



The Office of the
Committee for
Health & Social Care

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

**SAUMAREZ PARK MANOR
RESIDENTIAL AND RETIREMENT HOME**

INSPECTION REPORT

DATE: 07/06/18

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

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

INTRODUCTION

The Registration and Inspection unit of 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 and Inspection Officer undertakes a minimum of one announced and one unannounced inspection per year.

The inspections are undertaken in order to establish whether the care home is meeting the legal requirements i.e. The Nursing and Residential Homes (Guernsey) Law 1976 and 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: **Saumarez Park Manor Residential Home**

Address: **Route de Saumarez, Castel, GY5 7TH**

Name of registered provider: **Guernsey Care Homes Holdings - Mr A Woodland (Director)**

Name of registered manager: **Mrs Kelly MacDonald**

CATEGORIES/NUMBER OF REGISTERED BEDS

CATEGORY	NUMBER REGISTERED
Residential	35 (current occupancy 31 – some double rooms single occupancy)
Date of last inspection visit: 24/05/17 - Announced 08/12/17 - Unannounced	
Date of inspection upon which this report is based: 07/06/18	
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 which the registered provider should consider for implementation.

RECOMMENDED HEALTH AND SAFETY AND PRACTICE DEVELOPMENTS	Refer to stand ard
There were no areas of concern noted on this inspection visit. Continue with your documented risk assessment to demonstrate that the night-time staffing level is meeting the care needs of the residents and of the carer being a lone worker. The staffing level to be increased where the on-going monitoring directs this to be necessary.	27, 38

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:

There is a marketing brochure which is handed out to a person who is making an enquiry in relation to the care and services that the home has to offer. An extension to this is the resident's charter and handbook, which is informative and is in large print to facilitate easier reading for a person with visual impairment; as recommended by the Royal National Institute For Blind People. The information is clear and contains the home's philosophy of care, aims and objectives of the team, residents' rights; which includes information that a resident is able to choose the gender of the person who will be assisting him/her with personal care whenever possible, financial arrangements and details of the facilities and services provided. The handbook also promotes the home's value of maintaining independence and discusses risk-taking, which is excellent. The handbook has been reviewed this year, to ensure that the information it contains remains current.

There is information in relation to making a complaint to the Care Manager and there is information for referring a complaint to the Registration and Inspection Officer from within Health & Social Care (HSC), if the management of the home cannot resolve the complaint.

Service users' views of the home are included in the previous inspection report, which is displayed on the notice board in the conservatory and there is also contact details for the Registration & Inspection Officer.

Information can also be obtained from the company's website www.guernseycarehomes.com where a copy of the most recent inspection report can be accessed.

One resident who was spoken to said that she had moved in to the home recently for convalescence/respite care but was now living in the home long term. The resident said that her NOK had received information regarding the care home, which was discussed with her and she felt that this was a true reflection of the care that she was currently receiving. The resident said that she had never been in a care home and was very satisfied with her decision.

STANDARD 2: CONTRACT

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

Key findings/Evidence:

Each person is provided with a comprehensive contract when he/she has made an informed decision to take up accommodation at Saumarez Park Manor. The contract includes the financial arrangements and includes an explanation of items that are not included in the monthly payment, for example; newspapers and periodicals, chiropody, hairdresser and incontinence products etc. The facilities available are clearly explained and there is a section, which discusses the home's insurance details. The contract also discusses the arrangements regarding a trial period, the room the resident will occupy on admission and termination of residency. Medical arrangements, staffing of the home, privacy, confidentiality, complaints procedure and the policy for visiting, alcohol, smoking and pets within the home are also discussed. The contract has been reviewed this year to ensure the information remains current.

Once the terms and conditions in the contract have been discussed in detail and agreed, both the prospective resident or their representative and the Director of the home sign the contract and both parties retain 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) undertakes an initial assessment of the needs of prospective residents prior to a person moving in to a care home (NAP assessment summary sent to Care Manager). To reside at Saumarez Park Manor a person requires a residential certificate. As well as an assessment by the NAP, the Care Manager also undertakes an assessment of the care needs of each person prior to a resident moving in to the home. This is to ensure that the home is able to meet the person's identified care needs and their expectations of the home, and/or the expectations of their next of kin (NOK) (where applicable). Also to enable the Care Manager to acquire the necessary equipment that the resident may need.

The Care Manager completes an admission sheet for the assessment, which includes an adaptation of the Activities of Daily Living Model and also includes known allergies and current medication arrangements etc. The Care Manager seeks to acquire information from the resident, the resident's NOK, resident's GP (signed consent obtained from resident or NOK) and other allied health care professionals where relevant e.g. community nurses, social worker. This is to ensure that the care and services offered by the home will be able to meet the care needs of the

prospective resident effectively.

STANDARD 4: MEETING NEEDS

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

Key findings/Evidence:

Saumarez Park Manor Residential Home provides care for older people who have limited physical mobility and who require support with personal care and well-being. The care team do not specialise in providing care for people with dementia who require a secure environment to wander, or who require more specialist care management.

A dependency tool is used to evaluate the dependency level of each resident and this is also used to calculate staffing levels and to guide the training needs of the care team. Dependency reviews are undertaken every 3-4 months unless deterioration in a resident's health, or a change in treatment directs this to be reviewed more frequently.

Carers are encouraged to keep up-to-date through the Skills for Care programme and also with the VQ awards, which are ongoing. The training programmes are well organised and are supported by the management at their sister home, Summerland House Nursing Home. A RGN visits Saumarez Park Manor twice per week (8 hours) to support the Care Manager with training for her team.

Staff have access to the internet for work related research and the home shares journals with Summerland House Nursing Home in order to keep up-to-date with best practice. Specialist nurses from within HSC also provide support when requested or a referral is made e.g. palliative care, community nurses.

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:

The Care Manager visits a prospective resident in the resident's home, in hospital or other place of residence if requested. Prospective residents and/or their NOK are encouraged to visit the home to have a look around and to talk to residents who already live in the home and to the staff who work there. This is to assist the person with making an informed decision for taking up accommodation in the home on a more permanent basis. Each resident has a 4-week trial when they move into the home before they are fully committed to the terms and conditions outlined in the contract.

Saumarez Park Manor provides accommodation for a person for respite care or as an emergency admission if there is a vacant room at the time that it is required. This is a rare occurrence as the home generally has full occupancy. The Care Manager said that a short-term placement such as respite care provides a good opportunity for a person to experience the care and services that the home has to offer, as the person may require long-term care sometime in the future.

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:

Saumarez Park Manor does not have dedicated accommodation for intermediate care or for respite care; however a person is accommodated if the home has a vacant room at the time of need; as discussed above. The person is encouraged and assisted to maintain or improve on their current level of independence. Additional advice or support is sought from the RGNs at Summerland House Nursing Home and from the specialist services such as; physiotherapy, occupational therapy and community nurse team as necessary. Staff are then appropriately supervised by the relevant health care professional as needed.

STANDARD 7: SERVICE USER PLAN

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

Key findings/Evidence:

An assessment is undertaken on admission and a care plan is then developed with information provided by the resident, NOK (where relevant) and by the resident's GP etc. Risk assessments are completed for mobility; including a risk of falls, nutritional status, tissue viability, moving and handling and for environmental risks. All radiators are either the low surface temperature type, or for some of the older radiators, have been fitted with a radiator cover. A couple of residents have requested that the radiator cover in their room be removed to enable the radiator to give out more heat. The Care Manager said if this is requested, a risk assessment is completed prior to action being taken to remove the cover, if safe to do so. The risk assessment is reviewed every 3-4 months or sooner if needed and the review is dated and signed (also by resident/representative).

A copy of the care plan which identifies the resident's individual daily care needs is kept in the staff office, which is kept locked and all care staff have access to these at all times of the day and overnight. Changes that are required with care or treatment are discussed with the individual resident to gain their consent, prior to any changes being made. Residents who were spoken to said they and/or their NOK regularly discuss their care with the Care Manager or senior carer so

they are able to make informed choices and decisions. Each resident or NOK (where appropriate) sign the care plan review, which demonstrates involvement and agreement with the provision of care/alteration of care required. Care plan audits are undertaken regularly and are documented.

Staff receive a handover when they commence their shift, which consists of both written and verbal information, depending on whether it is related to a resident's care or any operational issues. There is also a diary in the staff office to assist with communication for messages, reminders and appointments etc.

STANDARD 8: HEALTH AND PERSONAL CARE

OUTCOME: Service users' health care needs are fully met.

Key findings/Evidence:

Residents are able to receive consultations from medical professionals, visits from friends and relatives or from an advocate in the privacy of their own room. Information from visits and alterations to treatment are recorded in the resident's daily progress sheet and are acted upon. A resident's GP records a separate entry in the resident's medical notes whenever he/she visits their patient. There is also a diary in the carers' office for recording appointments; as previously discussed above (residents in the apartments do this independently, unless they request assistance from the staff).

Each resident has an assessment of their skin integrity (Braden Scale) when he/she first moves in to the home. This is followed by a 3-monthly review (more frequent for an individual if necessary). There are no residents in the home with a pressure sore. However, if the carers were concerned with a resident's tissue viability status the Care Manager seeks advice and support from the community nurses or from the RGNs at Summerland House Nursing Home. There is also an equipment library in the home of pressure relief aids e.g. repose mattresses and cushions etc.

Each resident has a key worker; although the majority of the residents are fairly independent requiring minimal assistance. The key worker changes over each month and the Care Manager said that the residents and staff both enjoy the changeover (continues). It has been beneficial in the development of both staff and residents; people interact differently and observe different things about a person. Also all carers get to know all of the residents really well; rather than just the ones they are continually key workers for.

The carers write in each resident's file every day; recording the care they have given/assisted a resident with, to demonstrate that needs have been met and observations noted e.g. resident not feeling well, poor fluid or nutritional intake, or reduced mobility etc.

Residents are supported to manage their own health care wherever possible. Assistance is provided if a resident requires help with the activities of daily living. Access to support services for GP, dentist, optician or chiropodist etc are generally organised in consultation with the person's

NOK.

A care referral for a re-assessment is organised by the Care Manager if a person's care needs increase, which may require the person to transfer to an alternative care home e.g. residential EMI (dementia care) or nursing, to ensure that a person's care needs can continue to be met. This is discussed with involvement from other relevant healthcare professionals e.g. GP, community nurse, social worker and the resident's NOK, prior to any decision and move taking place. Three reviews have taken place within the previous 6 months; 2 residents transferred to nursing and 1 resident transferred to residential EMI).

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:

The medication system seems well managed with medication ordered and dispensed through Pharmacy Locale (biodose system). Currently 5 of the residents self medicate, which is to be encouraged (where residents are able). The home re-assesses competence on a 3-monthly basis when a resident renews their prescription (recorded assessment); unless the staff have concerns with a resident's ability to continue before this time. There is a policy for self- medication, which is excellent and all residents have a safe in their room in which they can store their medication.

The home is compliant with the laws and codes of practice and Pharmacy Locale deliver, collect and dispose of medication no longer required by individual residents. A record is retained for pharmacy activities both received into the home and when leaving the home. Controlled medication is stored in a safe within a locked cupboard and is administered and monitored correctly. A register is maintained for the activities and stock balance of the controlled medication.

There is an up-to-date BNF and the Care Manager or her deputy is able to contact their pharmacist or a RGN at Summerland House Nursing Home if they need advice. Saumarez Park Manor had a pharmacy inspection in November 2017, which was undertaken by the Deputy Chief Pharmacist from within HSC. The medication process was found to be well-managed; there were no outstanding issues that needed addressing at this time.

Medication reviews by a resident's own GP are completed 3-6 monthly; sooner if this is required for a resident who has become unwell. The Care Manager or the senior carer contacts the relevant surgery to remind the resident's GP so that a review is not overlooked for long periods of time.

The carers have access to policies and procedures for the safe handling, storage and administration of medications in the home. All carers who administer medication to residents have completed the stand-alone unit of the NVQ/VQ programme at level 3 to ensure their competence in this task. The Care Manager undertakes an annual competency assessment with all of the carers who administer

medication, which is documented. The Care Manager said an additional competency assessment would also be undertaken if there is a medication error.

All residents have a medication administration record which displays the resident's name, date of birth, GP and known allergies. The MARS examined were legible and had been signed correctly. A regular audit is undertaken of the MARS so that the Care Manager can organise further training for carers as needed.

A flu vaccination is offered to all residents annually and a record is kept for this.

STANDARD 10: PRIVACY AND DIGNITY

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

Key findings/Evidence:

The majority of the rooms are single occupancy; although there are some double rooms available for a married couple or for siblings (includes apartments). All of the rooms bar one apartment is currently taken up as single occupancy. Privacy for consultations or for receiving visitors is therefore provided in each resident's room.

Residents are able to have their own telephone in their room; for which they pay for the telephone line rental and the calls they make. If a resident chooses not to have a telephone in their room they have access to a telephone to make a call as necessary. Staff do not open a resident's mail; if a resident is not able to manage their own affairs, their mail is forwarded to their NOK/representative.

All residents choose and wear their own clothing (confirmed by residents) which is mostly labelled; this assists staff if searching for mislaid items. Residents who were spoken to continue to be very satisfied with the laundry service; permanent loss of/damage to clothing in the laundry service continues to be a rare occurrence.

Residents also confirmed that staff are respectful and this was also observed during the day of inspection as staff always knocked on a resident's door and waited for a reply before entering. Staff were observed addressing residents by their preferred choice of name, which is usually their Christian name and this is documented in each resident's care plan. Residents described staff as caring and friendly and said that they always assisted them in a pleasant manner without rushing them. Comments made were "I have no issues, you couldn't ask for kinder carers", "Fantastic team we have here and that includes the cook, cleaners, carers, activities, maintenance and owner. They will all go out of their way to do anything for you", "I have no complaints. This home is the next best thing to living at home as I can no longer manage alone in my own home. I can be as independent as I can be knowing there is an excellent team to help when I need it".

All staff have access to policies and procedures for adult protection and for maintaining privacy

and dignity. Carers are up-to-date with training for safeguarding (BVS training discs).

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 management have a policy that if a resident requires palliative care, the carers will provide this care in the home for as long as possible. Additional care, support and advice is provided by the community nurses or the palliative care team. Advice can also be sought from the nurses at Summerland House Nursing Home. All needs are met as far as possible; this includes symptom control and pain relief, nutritional needs and hydration, cultural and religious needs and the needs of the resident's family.

The carers have undertaken training through Summerland House Nursing Home in relation to palliative care and all staff have access to the policy and procedure for end of life care. There is a resuscitation status documented for each resident and a form is also completed for St John Ambulance for all residents; just in case a person requires transport to hospital via ambulance at any time.

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 have a flexible daily routine and are able to be involved in the day-to-day normal household activities if they wish e.g. laying tables, folding napkins, collecting dishes, gardening and filling the bird feeder etc. Several residents that were spoken to said they often enjoyed going for a walk in Saumarez park (either independently or with a carer if support is required – risk assessed), away from all the traffic and there is a bus that passes the home so there is easy access to transport. Several of the residents like to tend to the raised garden where they are able to grow their flowers. Tea parties and BBQs are also held in the garden when the weather is fine.

There is an activity co-ordinator who provides at least 9hrs of dedicated activity time per week and she has developed a comprehensive activity profile for each resident. She also retains an activity diary; recording the activity that the resident has joined in with each time and this highlights where a resident has become socially disengaged. This enables the activity co-ordinator to try and encourage more social interaction, to identify if a resident is withdrawn or depressed, or to

undertake one-to-one activities, which is excellent. Care staff also undertake activities with residents so that they also develop an understanding of how important activity is in normal daily life.

There is an activity programme which is displayed around various areas of the home and includes activities such as; quizzes which have been specifically developed for the age of the resident group, which again, demonstrates the homes commitment for maintaining the resident's quality of life. The St John Library Service visits frequently and there is also crossword sessions, bingo, puzzles, manicure sessions, baking, knit & natter, discussion groups, musical evenings (Healing Trust) and exercise to music sessions (fortnightly). A member from the Alzheimers group also visits regularly for 'singing down memory lane' sessions, which are very popular.

The activity co-ordinator also organises one-to-one activities for some residents who are frailer and are not able to, or do not want to go on outings or join in with group activities. These sessions are reading, reminiscence, hand massage, looking through photographs or listening to music and the 'patting' dogs also visit regularly. A new activity currently being introduced is visits by an outside provider who has pet rabbits.

The home has a minibus. Outings are one of the activities that residents particularly enjoy so the minibus is used frequently (additional carers on duty for outings as needed). Residents are able to go on a bus outing three times per week (subject to weather) and the venue depends on who wants to go and where residents choose to go. Favourite places are; weekly shopping trips, a drive to see farm animals, orchid fields, bluebell woods, coastal drive, cafe for a coffee or an ice cream, sunset drives, picnics, afternoon tea, fish and chip picnics and trips to see a concert or show. The activity co-ordinator said that some residents are not able to go on outings, therefore she videos some of the outings such as the orchid fields and bluebell woods and spends time showing these residents the videos and having a discussion on a one-to-one basis, which is a nice touch.

Several residents and staff have booked to go on a boat trip between Herm and the island once again this year (organised through the Ron Short Centre). This is an annual event, which is well-supported and enjoyed by those who go (12 residents).

The staff organise a number of themed activities throughout the year and this also includes joint events with their sister home Maison De Beauvoir Residential Home. Social activities within the wider community are also supported e.g. afternoon tea party invitations. The home has organised an afternoon tea party for later this month at the home and friends and relatives are also invited.

Several residents like to go to Waitrose or in to town to do some shopping, which is organised weekly by the activity co-ordinator with help from the carers.

Residents also take part in decorating the home for events such as Christmas, Halloween, Easter, Royal Wedding and Liberation Day etc and staff have dressed up for some events to add to the atmosphere of the occasion which the residents always find fun. A recent event enjoyed by the residents was a visit by the Governor who spent time talking to residents and listening to their

stories they had to tell. There are picture boards around the home and albums of photographs to look through of the activities, which have taken place and these continue to provide much conversation and reminiscence.

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 their own room and there is an open visiting policy. Relatives are asked to avoid mealtime if possible as a mark of respect to the other residents who live in the home; unless they are assisting their relative with their meal or are joining them for a meal. A relative or resident is able to make a cup of tea when he/she visits, in the little kitchenette adjoining the conservatory (resident risk assessed as safe to do so). This is an excellent facility and contributes to the normal practice of inviting someone into your home and offering them a cup of tea (some residents have a kettle in their room).

Residents are able to come and go as they please (confirmed by residents); there is an in and out board for residents as staff do like to be kept informed of when a resident is going out and when the person has returned, for both the resident's safety and for fire safety within the home. A visitor's book is also in place at the main entrance at the back of the home. Residents are encouraged to maintain their social networks within the community WRVS, Derby and Joan Club, The Russells Day Centre, Blind Association and Cobo Community Centre. Several residents also attend church services on a Sunday.

STANDARD 14: AUTONOMY AND CHOICE

OUTCOME: Service users are helped to exercise choice and control over their lives.

Key findings/Evidence:

Residents are able to bring personal possessions into the home such as furniture, ornaments and pictures etc in order to personalise their room. Management recommend that large amounts of money or expensive/valuable items be given to the resident's NOK for safekeeping, if appropriate. Residents are encouraged to manage their own financial affairs or if this is not possible their NOK/representative would do this for them. If a resident required access to an advocate, the activity co-ordinator organises this through the Care Manager, as part of her role is resident liaison.

The management have provision for the safekeeping of a resident's money (small amounts accepted only) and records are retained. Each resident has a safe in their room for personal items and for medication (self-medicating). The Care Manager would organise for a resident to have

access to their personal record if this was requested. Residents' who were asked, said they were aware of their care plan but had not requested to look at it since providing the initial information. They said that they are involved in discussions when care needs change. Several residents said that they leave this to their NOK who speak to the Care Manager or her deputy regularly when they visit.

Policies and procedures are in place for adult protection, safeguarding residents' money and valuables, and for guardianship orders and all staff have access.

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 menus are varied, seasonal and are on a 6-week rotation. Three meals are offered each day with the main meal at lunchtime. On the day of inspection residents that were spoken to were, once again, very complimentary regarding the catering in the home. All residents spoken to said if they did not like what was on the menu, they are always offered an alternative. The Care Manager said residents are provided with a week's menu in advance to give the cook time to order in and cook an alternative dish. Residents are assisted to make meal choices if this is needed.

The cook has a list of resident's likes and dislikes in the kitchen and special diets e.g. diabetic, gluten free, vegetarian, soft diets or known allergies or intolerances are catered for. Residents can ask for a hot drink to be made for them at any time during the day and at night (confirmed by residents). Refreshments are served in between meal times and there were cold drinks available in the conservatory for residents to help themselves to in addition to this. Residents are also able to make their own refreshments in the kitchenette adjacent to the conservatory if they prefer; a few residents have a kettle in their room (risk assessed and on-going monitoring is in place).

The conservatory dining room provides a very, bright, comfortable and social area; although both dining areas were beautifully laid up to that of restaurant standards, with co-ordinated linen tablecloths and crockery and cutlery.

Residents' nutritional status is monitored and residents are weighed every 3 months; more frequently if there are concerns and this is recorded in the resident's care plan and in the weight book. The Care Manager said a food diary and/or a fluid chart are also introduced for the necessary period if this is required. Residents are provided with assistance at mealtime where necessary and are encouraged to take their lunch and supper meal in the dining room; however residents are able to have their meal in their room if they choose, or if they are ill. Breakfast is served in either the dining room or in a resident's own room depending on when they like to get up.

If a resident required a snack during the day or at night, they are offered sandwiches, cereal,

biscuits, milky drink, yoghurt or fruit; however residents that were spoken to said that they had never had to ask as they always had more than enough at meal times.

The Care Manager regularly speaks to residents at meal times and changes to menus are made in consultation with the cook to include suggestions from residents (residents confirmed they make contribution to menu choices usually at resident meetings). In the summer the residents enjoy more salad type foods and in the winter more stews and other hot cooked dishes. Fresh fruit is always available in the kitchen and residents are able to ask whenever they want some (confirmed by residents).

A food hygiene inspection was undertaken in June 2017 by an Environmental Health Officer and the home was awarded 5 stars, 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 written procedure in place for managing a complaint. The procedure states who will manage the complaint and includes a time scale for resolving the complaint. Residents that were spoken to confirmed that periodic complaints are generally only little 'niggles', which are more about issues regarding group living and can be resolved at the time. Residents said that if they have spoken to the Care Manager about an issue it is always taken seriously and is addressed promptly and appropriately. The Care Manager said that she would also retain a record of any formal complaint. There is also information displayed on the resident's notice board in the conservatory for referring a complaint to HSC if the management cannot resolve it.

STANDARD 17: RIGHTS

OUTCOME: Service users' legal rights are protected.

Key findings/Evidence:

There are policies and procedures in place for the protection of vulnerable adults. There is a policy for the safekeeping of valuables/monies and a policy that staff are not able to accept any gift from a resident e.g. money. Other gifts such as chocolates, toiletries are also not to be accepted without prior consent from the management.

If a resident is not able to manage their affairs, the activity co-ordinator in her role as resident liaison would organise access to an advocate following consultation with Care Manager if the person does not have a NOK/ relative.

Residents are able to participate in political processes if they wish; deputies visit the home to talk to the residents at the time of a local election and residents are supported with the voting process if needed.

STANDARD 18: PROTECTION

OUTCOME: Service users are protected from abuse.

Key findings/Evidence:

Saumarez Park Manor has a comprehensive policy in relation to safeguarding vulnerable adults. The categories of abuse, which are less obvious, areas such as psychological and neglect are also included. Other policies for adult protection include; whistleblowing and staff non-involvement in a resident's financial affairs. Residents and staff are made aware that staff are not permitted to accept any gift without the prior knowledge of senior management and are not able to be a witness for any legal documentation e.g. Will.

The management have received no allegations relating to abuse by any member of the staff in the home. If the management received an allegation of abuse this would be recorded, investigated immediately and actioned, and the management would inform HSC of anyone who they considered unsuitable to work with vulnerable adults.

STANDARD 19: PREMISES

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

Key findings/Evidence:

The home although not purpose built, has been adapted and extended for the needs of the residents and provides a safe environment; yet allows freedom of movement in and out of the home. There are appropriately positioned ramps and handrails situated throughout the home and there were no trip hazards identified on this visit.

All equipment is checked in compliance with regulations/standards (dates of servicing etc provided) and the maintenance team retain records of work undertaken and checks made. The evidence of such comprehensive records is excellent and demonstrates a well-organised, methodical maintenance programme and commitment to a home that is kept well maintained. The fixtures and fittings within the home again demonstrate that there is a high regard for providing the residents with a comfortable and safe environment.

The management are constantly working to develop a pleasant and safe environment for the residents; a fire safety inspection has been undertaken this year by an approved person.

The conservatory is lovely, bright and is well-ventilated room, where residents are able to sit without the conservatory becoming too warm. There are 2 sets of doors out onto the garden, which provide good accessibility for a wheelchair.

Since the previous inspection, a new front door has been installed, which includes keypad entry/exit that can be activated as needed. The kitchenette adjacent to the conservatory has been replaced and there has been on-going upgrading, decoration and replacement of equipment and furnishings as required. The kitchen in apartment 1 is currently in the process of being extended.

The insurance certificate for the home is in date and is displayed on the notice board in the conservatory.

STANDARD 20: SHARED FACILITIES

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

Key findings/Evidence:

The management are aware of the Guernsey legislation for a smoke-free environment, therefore residents and staff smoking are permitted to smoke outside only in a designated area.

The furnishings in the home are non-institutional, homely and are suitable for the client group. There are several areas in the home where the residents can undertake recreational activities or can sit quietly and read or chat with other residents. The housekeeping team must be commended for keeping the home spotless and odour-free. Once again, residents commented on the cleanliness of both the communal areas and their individual rooms throughout the home. They said there always seemed to be cleaning going on somewhere in the home to keep it as nice as it is and they found this an attractive feature of the home.

STANDARD 21: LAVATORIES AND WASHING FACILITIES

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

Key findings/Evidence:

There is a toilet adjacent to the kitchenette near to the main dining room for communal use; however the majority of the residents tend to use their own en-suite facility. The toilet area has hand-washing facilities, a call bell and there is a lock on the door. There are adequate washing facilities to meet the needs of all of the residents in the home and they were all clean and tidy and were free of any unpleasant odour.

STANDARD 22: ADAPTATIONS AND EQUIPMENT

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

Key findings/ Evidence:

Grab rails that are situated along the corridors blend in to the general décor and are very similar to a wooden dado rail providing a non-institutional appearance. Some of the corridors are quite narrow; however they do allow access for a wheelchair and the home has a vertical lift for residents who are unable to manage the stairs.

There is a range of equipment available for residents demonstrating their commitment to ensuring residents care needs are being met. This includes a ramp with a handrail leading to the apartments on the ground floor, raised toilet seats, commodes, walking aids, wheelchairs, sit-on weighing scales, Birdie passive hoist and a Sara Steady active hoist. Activity equipment is also available such as talking books and newspapers, and large print books. There is also pressure relieving cushions and mattresses for residents who are at risk of deterioration of their skin integrity. The home has assisted bathrooms; there are 2 Parker baths, which includes an overhead shower. A door sensor alarm is also available where a resident's mobility requires close monitoring (not currently required but available if needed). Also a sensor mat if needed.

Additional equipment can be borrowed if necessary from Summerland House Nursing Home, community nurses, or hired from the St John Ambulance Healthcare Equipment Centre.

STANDARD 23: INDIVIDUAL ACCOMMODATION - SPACE REQUIREMENTS

OUTCOME: Service users own rooms suit their needs.

Key findings/Evidence:

All resident's accommodation is of a good size with enough space to accommodate more equipment should this be necessary. Individual rooms are organised by the choice of the resident; taking into account the residents mobility needs and safety issues in order to create a homely but safe environment. All residents that were spoken to said staff are respectful of their personal possessions and they are very satisfied with the cleanliness of their room.

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 pieces of furniture, ornaments and pictures to personalise their room if they wish and are encouraged to do so. The furniture, soft furnishings and fittings are attractive, homely and are in good order. All rooms are en-suite and are currently single occupancy (1 married couple in one of the apartments).

Each room is checked and a light clean is undertaken daily. A full 'pull out' for deep cleaning is undertaken on a weekly basis and bed linen changes are provided weekly, or as necessary if required before this time. Clean towels are provided at bath time, or again as necessary if needed before this time. Once again, residents that were spoken to said there was a very high standard of cleanliness and tidiness throughout the home and within the grounds and gardens outside.

All resident accommodation can be locked. Each room has a call bell, telephone point, television and a safe for the safekeeping of money, valuables or medication.

STANDARD 25: SERVICES - HEATING AND LIGHTING

OUTCOME: Service users live in safe, comfortable surroundings.

Key findings/Evidence:

All rooms have adequate heating, lighting and ventilation. There is emergency lighting throughout the home as well as adequate outdoor lighting. All taps in areas where residents have access have been fitted with a temperature restrictor valve to ensure that the temperature of the water does not exceed 43°C. The water within the home is stored above 60°C with distribution at a minimum of 50°C, in compliance with the standards for the prevention of Legionella (maintenance team keep records). A Legionella management programme is in place and the maintenance manager monitors this. The housekeeping team also provide play their part with Legionella prevention by having a cleaning schedule in place.

The management have an ongoing programme for the installation of Low Surface Temperature Heaters (LSTH – almost completed) to protect residents from potential burns (such as falling against a radiator and being unable to move away from it). The current remaining radiators have a cover fitted. As previously discussed in this report a couple of residents have requested that the radiator cover is removed. The Care Manager said that she conducts a risk assessment for each resident who has requested this and the resident also signs the risk assessment to acknowledge agreement (requires capacity to do so). Additional measures have also been taken to minimise the risk – such as placing furniture in front of the radiator to reduce the risk of a fall against the radiator. The risk assessment is reviewed 3-4 monthly, or as the resident's condition changes, or if there are concerns if before this time. When the room becomes vacant, the radiator cover is re-fitted prior to a new resident moving in to the room.

STANDARD 26: HYGIENE & CONTROL OF INFECTION**OUTCOME: The home is clean, pleasant and hygienic.****Key findings/Evidence:**

Saumarez Park Manor is very clean, pleasant and hygienic and the housekeeping staff are to be commended for this. The housekeepers have cleaning schedules to follow; rooms are 'deep cleaned' once per week. In addition, the Care Manager undertakes adhoc checks on the rooms to ensure that a high standard of cleanliness is maintained. Since the previous inspection new armchair furniture has been purchased for the communal lounge, which conform to recommended material guidance to aid infection control.

The home's laundry is situated upstairs away from food preparation areas. There is impermeable flooring to aid infection control and there is a hand washing facility and protective equipment for staff.

Clinical waste is collected and disposed of on a weekly basis. An infection control inspection was last undertaken in March 2017 by the infection control specialist nurse from within HSC and the home scored 99%; demonstrating that staff have a clear understanding of infection control practices within the home.

All staff have access to policies, procedures and HSC's guidelines for infection control within the home and the infection control team from within HSC provide advice and support if needed and will make a visit to the home if requested to do so.

STANDARD 27: STAFF COMPLEMENT**OUTCOME: Service users' needs are met by the numbers and skill mix of staff.****Key findings/Evidence:**

From examination of the resident's dependency scores and the duty rota for the 4-week period prior to inspection, the staffing level is satisfactory for the care level of the current residents (low level dependency). During a morning shift the Care Manager is on duty with 4-5 carers and during an afternoon the Care Manager is on duty with 2 carers (2-4pm). During the evening from 5-10pm there are 3 carers and overnight there is 1 awake carer and one sleep-in carer. It is acknowledged that residents at Saumarez Park Manor require minimal assistance; however, it is recommended that the staffing level overnight is risk assessed and is regularly reviewed to ensure adequate care and safety of the residents and the safety of the carer as a lone worker (documented risk assessment continues). The carer on duty overnight always carries a mobile phone in their pocket so that he/she can summon assistance immediately from anywhere in/outside of the building.

Residents who were spoken to said that staff answer call bells very quickly and currently there

were no times of the day or overnight when they thought additional staff were needed – a good indication that there is sufficient staff on duty at all times at this present time. The Care Manager said if a resident was unwell, an additional carer would be rostered on duty for this period.

Residents confirmed that they did not generally need to ring for a carer during the night; a couple of residents had done so periodically and they all said that their call for assistance had been responded to almost immediately. No residents who are currently living in the home require assistance from 2 carers overnight.

STANDARD 28: QUALIFICATIONS

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

Key findings/Evidence:

The director (former Care Manager) has a VQ award at level 3 and is working in the home frequently during the day. The current Care Manager has a VQ award at level 3 and is an A1 assessor. She is currently undertaking the VQ award at level 5 for leadership and management. She is also an Ergo-Coach for moving & handling training. One senior carer has a VQ award at level 3. She also has a food hygiene certificate at level 2. One carer has commenced the VQ award at level 3.

Three carers have a VQ award at level 2, with another carer having commenced this award also. One carer completed a standalone unit within the programme at level 3, for taking physiological measurements. All carers who administer medication to residents have completed a stand-alone unit of the VQ programme for the administration of medication at level 3 (rolling programme in place for other carers who will have responsibility for this activity). Two carers have completed the care certificate at level 2. The NVQ/VQ programmes and the care certificate course are an excellent way to keep up-to-date with current best practice and to demonstrate good quality care and the Care Manager said that the company is very supportive with this training.

STANDARD 29: RECRUITMENT

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

Key findings/Evidence:

When recruiting new members of staff an enhanced police check is obtained for care staff (basic checks for all other staff), and 2 written references are taken up before an applicant is confirmed in post. All staff receive their written terms and conditions within 4 weeks of confirmation of their post and all staff files are kept secure.

The Care Manager said that she investigates gaps in employment and a health declaration would

be requested if she had any concerns in relation to the work for the position the person was applying for.

All staff have access to policies and procedures for health and safety, managing fire and emergencies, confidentiality, whistleblowing, non-receipt of gifts or for witnessing a Will (or other legal documentation) and for adult protection.

STANDARD 30: STAFF TRAINING

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

Key findings/Evidence:

The management are to be particularly commended for their commitment to training and development in partnership with their sister home Summerland House Nursing Home. All staff who successfully complete training and development are recognised and rewarded at a company prize giving ceremony, which again reflects their commitment to staff education.

New staff receive induction training on appointment and this is built upon throughout the person's employment at the home. A new employee works alongside an experienced carer until the carer, the new member of staff and the Care Manager are confident that the new carer has developed the necessary knowledge and skills that are required for the person to be able to work without constant direct supervision.

There is an ongoing programme of mandatory updates; training sessions are held at either Saumarez Park Manor, or staff can go up to Summerland House. Some of the training is undertaken using accredited DVDs. Staff are required to watch the DVD and then answer questions. The question papers are then marked by Matron/RGN and feedback is given so that further training can be organised as necessary; either for the whole team or individually. Staff are up-to-date with training for moving & handling (in-house with Ergocoaches), health & safety, safeguarding, infection control, fire safety (including fire marshall training and fire drill evacuation) first aid and food hygiene. Training for data protection has also been completed this year. Staff attended dementia awareness training last year and equality and diversity training was undertaken in-house. The carer assistants who administer medication to residents have completed the unit of the VQ programme at level 3 and the Care Manager undertakes a regular competency assessment. See standard 28 for the number of care assistants who have VQ qualifications or who have completed the care certificate. Periodic training is also undertaken for; incontinence and bowel management, the management of a person who has had a stroke, oral hygiene and eye care, end of life care, diabetes and vital signs. There is access to the internet for further research, DVDs for further learning or refresher training and various journals are available for reading and referencing.

All staff have a personal file and receive above the minimum level of training (formal & informal) which is 3 days per year for full time staff (pro rota for part time staff). Night staff also have equal opportunities to access training.

STANDARD 31: STAFF SUPERVISION

OUTCOME: Staff are appropriately supervised.

Key findings/Evidence:

The Care Manager holds 6-monthly formal staff meetings where practice issues and house rules are discussed and the minutes of the meetings are displayed on the staff notice board. This is important particularly if the Care Manager has discussed different ways of working or new initiatives she wants to implement, as it will avoid situations when staff claim to have not been informed. In practice the Care Manager has informal discussions regarding practice issues, the operation of the home and opportunities for training with all staff whenever she is on duty and action is taken at this time as necessary e.g. organising individual supervision or training sessions for example using hoists (Ergo Coach supervision).

The Care Manager frequently works alongside and provides supervision for staff on all shifts; day and evening. Staff appraisals are undertaken annually. Further training sessions are then organised around areas the Care Manager has observed, or in areas where staff have displayed an interest for further development. Support and advice is sought from Matron or the RGNs at Summerland House Nursing Home as required.

STANDARD 32: MANAGEMENT AND ADMINISTRATION - THE MANAGER

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 current Care Manager at Saumarez Park Manor took up her position in April 2016. She has worked with older people for 14 years and has therefore developed knowledge and understanding of ageing and the disease process in older people. She has completed the VQ award at diploma level 3 and she is a VQ assessor and an Ergo Coach for moving and handling. She is currently undertaking the VQ diploma at level 5 in leadership and management to enable her to further progress her management skills. She has also undertaken training for dementia care, tissue viability and wound management, adult protection, diversity & inclusion, bowel management, health & safety and for guardianship.

The management have demonstrated their commitment to delivering quality care, through the rapid implementation of any recommendation made in their inspection reports and audits by outside organisations. There is always a real willingness to improve practice for the benefit of the residents in their care and for team development within the home.

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 demonstrates a good sense of leadership. Staff are welcoming and have a clear sense of purpose; knowing what is expected of them, a positive reflection on them and their manager. Staff turnover remains low with many of the staff having worked there for many years, which again demonstrates their commitment to their Care Manager, the residents and to their work.

Staff who were spoken to really enjoyed their work at the home and they felt that they were well supported by the Care Manager and the wider management team. The management are approachable and caring and provided flexibility and guidance to the staff with both their professional and personal circumstances if needed. Staff said they could speak to them if a problem arose and felt it would be taken seriously and would be addressed appropriately.

Residents who were spoken to said that both the management and the staff are very approachable and went out of their way to help if they could.

STANDARD 34: QUALITY ASSURANCE

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

Key findings/Evidence:

One of the directors holds a residents' meeting every 3 months to enable residents to express their views and to develop the service with the residents at the heart of the service, which is excellent and the meetings are well attended. The director takes this opportunity to also address any concerns, and also to inform residents of what is happening in the home, for example building work, staff changes, activities etc. The Care Manager also speaks with residents, their relatives and the staff in the home on a daily basis whenever they are visiting their relative. At lunchtime she visits the 2 dining rooms where she has discussions with the residents and receives feedback; for example changes to the menu to include favourite dishes or to discontinue a dish that the residents didn't particularly enjoy. She is then able to discuss issues with the cook to enable her to make alterations as necessary. The Care Manager also uses the feedback to reflect on her practice and to develop both personally and for the further development of the service.

There is an excellent activity programme, making it possible for residents to do some of the things that they used to enjoy when living at home as well as introducing new activities. The events where residents are able to invite family and friends in to their home for social get-togethers are very well attended e.g. tea parties and BBQs etc and the feedback continues to be very positive.

Policies and procedures have been developed by the home to include current legislation and good practice and these are in the process of being reviewed and updated due to the new data protection law that has been in place since last month.

A copy of the inspection report is displayed on the notice board in the conservatory so that residents, relatives and staff are able to read it if they wish and is also available on the home's website.

Conversations with residents demonstrated that they enjoyed living at Saumarez Park Manor with several saying that they hoped that they would never have to move anywhere else. Residents were asked "If you could change anything about the home, which would make your stay here more comfortable what would it be?" After much thought residents said that they could not think of anything and they are very happy with how things are. An album of letters and cards of thanks from former residents who stayed at the home for respite, or from relatives of residents who had lived at the home previously also reflected this and indicated that staff went out of their way to ensure residents' comfort and well-being.

STANDARD 35: FINANCIAL PROCEDURES

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

Key findings/Evidence:

Employment & Social Security (ESS) receive the home's accounts annually.

Insurance certificate is in date and is on display on the home's notice board.

STANDARD 36: SERVICE USERS MONEY

OUTCOME: Service users' financial interests are safeguarded.

Key findings/Evidence:

A resident manages their own finances independently while living at Saumarez Park Manor. If a resident is not able to do this, a resident's NOK or an approved representative would do this for the person. Staff do not accept gifts or witness wills and large amounts of money are not accepted for safekeeping by the management. The management will accept small amounts of money for safekeeping periodically e.g. for the hairdresser, chiropodist or outings etc and an individual record is maintained to account for money activity both into and out of the locked facility. Two senior staff are required to sign along with the resident/representative when money is put in or taken out. Residents can keep their money in their room if they wish as they have a safe.

STANDARD 37: RECORD KEEPING

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

Key findings/Evidence:

Staff write in the care records every day; documenting the care that each resident has received, together with any observations noted. The care records are in good order and regular care plan audits provide guidance for further action/training.

Residents' notes and care records are kept locked away in the staff office, which is also kept locked. The Care Manager would organise for a resident to have access to their care record if they requested for this to be done. However, the Care Manager said each resident and their NOK (where appropriate) are involved in the development of their care plan when a person moves in to the home. On-going changes needed as a result of a GP visit or changes required to a resident's care or treatment are always discussed with the resident, and with their NOK if necessary (also confirmed by residents who were spoken to) to keep them updated and to gain consent or to discuss any concerns a person may have, to give the person support where needed.

STANDARD 38: SAFE WORKING PRACTICES

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

Key findings/Evidence:

The clinical waste is collected and taken weekly for incineration.

There is a regular programme of maintenance checks for the call bell system, electrical equipment and regular servicing of the boiler, heating system and passenger lift (dates supplied).

The home has had an asbestos survey completed.

A programme for cleaning and monitoring for Legionella is in place and records are retained. The maintenance manager has undertaken training for the management of Legionella within the care home environment.

There is an on-going programme of refurbishment and upgrading of the home in order to continue to develop services for the benefit of the residents and staff.

Records of accidents/incidents are documented on a form, which includes a section for action to be taken to prevent similar accidents/incidents from happening again, which is important.

Staff are trained in safe working practices, which include moving and handling, fire safety, first aid, health and safety, food hygiene and for infection control.

All policies and procedures for the home are being updated in line with General Data Protection Regulations (GDPR) requirements.

There is a first aid box, which is situated in the kitchen and it is checked and replenished monthly.

The doors to the outside of the home are locked at 8pm. Residents still have the freedom to come and go as they please; they would need to ring the bell if they return after this time so that a member of staff could let them in. There is a board in the hallway for residents to indicate whether they are in or out of the home and there is a visitor's book at the entrance to the home for visitors to sign in and out. This is good practice for security and for fire safety. CCTV has also been installed at the entrances to the home for additional security and there is a sign displayed to indicate this (front and back entrances). A keypad entry/exit has been installed to the front door that leads on to the main road. This can be activated as necessary if there is a risk that a resident may wander out of the home unsupervised, if not safe to do so.

All rooms above the ground floor where residents have access have been fitted with a window restrictor and there is an on-going programme for replacing the remaining radiators with low surface temperature heaters in all resident's rooms.

Registration and Inspection Officer's comments

Saumarez Park Manor offers a safe and friendly environment for the people who live there and the home is kept very clean and tidy and is well-maintained. Residents spoke of receiving a person-centred service by carers who knew them well. Residents said that their views are sought on a daily basis in relation to activities, meal choices and their well-being. Residents said that staff are kind, compassionate and caring and respected their privacy and dignity at all times.

There is a robust procedure in place for the recruitment of staff and all staff undertake induction when they commence employment at the home. There is a good programme of staff training in place including how to protect people from harm or abuse. Recordkeeping is of a good standard with regular reviews of care plans and risk assessments.

There is a wide range of activities on offer to residents based on their choices and abilities and residents are also supported to attend social events within the wider community.

Residents and staff said that they knew how to raise a concern or to make a complaint to the Care Manager or to the director and they felt that their concerns would be taken seriously and would be addressed appropriately.

There are quality assurance measures in place for the on-going development of the service. This includes quality monitoring in-house, through audit and also through inspections by departments outside of the home e.g. care standards, infection control, fire safety, medication management and food hygiene.

Vanessa Penney
Registration and Inspection Officer

REGISTERED PERSON'S AGREEMENT

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

I would welcome comments on the content of this report relating to the inspection conducted on **07/06/18** 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.

June 2018