

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

**SUMMERLAND HOUSE NURSING
HOME**

INSPECTION REPORT

DATE: 19th November 2020

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

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

INTRODUCTION

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

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

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

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

Name of Establishment: **Summerland House Nursing Home**

Address: **Mount Durand, St Peter Port, GY1 1DX**

Name of Registered Provider: **Guernsey Care Home Holdings**

Name of Registered Manager: **Mrs C Bailey (Director of Nursing)**

Mrs Susan Browning (Matron)

CATEGORY	NUMBER OF REGISTERED BEDS
Nursing	58

Date of most recent inspection: 27/06/19 - Announced
Date of inspection upon which this report is based – 19/11/20
Category of inspection – Announced
Vanessa Penney - Registration and Inspection Officer (HSC)

SUMMARY OF FINDINGS

The information available on the home's website and in the resident's handbook and contract provide guidance to support a person with the decision-making process as to whether Summerland House is the right home for them. Prior to making the final decision, a prospective resident and/or the person's NOK are advised to visit the home to have a look around and to speak to some of the people who live there and also to Matron and her team.

Pre-admission assessments are undertaken to determine the needs of the person and to ensure the care home is adequately equipped to meet these needs in relation to staffing level, the skill mix of the staff, level of supervision required and the equipment needed. In order to establish a clear picture of a person's care needs and choice of routine and preferences, information is gathered from a prospective resident (where able), NOK and from healthcare professionals from within the multi-disciplinary team who have been/are involved with the person's care.

When a person moves in to the home, a person-centred care plan is developed using this information. The care plans examined have been updated regularly and changes in care are clearly documented. Choices are recorded in care plans in relation to when a person likes to get up or go to bed, where the person likes to spend their time during the day and the specific dietary needs and preferences etc. People spoken to said they receive a good level of care and staff know them well.

People are supported to engage in activities both with the home and with family and friends. Conversations with residents included a discussion of the activity programme in the home such as arts and crafts, group games, one to one social engagement and activities outside of the home. The regular bus trips are a particular favourite of several residents who said it is nice to see what is going on outside of the home. Invites to events in the community are also supported and are seen as an opportunity for residents to meet up with others.

Staff are aware of people's dietary needs and people are supported where needed to eat a balanced diet and to drink adequately in order to maintain hydration. The team have a clear understanding of people's likes and dislikes and people spoken to said they enjoy the meals in the home. The RNs, Carers and Catering staff have completed training for the provision of modified diets using the recently introduced IDDSI framework and this is used when describing modified diets in care plans for a person who is at risk of choking.

Summerland House has an inviting atmosphere when you walk in to the home. You can always be sure of a warm welcome from the receptionists and assistance if needed to navigate the home. The home is kept well-maintained and there is an ongoing programme of re-decoration and replacement of furnishings and furniture in place. People are encouraged to personalise their room to help them to feel familiar and for it to be as comfortable and homely as possible. People spoken to are happy with their room.

There is a robust system in place for the recruitment of staff to help the employer to make safer decisions to safeguard people. There is a Practice Development Lead in post who supports staff with training and development. All staff have a supervised period of induction, with a programme of training updates which then continues throughout the

person's employment at the home. Within the home there is a culture of continuous learning and improving care and the staff who were spoken to appear passionate about their work.

An annual appraisal system and supervisions are in place to support the personal and professional development of the staff and the staffing level in the home is satisfactory for the dependency of the current residents. Matron monitors the staffing levels in the home through feedback from staff, residents and relatives and adjustments are made to manage times when there is a higher workload. Discussions with staff indicated that there are adequate staff at this current time if everyone turns up for their shift. Where there is absence through sickness the person in charge has authority to try to cover these shifts but at times with very short notice this is not always possible and therefore the workload can be more challenging at times.

A quality monitoring process is in place through seeking the views of residents, relatives and staff. The use of audits both in-house and those from professionals from outside of the home have been very positive.

Staff who were spoken to said they feel well-supported in their role. They feel confident to make a suggestion or to raise a concern and they feel that they are listened to. Matron and the RNs have a good working relationship with other health and social care professionals within the community teams to ensure that they are supported to meet people's care needs promptly.

Residents who were spoken to said staff are friendly and kind and felt that they receive good support in order for their care needs to be met. Several residents said the staff will do anything for you really, you only have to ask.

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

GUERNSEY STANDARDS FOR CARE HOMES AUDIT

Standard 1: Information Outcome – Prospective service users have the information they need to make an informed choice about where to live	YES	NO	In Part	COMMENTS
Website (optional)	✓			Information is available on the home's website www.guernseycarehomes.com
Marketing Brochure (optional)	✓			
There is a Statement of Purpose that sets out the:				
Philosophy of care, aims and objectives	✓			Together, the information in the brochure, resident's handbook, website and contract provide the information required to enable a person to make an informed decision for their choice of care home
Terms and conditions of the home	✓			
Updated at least annually or when changes to services and home occur	✓			
There is a Service Users Guide/Resident's Handbook				
Prospective and current residents are provided with/have access to a copy	✓			
Written in the appropriate language and format for intended service user	✓			
Brief description of accommodation & services provided	✓			
Detailed description of individual and communal space	✓			
Qualifications and experience of registered provider, manager and staff	✓			
Number of residents registered for	✓			Nursing care for 58 people – current occupancy 53
Special needs & interests catered for e.g. diets, activities etc	✓			
How to access a copy of most recent inspection report	✓			
Procedure for making a complaint	✓			
Service users views of the home	✓			In report and on website
Summary of fees payable and any extras payable e.g. newspapers, incontinence products & toiletries etc	✓			These are also explained in detail at a face to face meeting if needed prior to signing the contract

The home's policy for alcohol	✓			
The smoking policy	✓			
The home's policy for pets	✓			
A statement that service users can expect choice in the gender of those who provide basic care whenever possible	✓			If a person has a preference they will need to make this known before moving in to the home as a male Nurse or Carer may not be available on all shifts
Insurance – what is and is not covered (does resident need to take out personal insurance for personal items e.g. valuables, money, antiques, false teeth, spectacles and hearing aids etc)	✓			
The contact for HSC is displayed in the resident's handbook or is visible on the home notice board	✓			

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

Standard 3: Assessment Outcome - No service user moves in to the home without having had his/her needs assessed and been assured that these will be met	YES	NO	In part	COMMENTS
Pre-admission assessment prior to moving in to the care home	✓			
Involvement of others; relatives, GP other allied health professionals	✓			Also Social Worker, Community Teams, Dietician, Tissue Viability Nurse or other healthcare professional who have been involved with the person's care
Assessment for all admissions covers the following:				
• Personal care & physical well-being	✓			
• Mental state & cognition	✓			
• Diet & weight	✓			
• Food likes and dislikes	✓			
• Sight, hearing & communication	✓			
• Oral health	✓			
• Mobility & history/risk of falls	✓			
• Continence and skin integrity	✓			
• Medication usage	✓			
• Social interests, hobbies, religious & cultural needs	✓			
• Personal safety & risk	✓			
• Carer, family, other involvement/relationships	✓			
Care plan developed from the outcome of the assessment	✓			

Standard 4: Meeting Needs Outcome - Service users and their representatives know that the home they enter will meet their needs	YES	NO	In part	COMMENTS
Registered person can demonstrate the home's capacity to meet people's assessed needs	✓			Nursing Home – Registered Nurse (RN) on duty 24/7
The services of specialised personnel are sought to meet people's care needs	✓			See standard 3
Social/cultural needs are met to the preference and needs of the person and are understood by the people caring for them	✓			People's lifestyle choices are recorded in their care plan and the Activity Co-ordinator has details of individual social interests, preferences and ability
Policies for discrimination & Equality (equal access to services)	✓			

Standard 5: Trial Visits Outcome – Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home	YES	NO	In part	COMMENTS
Provision for staff to meet a service user in their own home or other place of residence	✓			Hospital, home, other care home
Residents or their representative are encouraged to visit the home before making a decision	✓			Can make arrangements to visit and can also to talk to some of the residents and staff
Is there provision for a trial before final decision made to move into home	✓			1 month – flexibility through discussion with Matron
Does the home take emergency admissions	✓			If there is a vacant bed/room at the time that it is needed but an assessment is needed prior to acceptance
Information process in standards 2-4 is in place within 5 working days	✓			Commenced on day of admission. The information on the pre-assessment form initially for the first couple of days

Standard 6: Intermediate Care Outcome: Service users assessed and referred for intermediate care are helped to maximise their independence and return home	YES	NO	In part	COMMENTS
Dedicated accommodation is available	N/A			The home does accept people for intermediate care if there is a suitable vacant room at the time that it is needed. However, currently, there are no residents in the home receiving intermediate care
Specialised facilities, therapies, treatment and equipment are available to enable a service user to return home	N/A			
Staff are qualified in techniques for rehabilitation and promotion of programmes to re-establish community living	N/A			
There is appropriate supervision of staff by specialists from relevant professions to meet the assessed needs of the service-user	N/A			
A person who is unable to return home is not admitted for long term care unless the current care needs can be met	N/A			

Standard 7: Service User Plan Outcome: The service user's health and personal and social care needs are set out in an individual plan of care	YES	NO	In part	COMMENTS
Care plan is in place and is based on assessment	✓			Care plans are person-centred and detail the assistance/support people require with the activities of daily living and people's routine and preferences
Risk assessments in place for:				
<ul style="list-style-type: none"> Moving & handling & mobility & risk of falls 	✓			Risks are documented with the action to be taken to minimise the risk of avoidable harm
<ul style="list-style-type: none"> Nutrition 	✓			Peoples' likes and dislikes are documented and each person's weight is monitored regularly. A balanced diet is offered
<ul style="list-style-type: none"> Skin condition & Pressure sore prevention 	✓			The Waterlow score is used to assess skin integrity and equipment is in place where needed to minimise the risk of a pressure injury e.g. pressure relieving cushions and mattresses
<ul style="list-style-type: none"> Other – Dementia care 	✓			
Minimum of 3-monthly review of care plan, or as needs change if before review date	✓			
Evidence of user/relative involvement	✓			In the initial information gathering to develop the care plan and then regular discussions with NOK (as appropriate) to keep them updated with changes in care and well-being
Restrictions on choice & freedom are agreed and documented (Mental Health, Dementia)	✓			Specific instructions in care plan if needed. People are free to go out with their family and friends if safe and well enough to do so
Format of care plan	✓			Developed electronically and printed out and each resident has a copy of their care plan in their room
Handover discussions: verbal, written on changeover of each shift	✓			RNs have a full handover on the changeover of each shift. Carers are then updated by the RNs on each shift with relevant information
All entries on documentation are legible, dated and signed	✓			

Standard 8: Health Care Needs Outcome: Service user's health care needs are fully met	YES	NO	In part	COMMENTS
Service users are supported and facilitated to take control and manage own healthcare wherever possible; staff assist where needed	✓			Encouraged to maintain independence with the few things still able to do e.g. mobilise, make decisions, eat and drink etc. Two residents are able to attend GP appointments at the surgery
Specialist health services used, dietician, tissue viability, continence, falls clinic etc where needed; including referral for uplift of care certificate when needed	✓			
A pressure injury observed is documented and actioned promptly	✓			Waterlow score used to assess risk - appropriate equipment is in place where risk identified. Additional equipment and/or support can be obtained from the Community Nurses through the referral system. One resident currently has a pressure injury, which is being managed with guidance from the Tissue Viability Specialist Nurses from within HSC
Preventative strategies for health care: link nurse/carer, equipment etc	✓			
Results from appointments, treatments and problems and from health care professionals are recorded in care plan and acted upon	✓			
Nutritional assessment completed on admission and reviewed regularly thereafter (weight recorded)	✓			3-monthly review in place unless a review is required sooner. A person's weight is documented regularly and the action taken is documented where a concern has arisen e.g. GP visit required, review by Dietician
Regular night checks in place	✓			Most people 2-hourly, some needed hourly and others more frequently if unwell or receiving end of life care
Is there a named key-worker/carer	✓			
Service users, relatives and/or advocates have the opportunity to discuss service users' wishes on their care with an informed member of staff	✓			Matron has an open door policy. Relatives communicate frequently with her in person when visiting, or by email and telephone. There is also a RN on duty 24/7 who can provide information when Matron is not on duty
The support service needs of each resident are assessed and access provided	✓			

Support services may include: advocate; alternative therapy; social worker; bereavement counsellor; specialist nurses; dentist; audiologist; spiritual advisor; optician etc.				
Residents are referred for reassessment at appropriate time if this becomes necessary e.g. residential to nursing care needs or EMI	✓			

Standard 9: Medication Outcome: Service user's, where appropriate, are responsible for their own medication and are protected by the home's policies and procedures for dealing with medicines	YES	NO	In part	COMMENTS
Policies: for receipt, recording, storage, handling, administration, disposal, self-medication, errors, re-ordering, homely remedies and for administration during a pandemic	✓			
NMC guidance and BNF (within 6 month date) available	✓			
There is a self-medication assessment completed for each resident if person wanting to continue with this process and this is reviewed regularly including safe storage within person's room	✓			This is put in place as needed and there is an assessment form for this. However, no resident in the home is currently self-medicating
Records for:				
• Meds received	✓			
• Meds administered	✓			
• Meds leaving the home (e.g. return to pharmacy)	✓			Returns book for pharmacy for medication that is no longer required
• Meds disposed of	✓			Appropriate disposal of medication as per current guidelines e.g. sharps, unused medication
• Medication Administration Record (MAR) in place	✓			Contains necessary information e.g. name of person, DOB, GP, known allergies
• Photo of service user (consent obtained)	✓			
If medication is required to be administered covertly, this is in the care plan, consent from GP and from resident's next of kin	✓			Currently no medication is being given covertly. However, Matron and the RNs are aware of the policy and procedure if needed to be put in place
Controlled drugs (CDs) are stored in line with current regulations	✓			
Register in place to monitor CD usage and stocks	✓			

Compliance with current law and codes of practice	✓			
Daily check of medication fridge, which is documented, to ensure remains between 2-8°C	✓			
Staff training programme in place for residential homes where Carer administering medication e.g. VQ standalone unit for the administration of medication or other training at level 3	✓			RNs only administer medication to residents
Competency for Carers (residential home) for the administration of medication and is reviewed at least annually, which is recorded	N/A			As above
Pharmacist advice used	✓			
Frequency of medication reviews by GP (minimum 3-6 monthly)	✓			More frequently as needed for individuals if unwell or needing a review
Has a Medication Inspection been undertaken by HSC's Pharmacist	✓			In between the inspection and the writing up of this report a pharmacy inspection was undertaken by the Pharmacist from within HSC (30/11/20). The medication system was found to be well-managed, no further recommendations were made
Flu vaccinations offered to residents, staff annually	✓			This has been encouraged this year for all residents, and staff who work in care homes
Medications kept in the home for minimum of 7 days or after burial or cremation following a death	✓			RNs are aware of the policy
Audit of MARS	✓			Informal check of MARS on the changeover of the medication cycle and issues identified are addressed with the relevant RN individually, or as a group

Standard 10: Privacy and Dignity Outcome: Service users feel they are treated with respect and their right to privacy is upheld	YES	NO	In part	COMMENTS
Privacy and dignity is provided when assisting a resident with washing, bathing, dressing etc	✓			Confirmed in conversation with residents on a walk around the home
Bedrooms are shared only by the choice of service users e.g. married couples, siblings	✓			There are 9 shared rooms available in the home, however, some have been taken up as single occupancy
Screens are available in shared rooms	✓			Only the 1 room is not en-suite
Door to room able to be locked	✓			This is risk assessed prior to providing

Examinations, consultations legal/financial advisors, visits from relatives with privacy	✓			
Entering bedrooms/toilets - staff knock and wait for a reply before entering	✓			Observed during day and confirmed in conversations with residents
Wear own clothing	✓			
Laundry undertaken in house	✓			
Mail is only opened by staff when instructed to do so	✓			Otherwise forwarded to NOK/representative if a person is unable to manage
Preferred term of address in consultation with resident & this is documented in person's care plan	✓			Established at the pre- assessment and confirmed on admission to the home
Wishes respected and views taken into account	✓			Confirmed in conversations with residents
Treated with respect - verbally	✓			Confirmed in conversations with residents and observed
Privacy and dignity is included in staff induction training	✓			
Service users are protected from the undesirable action of others (staffing levels)	✓			Staffing levels are satisfactory in order to meet dependency care level needs
Information about service users imparted to members of staff is treated with respect and confidentiality	✓			This is included during induction and staff receive reminders periodically at handover or staff meetings
There is easy access to a telephone	✓			Each room has the option of a telephone. Some residents have their own mobile phone
Telephone adaptations are available to meet the needs of service users e.g. large buttons, amplifier	✓			Organised as needed

Standard 11: Death and Dying Outcome: Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect	YES	NO	In part	COMMENTS
Resident given comfort and attention in privacy	✓			When a person is receiving end of life care (EOLC) an EOLC pathway is put in place to include 'Just in case' medication
Nutritional needs met	✓			Advice sought from SALT, GP, Community Nurses or Palliative Care Team as needed
Pain relief/palliative care - where the home has RNs syringe pump training is available and practice is current. For a residential home support is sought from the Community/Palliative Care Team	✓			RNs undertake refresher training sessions for the use of a syringe pump (at Les Bourg's Hospice) to keep knowledge and skills updated

Suitable equipment available	✓			Library of nursing equipment is available in the home
Family involvement & needs met - provision to stay with relative	✓			Offered refreshments and can sit with their relative for as long as they wish/advised
Service users wishes respected (including after death)	✓			Known wishes actioned as prior request
Religious/cultural needs met	✓			When known – regular visits by a Chaplain if wanted
Changing needs met	✓			EOLC pathway in place and the services of healthcare professionals is sought as relevant and NOK is kept updated
Dignity of possessions after death	✓			Relatives involved with packing possessions
Staff training – induction, specialist nurses	✓			RNs organise and provide support where needed
Resuscitation status for each person	✓			Documented in care plan
Notification of death reported to Medical Officer & Inspection Officer	✓			
Policies in place for end of life care and following death and for resuscitation	✓			

Standard 12: Social Contact and Activities Outcome: Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs	YES	NO	In part	COMMENTS
Social interests and hobbies are recorded in the care plan	✓			
Flexibility and choice of daily living routines e.g. no restriction for getting up or going to bed	✓			Confirmed in conversation with residents
Able to go out independently or with friends & relatives freely	✓			If able and safe to do so – risk assessment where needed
Involved in day-day running (if wanted) e.g. attending to garden, collecting dishes etc	✓			Can do so but most would be unable to do
Choice of leisure, social & cultural activities	✓			Activity programme on display. Activities are organised around individual hobbies and interests and are a mixture of group and 1-1 activities. There is a monthly library visit to the home for people who like to read
Are religious/cultural choices acknowledged?	✓			As known
Social activity profile kept- person engagement in activity	✓			Activities undertaken are documented in the person's care

				record e.g. exercises to music, arts and crafts, bus outings etc
Is there an Activity Co-ordinator or do staff facilitate activities with residents	✓			There is an Activity Co-ordinator in post from Mon-Fri and there are 7 volunteers who assist with activities for either 1-1 or group activities. Carers also provide support to enable people to continue with their hobbies and interests
Evidence of activities e.g. photo boards, albums, social media site	✓			Discussions with residents in relation to how they spend their time during the day

Standard 13: Community Contact Outcome: Service users maintain contact with family/friends/representatives and the local community as they wish	YES	NO	In part	COMMENTS
There is a written visiting policy, which is flexible	✓			Open visiting – visitors are asked to avoid mealtimes if possible. Restrictions may continue to be in place from time to time during periods of lockdown as a result of the current pandemic and the changing advice to keep care home residents safe
Visitors' book in place	✓			Additional information will be required at times when entering the home during the current pandemic
Privacy when receiving visitors	✓			Can use own room or other communal areas of home
Choice of whom visits respected and documented as necessary	✓			
Hospitality for visitors e.g. offered a drink, can book to have a meal with their relative	✓			Opportunity to join their relative for a meal if requested. Visitors are offered a refreshment when visiting – observed and confirmed by relatives who were visiting
Supported to maintain social networks in the community	✓			Some residents go out with family and friends and those that wish to continue to attend their social group meetings within the wider community are supported to do so. One resident attends the Parkinson Group meeting regularly and attendance is encouraged when the home receives invitations to tea parties and concerts etc. Several residents said they enjoy the regular

				bus trips that are offered by the home. The home also has a wheelchair vehicle that relatives can use to take their relative on outings
Residents inform staff when going out and returning (if relevant) e.g. verbally, in & out board	✓			

Standard 14: Autonomy and Choice Outcome: Service users are helped to exercise choice and control over their lives	YES	NO	In part	COMMENTS
The registered person conducts the home so as to maximise service users' capacity to exercise personal autonomy and choice	✓			Any restriction is maintained at the lowest level possible and is reviewed regularly
Service users are encouraged to bring personal possessions into the home e.g. small furniture, pictures & ornaments etc	✓			Rooms reflect people's personality and preferences
Service users encouraged to manage own financial and other affairs as long as they have capacity to do so	✓			Where unable to do so a person's NOK or representative do this
Service users and their relatives and friends are informed of how to contact external agents (e.g. advocates) who will act in the person's best interests if needed	✓			Some residents have a guardianship in place
Access to personal records in accordance with the current local data protection legislation, is facilitated	✓			Each person has a copy of their care plan in their room

Standard 15: Meals and Mealtimes Outcome: Service users receive a wholesome, appealing, balanced diet in pleasing surroundings at times convenient to them	YES	NO	In part	COMMENTS
The registered person ensures that people receive a varied, appealing, wholesome and nutritious diet, which is suited to individual assessed and recorded requirements and a reasonable choice is available as to when and where residents eat their meal	✓			Balanced diet offered with choices for each meal. Dining room encouraged for meals but a person can have their meal in their room if preferred
Each person is offered 3 full meals each day (at least 1 of which must be cooked) at intervals of not more than five hours	✓			
The menu is varied and is changed regularly	✓			
The food reflects popular choice	✓			Confirmed in conversation with residents
The food is appealing and is served in an attractive manner	✓			

The food is nutritious	✓			
Service user's nutritional needs are assessed, regularly monitored and reviewed to include factors associated with malnutrition and obesity	✓			A person's weight is monitored regularly and intervention from the person's GP, SALT or Dietician are sought as needed
Fresh fruit and vegetables are served/offered regularly	✓			
There is a choice available at each mealtime	✓			
Individual likes/dislikes are met	✓			Confirmed in conversations with some of the residents
Hot and cold drinks and snacks available at all times and are offered regularly	✓			
A snack available in the evening/night	✓			
Special therapeutic meals are provided if advised e.g. diabetic, modified diet, gluten free etc	✓			
Swallowing problems/risk of choking identified in risk assessment and is incorporated into the care plan	✓			Support sought from SALT as needed
Aware of International Dysphagia Diet Standardisation Initiative (IDDSI) – training, information	✓			Uses the International Dysphagia Diet Standardisation Initiative (IDDSI) framework for modified diets, which is recorded in the relevant care plans (RNs, Chefs and Carers have undertaken training) with the Dietician from within HSC
Person has Percutaneous Endoscopic Gastrostomy (PEG)	N/A			
Supplements prescribed	✓			Prescribed by the person's GP and documented on the person's MAR
Religious and cultural needs are met	✓			When known
The menu is written or displayed e.g. in dining room or resident notice board	✓			Residents have menu cards. Assistance is provided for those that require support to fill them in and to make appropriate choices
Mealtimes are unhurried	✓			
Staff offer assistance to residents if needed	✓			
The dignity of those needing help supported	✓			
Staff attitude satisfactory	✓			
Food covers used to transport food to rooms	✓			
Table settings pleasant	✓			
Crockery, cutlery, glassware and napery suitable	✓			
General ambience and comfort	✓			
Temperature satisfactory	✓			
Lighting satisfactory	✓			
Flooring satisfactory	✓			
Cleanliness satisfactory	✓			

Odour control	✓			
Furnishings satisfactory	✓			
Décor pleasant	✓			
Safer Food, Better Business manual completed	✓			
Food preparation (areas clean)	✓			
Waste disposal – foot operated bin	✓			
Kitchen & dining room hygiene	✓			
Staff hand washing facilities	✓			
Date of most recent Environmental Health food hygiene inspection	✓			November 2018 – 5 stars retained

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

Standard 17: Rights Outcome: Service users' legal rights are protected. Service users know that information about them is handled appropriately and that their confidences are kept	YES	NO	In part	COMMENTS
The home facilitates access to available advocacy services	✓			
The home facilitate the individual's right to participate in the local political process	✓			This would generally be through consultation with the person's NOK to support if a person is unable to manage this independently

Written policies are in place for Data Protection (Bailiwick Of Guernsey) Law, 2018 and for confidentiality	✓			The home has a Data Protection Officer
Prior consent obtained for any photographs taken	✓			

Standard 18: Protection Outcome: Service users are protected from abuse	YES	NO	In part	COMMENTS
Polices & procedures are in place for Safeguarding Vulnerable Adults against:				
• Physical abuse	✓			
• Sexual abuse	✓			
• Inappropriate restraint	✓			
• Psychological abuse	✓			
• Financial or material abuse	✓			
• Neglect	✓			
• Discrimination	✓			
• Whistle-blowing	✓			
• Safe storage of money & valuables	✓			
• Staff non-involvement in residents financial affairs or receiving of gifts	✓			
Safeguard allegations reported to Safeguard Advisor & Inspection Officer	✓			
Allegations/incidents are recorded, followed up and actioned appropriately	✓			
Staff who the Care Manager considers may be unsuitable to work with vulnerable adults makes a referral to HSC	✓			
Staff undertake regular training for safeguarding	✓			

Standard 19: Premises Outcome: Service users live in a safe, well-maintained environment	YES	NO	In part	COMMENTS
Facilities within home safely accessible	✓			The staff library/training room was rather cluttered and would benefit from the removal of items to other places of storage. It looks as if has become a bit of an additional unofficial storage area
Is entry/exit to home unrestricted	✓			Receptionist on duty during office hours to man the front desk and direct people to the relevant areas of the home

The home was free of trip hazards	✓			
Facilities in grounds safe and accessible for varying abilities e.g. wheelchair	✓			Passenger lift available to access both floors. Large garden provides wheelchair-friendly areas
Routine maintenance programmes with records kept	✓			
Routine renewal of fabric and decoration with records kept	✓			Reviewed when room vacant and replaced if necessary and re-decorated
The building is safe, homely and comfortable	✓			
The furniture is suited to individual needs and is in good order	✓			
Décor satisfactory	✓			Currently reviewing communal areas of dining room, conservatory and lounges for re-decoration
Lighting, internal and external satisfactory	✓			
Relevant fire equipment throughout the home	✓			
CCTV (entrances only)	✓			
Cleanliness satisfactory	✓			
Odour control	✓			
Flooring satisfactory	✓			Carpets throughout the home are cleaned regularly and are spot cleaned as needed in between. As discussed, the carpet area in one of the lounges may require more frequent cleaning or replacement
General equipment maintained with records	✓			
Insurance certificates on display and in date	✓			
Environmental audit undertaken	✓			A regular walkthrough is undertaken by the management and work required is communicated to the maintenance team. Staff have a maintenance book which they document in where work is required or hazards have been noted etc and this is also reported to Matron so she can ensure the necessary work has been completed

Standard 20: Shared Facilities (communal areas) Outcome: Service users have access to safe and comfortable indoor and outdoor communal facilities	YES	NO	In part	COMMENTS
Recreational area provided	✓			
Private area provided	✓			

Lighting- domestic and flexible for different needs/activities	✓			
Furnishings non-institutional, in good order and suitable for client group	✓			
Odour control	✓			
Cleanliness satisfactory	✓			
Good quality flooring	✓			
General ambience good	✓			
Ventilation good	✓			
Smoking Policy	✓			Outside only in designated area

Standard 21: Lavatories and Washing Facilities Outcome: Service users have sufficient and suitable lavatories and washing facilities	YES	NO	In part	COMMENTS
The toilets near to the lounge and dining areas are clearly marked	✓			
Clear access	✓			
Can the doors be locked	✓			
Lighting suitable	✓			
Adequate ventilation	✓			
Suitable temperature	✓			
Staff hand washing provision e.g. soap and paper towel dispenser and foot operated bin available	✓			
Aids and adaptations as required	✓			Grab rails where needed and various pieces of assisted equipment available to individuals
Odour control	✓			
Call bell available	✓			
Décor satisfactory	✓			
Flooring suitable	✓			
Cleaning schedule in place	✓			Housekeeping staff have a work schedule in place

Standard 22: Adaptations and Equipment Outcome: Service users have the specialist equipment they require to maximise their independence	YES	NO	In part	COMMENTS
Ramps where necessary	✓			
Handrails/grab rails where appropriate	✓			
Passenger lift	✓			
Stair chair lift	N/A			
Aids, hoists etc. for individual needs	✓			

Assisted toilets & baths to meet needs	✓			Hoist bath relocated to create a spacious wet room on the ground floor
Doorways (800mm wheelchair user – new builds)	✓			More recent areas of the home
Signs and communication systems to meet needs (as and where necessary)	✓			Toilets, bathrooms, resident's individual rooms
Storage for aids, hoists & equipment	✓			
Call bell in every room	✓			
If bed rails are used is there a risk assessment in place and evidence of a regular review	✓			Safety bumpers in place when bedrails are used. Some of the profile beds lower right to the floor

Standard 23: Individual Accommodation: Space Requirements Outcome: Service users own rooms suit their needs	YES	NO	In part	COMMENTS
Adequate size for user's needs and any equipment used: sizes pre-June 30 th 2002 at least the same size now <ul style="list-style-type: none"> • new build and extensions single rooms 12m² (16m² some nursing beds) • 22m² shared residential rooms • 24m² shared nursing rooms 	✓			
Room layout suitable taking in to account fire safety and limitations due to mobility	✓			
Shared rooms by choice e.g. married couple, siblings or two residents who have made a positive choice to share	✓			3 rooms are currently double occupancy
Choice to move from shared room when single vacant (may be subject to finances)	✓			

Standard 24: Individual Accommodation: Furniture and Fittings Outcome: Service users live in safe, comfortable bedrooms with their possessions around them	YES	NO	In part	COMMENTS
Bed width 900mm (if not own bed)	✓			
Bed height suitable (residential)	N/A			
Adjustable height (nursing)	✓			All profile beds
Bed linen, towel and flannels are changed frequently	✓			
Furniture is in satisfactory a condition	✓			
Adequate number of chairs in room	✓			

Décor is satisfactory	✓			Reviewed and re-decorated and re-carpeted/hard floor replacement as needed when vacant
Flooring-carpet/hard flooring is in good condition	✓			
Lockable drawer or safe available	✓			
Door able to be locked and resident has key if wanted	✓			This is available but residents don't tend to request room to be locked
Adequate drawers & hanging space	✓			
Table & bedside table available	✓			
Accessibility satisfactory	✓			
Safety within room	✓			Rooms personalised. Kept tidy to avoid trip hazards
Privacy (screening if appropriate.)	✓			The double rooms are en-suite
Telephone point	✓			
Television point	✓			All have a TV
Overhead and bedside lighting	✓			
Accessible sockets	✓			
Evidence of personalisation	✓			Pictures, photos, ornaments etc
Wash hand basin if no en-suite	✓			All bar 1 room is en-suite
Mirror	✓			
Call bell	✓			
Soap & paper towel dispenser and foot operated rubbish bin in room or en-suite	✓			
Odour control	✓			
Cleanliness satisfactory	✓			

Standard 25: Heating, Lighting Water and Outcome: People live in safe, comfortable surroundings	YES	NO	In part	COMMENTS
There is natural ventilation	✓			
Adequate hot water is available at all times of the day	✓			
Individually controllable heating	✓			
Guarded pipes & radiators or low surface temperature type or under floor heating	✓			Low surface heaters in place or radiator covers are fitted to those that aren't (rolling programme in place to replace all radiators with the low surface type)
Adequate & suitable lighting	✓			
There is Emergency lighting throughout the home	✓			
Water temperature is set at a maximum of 43° C and this is checked regularly	✓			Records kept

Control of Legionella - maintenance & regular monitoring				
Water storage of at least 60°C, distributed at a minimum of 50°C	✓			
Weekly run off of all taps of those not used regularly	✓			
Hot water at least 60°C in kitchen	✓			
Shower heads are cleaned quarterly	✓			Housekeeping staff manage
Legionella control contract in place with records	✓			

Standard 26: Hygiene and Control of Infection Outcome: The home is clean, pleasant and hygienic	YES	NO	In part	COMMENTS
The Housekeeping Team have cleaning schedules in place	✓			
Odour control	✓			
Laundry is located away from the food area	✓			
There is segregation of clean and 'dirty' laundry	✓			
Hand washing facilities are available near to or in the laundry area	✓			
Foul laundry wash requirements; minimum 60°C for not less than 10 mins	✓			
Flooring impermeable/waterproof	✓			
Disposal of clinical waste:				
Storage bin is located in an appropriate area	✓			Locked - outside
Clinical waste is collected weekly for disposal	✓			
Sluicing disinfectant available (Nursing)	✓			
Sluicing facility available	✓			
Policies and procedures for the control of infection include: safe handling and disposal of clinical waste, dealing with spillages, provision of protective equipment, hand washing	✓			
Staff undertake regular training for infection control	✓			Additional sessions were provided in-house during lockdown as a result of the pandemic for working in separate teams ('cold & hot' areas) and for 'donning & doffing' PPE etc
Infection control audit undertaken by the Infection Control Nurse from within HSC	✓			In between this inspection and the writing up of this report, the Infection Control Nurse from within HSC undertook an infection control audit (26/11/20) and the home scored 100%, which is excellent
Infection Control Nurse and Inspection Officer from within HSC to be informed when outbreak of infection (2 cases)	✓			Has done so previously as necessary

Preparedness plan in place in the case of a pandemic (recent COVID outbreak). Prepare in case of a second wave	✓			Continuing with the ongoing development of the plan as information received from various sources is added to/updated
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Standard 27: Staffing Outcome: The numbers and skill mix of staff meet service user's needs	YES	NO	In part	COMMENTS
Care staff minimum age 18, in charge of the care home minimum 21yrs	✓			
Recorded rota with person in-charge on each shift	✓			
Adequate care staff are on duty on each shift for the assessed needs of the residents taking in to account the size and layout of the building	✓			Duty rota provided – staffing levels are monitored by the home's Director of Nursing, Matron and the RNs on duty on each shift. They are then adjusted accordingly to meet the care needs of the residents
Adequate number of Housekeeping staff	✓			
Catering staff numbers	✓			
Maintenance staff numbers	✓			
Bank or agency staff are used to cover staff sickness and annual leave periods	✓			

Standard 28: Qualifications Outcome: Service users are in safe hands at all times	YES	NO	In part	COMMENTS
Progress made towards compliance for 50% of Carers to have the minimum of an NVQ/VQ/B-Tech award or other equivalent in health & Social Care at level 2 trained, on each shift	✓			Training list provided which shows the number of people undertaking the NVQ/VQ/B-Tech awards and Care Certificate continues to increase and are rostered on duty to create the right skill mix. There are several assessors in the team to support the learners with assessments and supervision

Standard 29: Recruitment Outcome: Service users are supported and protected by the home's recruitment policy and practices	YES	NO	In part	COMMENTS
Recruitment procedure includes the following:				
Equal opportunities	✓			
Compliance with local laws – right to work document, housing licence (as appropriate)	✓			

2 written references; one of which is from applicant's present or most recent employer	✓			
Employment gaps are explored	✓			
Appropriate level of Police check (DBS) is undertaken for role within the home	✓			
NMC register check for all RNs prior to employment, followed by ongoing support for Revalidation once employed	✓			
Health declaration where necessary/relevant	✓			
Staff personal records/files kept locked away	✓			
All staff have a job description	✓			
Staff receive written terms and conditions within 4 weeks of employment and have a signed contract	✓			
Is a police check undertaken for all volunteers working in the home	✓			
The following policies must be included in the employee's terms and conditions or included in the staff handbook				
• Health & Safety policy	✓			
• Dealing with fire & emergencies	✓			
• Confidentiality policy	✓			
• Whistle blowing policy	✓			
• Non receipt of gifts & non-involvement in any resident's financial affairs; witnessing wills or other documentation	✓			
• Action if any abuse suspected or witnessed	✓			
• Use of mobile phone while on duty and non-use of social network sites to discuss home/residents (confidentiality & data protection)	✓			

Standard 30: Staff Training Outcome: Staff are trained and competent to do their jobs	YES	NO	In part	COMMENTS
Core values pre-employment:				
• Aims & values of role	✓			
• Residents rights to - privacy, independence, dignity, choice and fulfilment	✓			
Job role clearly explained pre-start	✓			
Induction programme is commenced on first day of induction to post, training is assessed and completed by twelfth week of employment	✓			There is a dedicated Practice Development Lead within the team who provides ongoing training and supervision sessions for all staff

(signed off by new employee and their supervisor/Care Manager)				
Policies and training included on induction:				
• Fire & emergency	✓			
• Moving & Handling	✓			There are 3 Ergo-coaches within the team
• Health and Safety awareness	✓			
• Basic first aid	✓			There are 9 First Aiders in the team and there are also 3 Mental Health First Aiders
• Accident procedures	✓			
• Confidentiality	✓			
• Safeguarding	✓			
• Cultural needs	✓			
• Personal hygiene	✓			
• Person-centred care	✓			
• Use of equipment	✓			
Further/ongoing training:				
• Care planning	✓			RNs manage
• Handling of medicines	✓			RNs only administer medication
• Risk assessment & risk management	✓			
• Security measures	✓			
• Escort duties & mobile phone usage while working	✓			
• Hygiene, food handling and presentation	✓			The Catering Supervisor has a level 3 certificate, catering staff have level 2, level 1 for other staff. See standard 15 for IDDSI training
• Infection control	✓			Regular refreshers – more frequent sessions held in groups during lockdown
• Pressure area care	✓			RNs manage and undertake training with the Tissue Viability Specialist Nurses from within HSC
• End of life care	✓			RNs undertake syringe pump training (updates as advised by trainer – Les Bourg’s Hospice)
• Restraint	✓			Within safeguard training
• Caring for people with dementia	✓			
• Other training required for providing care for the medical conditions, wellbeing of client group	✓			RNs – catheter care, diabetes update, Parkinson’s Disease, wound management and pressure bandaging, and Covid 19 screening. All RNs are assessors or supervisors for the student nurses placements in the home

				RNs & Carers - dignity & respect, oral hygiene, data protection, person-centred care and updates for mandatory training
Frequency of training to be advised by accredited trainer	✓			
A minimum of 3 days per year of training is provided for full time staff and pro rata for part-time staff	✓			
Staff training profile – kept and updated throughout employment	✓			

Standard 31: Staff Supervision Outcome: Staff are appropriately supervised	YES	NO	In part	COMMENTS
Written induction programme in place	✓			
Training opportunities of both formal and informal training	✓			
Supervision covers:				
• All aspects of practice	✓			
• Philosophy of care	✓			
• Career/personal development - appraisal system in place	✓			Annual appraisals in place
Other staff supervised as needed as part of management process	✓			
Supervision, support and training for volunteers	✓			
Return to work interview to assess additional support/supervision required	✓			
Records kept for supervision sessions	✓			Sessions of both formal and informal supervision undertaken – formal sessions documented

Standard 32: Day to Day Operations: The Manager Outcome: Service users live in a home which is run and managed by a person who is fit to be in charge, is of good character and is able to discharge their responsibilities fully	YES	NO	In part	COMMENTS
Registered Care Manager has a job description	✓			
Minimum of 2 years' experience in a senior management capacity of a relevant setting within the previous 5 years	✓			
Qualifications of Care Manager	✓			Registered General Nurse, District Nurse, Nurse Prescriber

From 2007 Care Manager in residential home to work towards gaining an NVQ/VQ level 4/5 or other management qualification	✓			
Nursing home RN with management qualification	✓			Certificate in Management. Leadership module within diploma and degree courses undertaken
Periodic training/updating for registered manager (relevant to manager and client group needs)	✓			Undertakes training along with the other RNs within the home
Knowledge of older people; disease process, ageing etc	✓			
Line of accountability – Care Manager reports to?	✓			Reports to Director of Nursing

Standard 33: ETHOS Outcome: Service users benefit from the ethos, leadership and management approach of the home	YES	NO	In part	COMMENTS
Management approach creates an open, positive and inclusive atmosphere	✓			
Leadership-clear direction	✓			The staff appeared to be organised and know what is expected of them
Strategies enable staff, service users and stakeholders to contribute to the way the service is delivered	✓			Residents, relatives and healthcare professionals from outside of the home regularly provide feedback for the ongoing developments of the home. Inspections and audits also provide valuable feedback on progress
Frequency of staff meetings	✓			Matron has a monthly meeting with the RNs and a 3-monthly meeting with Carers. However, regular informal meetings take place throughout the week with individuals or groups of staff as needed. More frequent discussions with these groups of people took place during lockdown and included all of the staff departments in the home
Management planning practices encourage innovation, creativity, development	✓			An excellent resource folder has been developed for staff who are new to the island or to the care home, or staff who are seeking information or support in a wide range of areas e.g. mental health, socialising, financial support advice,

				and where to find resources or support around the island
Compliance with Code of Practice and standard setting in the management of care workers and a care home	✓			

Standard 34: Quality Assurance Outcome: Service users can be sure that the home is responsive to their wishes, and is run in their best interests	YES	NO	In part	COMMENTS
Regular reviews and planning to meet the needs of the service users	✓			
How does Care Manager monitor own performance	✓			Reflection on feedback from residents, relatives, visitors to the home, audits undertaken by healthcare professionals from within other departments e.g. HSC, EH. Success of candidates on training courses. Review of complaints received
Commitment demonstrated to meets service user needs through the implementation of their care plan and meeting their goals	✓			Good training programme in place for staff development. Good staffing levels to meet dependency levels
Feedback actively sought & acted upon	✓			Recommendations as the result of audits and inspections are accepted constructively and are acted upon
Others views sought e.g. questionnaires for relatives or relatives meetings	✓			Matron has an open door policy for discussion with relatives when they are visiting. Regular communication with relatives took place during lockdown. Students complete questionnaires with residents and their family to gain their views. There is a monthly newsletter developed to keep residents, relatives and staff updated with what is happening around the home e.g. activity invites (concerts, tea parties and outings etc, new staff and staff leaving etc
Planned inspections advertised	✓			
Views of service users made available	✓			I was able to walk around the home independently to speak to residents, relatives and staff – positive feedback in relation to the level of care residents’ said they receive and comments from their relatives who

				were visiting. Feedback given to Matron at the end of the inspection
Policies and procedures are reviewed and are updated in line with registration (minimum of every 2 years)	✓			
Action progressed on agreed implementation of statutory/good practice requirements (progress from last inspection)	✓			
Auditing to improve care, services, environment	✓			Also have an Education audit every quarter as the home offers placements for student nurses (last audit last week)

Standard 35: Financial Procedures Outcome: Service users are safeguarded by the accounting and financial procedures of the home	YES	NO	In part	COMMENTS
Financial viability, business and financial statements and business continuity plans - ability to trade.	✓			Confirmed financial accounts are requested by Employment & Social Security annually
Insurance in place to cover loss or damage to the assets of the business (Business Continuity plan in place)			✓	A Business Continuity Plan is currently in the process of being developed. This is especially important in relation to the threat for care homes of COVID 19 and will be a valuable tool to help in the case of any interruption of business
Legal liabilities for service users and staff – Is the insurance certificate on display and in date	✓			

Standard 36: Service Users Money Outcome: Service user's financial interests are safeguarded	YES	NO	In part	COMMENTS
Residents control own money & have access to a secure facility in which to store it e.g. locked drawer/safe	✓			If a person has capacity to manage own money there is a lockable drawer in each room
Safeguards are in place if managed by home e.g. records kept for safe keeping of valuables and/or money, secure storage	✓			Small amounts of money are held for some residents for outings or hairdresser etc. Two signatures required when signing money in and out

Standard 37: Record Keeping Outcome: Service user's rights and best interests are safeguarded by the home's record keeping policies and procedures	YES	NO	In part	COMMENTS
Admission & Discharge Register in place	✓			
Records kept are up to date and in good order (resident information)	✓			Care plan reviews were up to date in the care records examined
Records secure	✓			Each resident has a copy of their care plan in their room. More sensitive information is kept secure with authorised access on a need to know basis
Data protection and confidentiality compliance – policy in place	✓			Home also has own Data Protection Officer
Service users have access to their record	✓			Care plan in room

Standard 38: Safe Working Practices in Place Outcome: The health, safety and welfare of service users and staff are promoted and protected	YES	NO	In part	COMMENTS
Safe moving and handling practices are in place	✓			Regular training programme in place – 3 Ergocoaches in the team
Fire safety training is provided	✓			
Fire equipment is kept maintained for immediate use; including the fire alarm, which is tested each week and this is logged	✓			
First Aid training – staff have an understanding of first aid and there is a named first aider	✓			RN on duty 24/7. At least 1 person on each shift is a first aider. The home has a defibrillator and the relevant staff have completed training
There is first aid equipment in the home that is always available when needed	✓			Kitchen, reception, maintenance and 1 on each floor
Food hygiene – Chefs and Cooks undertake food hygiene training at level 2 level, care staff at level 1	✓			RNs, Carers and Chefs have undertaken IDDSI training
Infection control – staff undertake training for infection control	✓			
Safeguard training	✓			
Housekeeping undertake training for the safe storage and disposal of hazardous substances (COSHH)	✓			COSHH file in place
Regular servicing of boilers & heating systems	✓			Dates provided
Maintenance of electrical systems & equipment	✓			Dates provided
Regulation of water temperature (Legionella control – plan in place with records kept	✓			

Radiator protection, low surface heaters	✓			
Risk assessment and use of window restrictors	✓			Window restrictors in place on first floor. Risk assessments for the rooms with a balcony
Maintenance of safe environment & equipment:				
• Kitchen	✓			
• Laundry	✓			
• Outdoor steps and pathways	✓			
• Staircases	✓			
• Lifts	✓			Regular maintenance and inspection programme in place as required by insurer
• Flooring	✓			
• Garden furniture	✓			
Security of service users & premises – doors locked at night, outdoor lighting, security of fire doors	✓			See standards 19 & 25. Doors can be PIN activated if needed. Locked overnight
Compliance with legislation ; • The Health & Safety at Work (General) (Guernsey) Ordinance 1987 • The Safety of Employees (Miscellaneous Provisions) Ordinance 1952 • Health & Safety in Care Homes (HSG220)	✓			
Written statement for Health and Safety is displayed in the home	✓			
Risk assessments are undertaken as necessary and are recorded for safe working practices in the home	✓			
Accidents, injuries and incidents of illness are documented and are reported to the relevant person (HSE RIDDOR) as appropriate	✓			
Training is provided during induction for safe working practices and is on-going	✓			Induction programmes completed and training records are updated as training sessions have been completed

Improvement Plan

Completion of the actions in the improvement plan are the overall responsibility of the Home's Care Manager

Action No.	Standard No.	Action	Date action to be achieved	Person/s Responsible for completion of the action	Compliance check date:	Through addressing the actions, has this raised any issues that require further action
1.	35 – Financial Procedures (Business Continuity Plan)	Complete the work you have started for the development of your business continuity plan in case of interruption of business	Next inspection visit	Matron	Progress check on inspection in 2021 (date to be confirmed) – informed on 14/01/21 this has been completed	

HOME MANAGER/PROVIDERS RESPONSE
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Please provide the Inspection department of Health & Social Care with an action plan, which indicates how requirements and recommendations are to be addressed and a completion date within the stated timetable.

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

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

REGISTERED PERSON'S 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 **19/11/20** and any factual inaccuracies:

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

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

Or

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

Signature:

Position:

Date:

Note:

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