbal handover from the written documentation on the changeover of each shift (confirmed by staff).

The care assistants complete a record of the care they have assisted a resident with (gaps in records remain) 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. However, further discussion indicates that more in-depth information needs to be recorded (discussed with Care Manager in more detail).

Although the Care Manager said a regular informal care plan check is undertaken, a more formal care plan audit would assist with maintaining quality recordkeeping and will highlight the areas where care assistants require further training and supervision. This can then be done as a supervision session with the practice development manager.

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 visit). 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.

There are no residents in the home with a pressure sore at this present time. The Braden score should be completed regularly for each resident (some assessments not up-to-date were highlighted to the Care Manager) and 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.

If there are no concerns following a nutritional risk assessment, each resident's weight is recorded every 3 months. However, where a concern is highlighted, 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 supplement drinks (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 (1 resident currently has a food chart in place). It was also noted that 1 resident was at risk of choking. The care plan gave guidance to the care assistants 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 senior care assistant on duty of any relevant information so that this information can be recorded in the resident's notes and in the daily diary to facilitate continuity of care.

Senior care assistants 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 have access to services such as an optician, dentist, audiologist and an advocate. 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 care assistants with the administration of medication prior to the senior care assistant being given 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 care assistants 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.

The system for the administration of medication is the Biodose monitored dosage system. Medication is pre-prepared by the pharmacist, which further reduces the risk of a medication error; especially where a resident may have a complex medication regime.

Residents are able to self-medicate, if safe to do so following a risk assessment (1 resident currently self-medicates). 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 care assistant takes over this responsibility. 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. Regular MAR audits are undertaken to enable the Care Manager to identify where further training is required.

The Care Manager has an up-to-date copy of the British National Formulary for the care assistants and visiting healthcare professionals to refer to as needed. The temperature of the fridge, which stores medication is checked daily and this is recorded. The Care Manager retains a signature list of all of the senior care assistants 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 2017. The pharmacy system was found to be well managed; 2 minor

recommendations were actioned promptly.

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 given 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.

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 the laundry service is excellent, permanent loss of an item, which has been sent to the laundry is rare.

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 does not 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 and procedures 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:

The Care Manager has a policy and procedure for end of life care. The care assistants provide this care for a resident when it is needed, with support from the community nurses, or from the palliative care team. The Care Manager said 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. The Care Manager said that 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; either from Summerland House (sister home), community nurses, or from St John Ambulance Healthcare Equipment Centre.

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 and procedure 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 flexibility as much as is possible in a group living environment. Residents are able to help out with tasks around the home if they wish; some residents like to give out the post and papers to other residents. 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.

A care assistant provides 15 hours per week of dedicated activity time and outside providers and volunteers also provide activities in the home. There is a programme of activities in the home and a copy of the activity programme is displayed on the notice board in reception and residents are reminded each day to enable them to take part if they want to. One of the residents' favourite activities was an outing on the bus. The Care Manager said that a bus outing is now offered twice per week on a Monday and a Thursday. On the day of inspection several residents were going on an outing to Le Friquet Garden Centre. On a Tuesday there is a knit and natter group and every 2nd Tuesday there is an exercise to music group with an outside provider. On a Wednesday there

is an arts and crafts session with the activity assistant and every other Wednesday a faith service is held at the home. On Thursdays the activity assistant provides activity time in the afternoons (individual or group depending on the interest to take part) and on a Friday afternoon there is a Bingo session. An organist visits the home for a sing along with the residents periodically. A relative who visits the home also plays the keyboard for a sing along with residents from time to time. The Healing Music Group (UK) also visit the home every quarter during their visit to Guernsey to play in various care homes on the island (recent visit).

Residents also attend events offered within the community e.g. several residents are attending the Vale Douzaine for a Liberation Day afternoon tea next month. Residents also periodically join in with events with their sister home Saumarez Park Manor (monthly singing down memory lane). 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.

Care assistants also spend time with residents; reading the newspaper to them, 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.

Residents who were spoken to said that the activity programme was now more stimulating. The garden has also been further developed with a lovely large decking area with tables, chairs and parasols. Several residents were observed to have their afternoon tea in the garden on the day of inspection as the weather was fine.

In the communal lounge there is also a variety of books and magazines, and puzzles and games for residents to use individually or in small groups.

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. 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. One resident attends the Jubilee Day Centre and another resident attends the Russels Day Centre. Visitors have a signing in/out book for additional fire safety and for security for the residents. Residents also have an in and out board. For residents who are not able to go out on shopping trips, the home has a 'mini shop' at reception where residents can purchase confectionary, toiletries and greeting cards etc.

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 plants and flowers are gradually being introduced to add colour for the summer months when residents like to sit outside.

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 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. If it is not possible for a resident to manage their own 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.

For residents who give small amounts of money to the Care Manager for safekeeping e.g. outings, hairdresser etc; this is kept in the safe and records are kept for transactions both in to and out of the safe and residents/relatives are also required to sign.

The home has policies for the protection of vulnerable adults, 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. New menus have recently been introduced. These 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 (summer menu due to commence in next couple of weeks).

The choices for the meal are provided the day before; residents fill in 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 care assistants. 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 specific 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.

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 Care Manager said that the majority of residents eat breakfast in their room, however, some like to have their breakfast also in the dining room. Residents who ate in their room said this was never a problem and the food delivered is hot. If a resident is out at a mealtime due to an appointment etc, if the kitchen staff are notified, the resident is provided with a meal on their return.

Hot or cold drinks are offered regularly throughout the day, with biscuits served in the mornings and cake in the afternoon. There is also a fridge in the lounge so that in addition to this, residents can help themselves to drinks whenever they want one. Residents are able to have a snack in between meals and at night if 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 etc are offered at regular intervals.

The kitchen, storage and preparation areas appeared clean and tidy. An environmental health officer undertook a food hygiene inspection in March 2016 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 advisor, 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 able to access local advocacy services if required. Residents 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, confidentiality, restraint etc.

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 allowed 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 where a concern is raised and has done so recently so this can be investigated and the most appropriate action taken. The Care Manager reported her concern to the registration & inspection officer and also to the safeguard advisor.

If the Care Manager considered that a member of staff was unsuitable to work with vulnerable adults, the registration and inspection officer and the safeguard advisor from within HSC are 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 lounge has recently been re-painted and new furniture has been purchased to replace the previous 'tub' style chairs. New blinds and brighter lighting have also been installed.

The home has access for wheelchairs, as there are ramps to enable people who are wheelchair dependent to get around the home easily and there is a passenger lift and stair chair lifts to service all floors. Some of the rooms on each floor also have a wider door access to accommodate wheelchair user's needs more easily.

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. The corridors have recently been re-painted and each resident's room is reviewed when it becomes vacant and it is re-painted and the 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. As previously discussed in this report the lounge has been re-decorated and new armchairs and blinds have been purchased and brighter lighting has been installed.

Additional chairs for the dining room have also been purchased. The care assistants are able to slide a chair out for a resident who requires assistance and the arms provide additional support for a person who is not able to support themselves in an upright position while sitting at the table, or to enable more independence for standing up when choosing to leave the table.

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 private garden, which is accessible to residents with varying degrees of mobility and is securely enclosed by fencing and a gate which is kept locked to prevent anyone who may wander from going out of this area. The garden is a really lovely feature now that the decking has been installed and the garden is beginning to get planted out to give colour in the summer months.

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 a soap dispenser and paper towels available for staff to wash their hands and a bin for the clinical waste. Housekeeping assistants have cleaning schedules to follow and both day and night staff clean the toilet areas in between these times as necessary. 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 more recently another assisted bath facility with a Malibu hydraulic bath has been installed (now 2 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, 10 profile beds (continuing to add to when a bed requires replacing), specialised bath seats, wheelchairs and hoists (1 non weight bearing and 2 standing hoist and all care assistants have received 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 had clear access and signage.

The home is able to provide large print books for residents with visual impairment and aim to meet the needs of residents who require additional equipment, 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.

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 (some rooms now have impermeable flooring where this is required). 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 bell, 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 10 profile beds for residents who have limited mobility; this is to assist both the resident and the care assistants who are assisting them.

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 and in residents' rooms has been reviewed and brighter lighting has been installed where needed. Radiator covers have been fitted to all of the radiators throughout the home in the main part of the home as previously noted and residents have a thermostat on their radiator in their room, which they/care assistants 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 also (quarterly thorough cleaning of showerheads). All taps in residents' rooms have been fitted with a restrictor valve 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 adequate separation of clean and soiled laundry. Alginate bags are used for washing soiled laundry in a separate wash from other clothing. There is a bathroom situated close to the laundry for staff to wash their hands and there is a supply of gloves and aprons on each floor. The yellow clinical waste bin is stored outside and is kept covered and locked and is screened out of view of residents and visitors to the home. 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 June 2017 and the home achieved 97%, which demonstrates that the team have a good understanding of infection control within a care home environment.

There are policies and procedures 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 care assistants on duty. During the afternoon there are 4-5 care assistants on duty (an increase of 1-2) and during the evening shift there are a minimum of 4 care assistants; this is increased to 5 when there are a lot of residents who require assistance with their meal. At night there continues to be 2 care assistants on duty. It is acknowledged that a care assistant 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 care assistant commences their shift at 7am to assist the night staff when residents are beginning to wake up. This must be closely monitored with feedback from the night staff and increased if necessary. The Care Manager said an additional care assistant is employed during the afternoons on a Saturday and Sunday as the Care manager is not on duty and there are no administrative staff.

The care team are supported by 3 housekeeping assistants, cook and a kitchen assistant, 2 laundry assistants (increase of 1), maintenance team and administration team (receptionist from Mon-Fri during office hours).

There is activity provision for 15 hours of in-house activities per week from a care assistant from within the company (dedicated hours for activities). Outside providers and volunteers also provide additional activity time. Care assistants also provide time for activities with individual residents within a residents' daily routine.

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 was manageable and said that additional staff are rostered on duty from time to time if the residents' dependency directs this to be necessary. The provision of an extra care assistant during the afternoon has made a big difference with managing their workload. Residents that were spoken to on the day of inspection said in their opinion, there is sufficient staff in the home most of the time. Sometimes it could take longer for their call bell to be answered during the busy periods in the morning and at meal times but no resident reported their call bell not being answered within a couple of minutes. Residents said that staff are always pleasant and respectful and 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. Currently

there are 4 senior care assistants with an NVQ award at level 3 and 1 other care assistant has completed a standalone unit of the VQ award for the administration of medication at level 3. Two care assistants have an NVQ level 2 award. One bank nurse is an associate practitioner.

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. Gaps in employment are investigated 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 (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. There is an employment file for each staff member and all files are kept locked away in the administration office.

All staff have access to policies and procedures 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:

There is now a training manager within the team who 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). Four senior care assistants have an NVQ award at level 3 and 1 other care assistant has completed a standalone unit of the VQ award for the administration of medication at level 3. Two care assistants have an NVQ level 2 award. One bank nurse is an associate practitioner. The Care Manager who is a VQ assessor provides the assessment and on-going support to candidates.

Staff are up-to-date with training for moving and handling (2 Ergo Coaches in the team), safeguarding (including the director and administration staff), fire safety (some staff have undertaken additional fire marshall training), health & safety, infection control and food hygiene. All of the senior care assistants (4) completed training for Emergency in the workplace in 2017. One of the deputy managers has completed training as a Breakaway trainer last month and is providing training for the care staff in-house. The two deputy managers have undertaken data protection training with an RGN from within the company who is a data protection trainer. The

Care Manager has 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 2 care staff have attended training sessions for end of life care also. Five carers have attended dementia awareness training in January and 2 carers have attended dementia care training at the IHSCS in 2017. Records are retained for all training undertaken of both formal and informal training

Informal discussions regarding practice issues are discussed each day when the Care Manager gives/receives a handover. Night staff attend the same training sessions as the day staff.

STANDARD 31: STAFF SUPERVISION

OUTCOME: Staff are appropriately supervised.

Key findings/Evidence:

The training manager works with all new employees through the induction programme and this is signed off by both the employee and the training manager. The training manager undertakes regular supervision with individual carers as she works 'on the floor' with the care assistants. The Care Manager also undertakes supervision with the senior care assistants 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.

The Care Manager has completed appraisals for all staff for 2017 and records of this are kept on file.

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).

Residents who were spoken to said that the Care Manager is approachable and helpful. One

resident said that she asks to see her periodically to discuss her personal likes and dislikes and she always makes time to meet with her promptly. The Care Manager is available to speak to any resident, staff member or visitor throughout the day whenever she is on duty. Staff said the work system had been reviewed and is now much better organised. Staffing levels have been discussed at meetings and staffing levels have been increased as necessary as a result of staff feedback.

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.

The Care Manager said that formal staff meetings are normally held 3-4 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 management are constantly planning development for the home in the way of upgrading the home to improve facilities and with staff training. The Care Manager has regular meetings with the director and also receives and provides support from 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. The Care Manager holds periodic afternoon tea sessions with residents to enable her to obtain feedback from residents and she also visits individual residents in their room. Relatives' meetings are not held, however, relatives are able to speak to the Care Manager when they are visiting and she is on duty, or she will contact the person if a message is left for her to do so. 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. The Care Manager said that she is planning to send out questionnaires to residents and their NOK later on in the year to gather feedback in relation to the care and services offered to further develop the care home.

The activity programme continues to make progress. As the bus outing is so popular this has now been increased to 2 outings per week. There is now a good mix of in-house activities and activities within the wider community.

The policies and procedures have been reviewed and updated under the new provider and management. The Care Manager is aware that policies and procedures need to be reviewed at least every 3 years unless changes in practice direct this process to be reviewed sooner.

The Care Manager has records of training undertaken by staff; a list of staff 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, an advocate manage individual resident's financial affairs. Staff are not allowed 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). Individual 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:

All resident's records are kept in a locked filing cabinet in the care team's office. Each resident has a copy of their care plan in their room. As previously discussed in this report there were gaps in several areas of the record keeping, which have been discussed in more detail with the Care Manager.

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 induction. 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, and therefore provides a safe environment for the residents. 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 without being accompanied by a member of staff or family/friend; 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. Temperature restrictor valves have been fitted to taps in the resident's rooms and in the communal bathrooms and toilets to ensure the water remains at a maximum temperature of no more than 43°C. 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.

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 and replenishes them as necessary.

The clinical waste is stored correctly and is collected for incineration each week by a waste management company and all cleaning chemicals are stored in a locked cupboard. The building,

furnishings and fittings are all in good order and appear well maintained.

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.

Registration and Inspection Officer's comments

Maison De Beauvoir provides a comfortable and friendly environment for the residents who live there. Conversations with residents suggested that they are satisfied with the quality of the current level of care and services that they receive in the home. Residents spoke of the staff being kind and helpful, no residents raised any issues of concern.

Progress has been made with the quality of the recordkeeping, which was discussed with the Care Manager on the day of inspection. More regular audit would capture the areas where further development is required. There is an on-going programme of training in place, which is organised and implemented by the training manager and this includes support to undertake the VQ awards.

The staffing level is continually monitored and since the previous inspection, the staffing level has been increased in areas where the workload has risen. Night staffing levels should be closely monitored and increased if necessary due to the additional increase in original numbers through the development of Herm Wing and the layout of the building, which is on 3 floors.

The management continue to upgrade the home for the benefit of the residents who live there through the on-going re-decoration of the home and replacement of furniture and fittings as needed. The recent development of the garden with a large decking area can now be enjoyed by the residents in the fine weather.

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 **19/04/18** 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.

April 2018