



The Office of the  
Committee for  
Health & Social Care

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

**MAISON DE BEAUVOIR  
RESIDENTIAL HOME**

**INSPECTION REPORT**

**DATE: 27/10/21**

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

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

**INTRODUCTION**

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

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

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

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

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

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

Name of Registered Provider: **Hermanus Limited**

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

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

<b>Date of most recent inspections: 30/09/20</b>
<b>Date of inspection upon which this report is based – 27/10/21</b>
<b>Category of inspection – Unannounced</b>
<b>Vanessa Penney - Registration and Inspection Officer (Quality &amp; Safety Team HSC)</b>

## **Background**

Maison De Beauvoir is a residential home in the parish of Castel. The home is a short distance away from Saumarez Park in the Rue Cohu. There are bus stops right outside of the home on both sides of the road and there is a large car park at the rear of the home for visitors.

The care home was a former hotel that has been adapted to provide good quality accommodation for people with residential care needs. There is a large secure garden at the rear of the home, which includes a large decking area for people to enjoy in the warmer weather.

There is a passenger lift on both sides of the home, which services all floors. In the 'older' part of the home there is a stair chair lift available as an alternative and these rooms also have a small balcony. A resident is able to use their balcony following a risk assessment. If safe to do so, the restrictor in place is removed. This enables residents to sit out and enjoy views over the garden.

The home is registered for up to 43 people who have residential care needs.

The Provider of the home and the Registered Care Manager are registered with Health & Social Care which is a legal requirement for care homes. The Care Manager is a registered nurse (RN).

This inspection was an unannounced inspection which took place on 27/10/21 from 10.00 am – 16.00 pm. On the day of inspection there were 41 people living in the home.

The person undertaking the inspection, works for Health & Social Care in the Quality & Safety Team as a Registration & Inspection Officer for care homes. The Officer is a Registered Nurse with a background of working with older people.

On the day of inspection 14 residents were spoken to with their consent. The following staff were also spoken to; Care Manager, Deputy Care Manager, Provider, 2 Carers, 2 Domestic Assistants, Activity Assistant and Maintenance Manager.

Five care plans were examined, employee induction programme, audits and training programme discussed.

## **SUMMARY OF FINDINGS**

Maison De Beauvoir care home provides a clean and homely environment for the people who live there. Much work has been undertaken to promote people's safety and to support people with varying mobility needs. People are encouraged to personalise their room to make them feel at home and those who were spoken to said they had settled in to the home very well. One resident described it as 'home from home'. Another resident said she had settled in sooner than she had expected.

On entry to the home, there are processes in place to manage the risk of infection for all visitors to the home and staff have access to adequate PPE. There is a detailed preparedness file in place for the management of a pandemic outbreak and all staff are aware of the procedures, which are discussed regularly within the team and information is updated as needed/received.

A person receives an assessment prior to admission in to the home to ensure the person's care needs can be met. A holistic care plan is then developed using this information; together with information from the person him/herself, NOK where relevant and other healthcare professionals who are involved with the person's care.

Residents who were spoken to gave positive feedback in relation to their care. Comments made were, "They are all very good and kind", "I don't have any complaints, they are very pleasant and do what I need them to", "I can't complain. Although they look after us well, I'd rather be in my own home". Staff work closely with external healthcare professionals on a daily basis to facilitate meeting people's care needs through seeking advice or requesting a visit or review.

The medication process appears to be well-managed to ensure people receive their medication safely and in a timely manner. Accurate records are kept for administration of medication and Carers who administer medication complete training prior to undertaking this procedure. The Care Manager provides clinical supervision and direct observations with individuals to ensure they maintain their skills and do not become complacent with the process.

Residents are supported with making choices to maintain a balanced diet and are provided with the necessary level of assistance at meal time. Staff have completed training and are familiar with the IDDSI framework for providing modified textured food and fluids for residents who are at risk of choking and this is recorded in their care plan. A person's weight is monitored and appropriate action is taken with the relevant healthcare professional where there is a concern.

There is a designated Activity Co-ordinator who supports people to engage in activities. There is a varied programme in place of both in-house activities and opportunities for people to go out in to the community. Residents were quite proud to show me their arts and craft work that is on display in the lounge.

The management have a robust recruitment process to support safeguarding - protecting people from abuse. The staffing level is satisfactory to enable the care team to meet people's care needs in a safe manner. However, a risk assessment for staffing over night must be in place and reviewed regularly with feedback from the night staff.

New employees complete a supervised programme of induction, which includes developing skills to care for people and to learn about the key documents and policies within the service. This is followed by a programme of training and updating that continues throughout the person's employment in the home and records are kept to demonstrate this. Ensure all staff are captured when training updates are required – annual appraisals will support this process.

Staff understand the philosophy of the care home and work within their role to contribute to this. The Care Manager is transparent and honest when things go wrong and is able to identify where there is an opportunity for further learning, which she discusses with the relevant staff and reports to the necessary authority.

Staff who were spoken to said they enjoy their job and are able to approach the management with concerns or suggestions. Regular meetings are held for staff to raise any issues and the minutes of meetings show these are actioned appropriately.

The Care Manager and the Maintenance Manager have a number of systems and audits in place for quality assurance. Areas for improvement are accepted constructively for the development of the service and are actioned promptly. Some audits are undertaken by outside organisations/healthcare professionals and the home is provided with feedback.

Policies and procedures are in place for safe working practices and all staff have access to these.

Residents who were spoken to said they are encouraged to maintain as much independence as possible and are free to spend their day as they wish. They did not feel pressured to do anything they did not want to do, and felt that they are treated with dignity and respect.

## GUERNSEY STANDARDS FOR CARE HOMES AUDIT

Is the service safe?	YES	NO	In Part	COMMENTS
The care home environment is safe e.g. free of unnecessary clutter, fire exits have clear access and clear signage?	√			<p>Fire escapes from upstairs rooms are located at the end of each corridor. These doors are alarmed to alert staff if a person were to attempt to exit these areas unsupervised. The external fire escapes have now been covered over to prevent the steps from becoming wet when it rains reducing the risk of a fall due to a slippery surface.</p> <p>When not being used the stair chair lifts are housed at the top of each stair case so that the floor-based rail does not pose a trip hazard. Notices are in place to inform everyone of this requirement.</p>
The home is clean, free of unpleasant odours and is kept well maintained?	√			<p>Cleaning schedule in place for each room. Domestic staff sign when each element undertaken e.g. daily, weekly and monthly cleaning of areas/items – some gaps where signature is missing – this was fed back to Care Manager.</p> <p>Carpet cleaning throughout home undertaken 6-monthly.</p>
Flooring is in good state of repair – no trip hazards?	√			<p>Carpet in dining room has been replaced with hard flooring to aid infection control and for ease of managing spillages.</p> <p>No trip hazards noted anywhere within the home. Ramps in some</p>

				areas to assist with mobility and the manoeuvrability of equipment.
Lighting is adequate throughout the home to reduce the risk of trips and falls?	√			This has been upgraded throughout the home both in the communal areas and in resident's rooms (just a couple of resident's rooms yet to complete).
Fire equipment is regularly checked and maintained?	√			Fire alarm system upgrade has now been completed. Quarterly inspections are undertaken by an outside contractor and the home receives a report where the Maintenance Manager ensures recommendations are actioned (in consultation with the Provider).
Fire alarm is tested each week and this is logged?	√			Staff also have a 6-monthly fire drill.
A call bell is available in every room?	√			For a resident who is unable to use a call bell there is a variety of equipment in place to support people e.g. floor sensor mats, chair sensor mats, door alarms, laser sensors and call bell pendants.  1-2 monthly checks of all call bells.
Checks for water storage etc for the prevention of Legionella are undertaken by a trained person e.g. Contractor, Home Maintenance Team?	√			Water system is managed by an outside contractor, which is supported by the in-house maintenance team.  A 6-monthly maintenance programme is in place as well as a 2-yearly audit. Reports are provided of

			findings and actions required when needed and these are actioned promptly.
Staff have an understanding of the Control of Substances Hazardous to Health (COSHH)?	√		<p>Most staff have completed an online training module.</p> <p>Items identified on the previous report as needing to be stored in a more suitable area outside of the home, have been moved to a shed in the garden e.g. paint and other flammable items.</p> <p>There is a COSHH register in place.</p>
There is a preparedness plan in place to manage the home in the case of a pandemic e.g. good stocks of PPE?	√		<p>Detailed file in place, which is accessible by all staff and is updated when new information is received.</p> <p>Good stocks of PPE are available in the home.</p>
Recruitment checks are undertaken prior to the employment of staff (DBS, references)?	√		Enhanced DBS checks are completed for all employees – spreadsheet in place.
The staffing levels are adequate to meet the care needs of the people living in the home?	√		<p>The staffing levels are satisfactory in order to meet each resident's current care needs. However, staffing level at night requires continuous risk assessment and must be increased at times when care needs at night direct this to be necessary.</p> <p>During the morning shift the Care Manager is supernumerary and there are 2 Team Leaders and 6 Carers on duty. During the</p>

			<p>afternoon the Care Manager is supernumerary and there are 4 Carers on duty (increased when bus outing). During the evening there are 5 Carers on duty and overnight there are 2 Carers on duty. An additional Carers works until 9pm when most residents have settled in their room and an additional Carer commences shift at 7am to assist the night staff, when residents begin to waken, until the day shift team commences.</p> <p>Residents who were spoken to had no issues to raise in relation to not receiving assistance when needed during the day, or overnight.</p>
People feel safe and well cared for?	√		Residents spoke very highly of the care they receive and said staff are kind and patient.
People's identified risks are recorded in their care plan?	√		Risks are reviewed and are updated regularly.
People's medication is ordered, stored, administered and disposed of in line with current regulations?	√		Medication room is kept locked and appears well-organised.
Medication no longer in use, is not stockpiled and is returned to pharmacy?	√		The home has a pharmacy returns book in place, which itemises returns.
Staff who administer medication have completed training?	√		Carers who administer medication to residents do so independently once they have completed the stand-alone unit of the VQ programme for the administration of medication. The Care

			<p>Manager undertakes adhoc direct observations for these Carers throughout the year in order to monitor their competency. Two Carers are currently working through this unit (almost completed).</p> <p>Residents said they receive their medication when they expect to. No concerns were raised.</p>
Accidents and incidents that occur in the home are recorded?	√		<p>Accidents/incidents are recorded in a person's electronic care record. The care plan is reviewed and updated following all incidents, which is overseen by the Care Manager.</p> <p>Body charts are completed where an injury occurs.</p>
Accidents/incidents include remedial measures to minimise further risk?	√		<p>Equipment and higher levels of supervision are put in place as needed.</p> <p>Incidents are discussed at handover as an opportunity for learning and resolving issues as a team.</p> <p>Referrals are made to healthcare professionals within the multi-disciplinary team as needed.</p>
The Registration & Inspection Officer is informed if a person is transferred to hospital for review or treatment as a result of an accident/incident in the home?	√		<p>Has done so previously and advised to continue doing so.</p>

Staff have undertaken training for safeguarding?	√			Most staff have completed online through an accredited training provider.
Safeguard alerts are raised when necessary?	√			Has done so previously and advised to continue doing so.
Where dementia care is provided training has been provided for staff?	√			A Dementia Awareness Trainer provides 3 refresher sessions per year so that all new staff are captured during the year.

<b>Is the service effective?</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Care plans are person centred?	√			<p>The care plans are person-centred, detailed and are appropriate to meet people's care needs. A basic care summary is available in each person's room.</p> <p>Referrals are made to relevant healthcare professionals from outside of the home when required.</p>
A person (NOK where appropriate) are able to discuss their care with the person in charge at any time?	√			<p>The Care Manager is available to speak to at any time when she is on duty or by making an appointment if preferred.</p> <p>There is a Senior Carer on duty on each shift who can provide information regarding care.</p> <p>For relatives off-island, communication takes place via email or telephone.</p>

Staff interactions with people are positive?	√			People were happy when approached by staff, no reluctance to engage.
Decisions are made for a person who does not have capacity with the relevant person/people?	√			If a person is unable to make a decision independently, a best interest decision is made involving a person's NOK, GP, relevant care home staff representation, and healthcare professionals from outside of the home who are involved in the persons care. Recent capacity assessments completed for Covid boosters.
Access is made available to other healthcare professions to benefit the person's care?	√			Referrals are made as needed to support people with the care they require – GP, Social Workers, Community Nurses and specialist nurses etc. The Speech and Language Therapist (SALT) recently provided a training session in the home for modified diets and for using the IDDSI framework.
People are able to move around the home freely if safe and able to do so?	√			Assistance is provided by Carers as needed. People ringing their bell for assistance or indicating assistance through their body language or other communication method were attended to promptly and in a pleasant manner.
People are able to go out independently or with family & friends if well enough and safe to do so?	√			Several residents were observed to do so during the day of visit. Relatives were observed speaking to a Carer to inform them they were taking their relative out. There is also an in and out register for

			visitors and an in and out board for residents.
People choose when they want to get up and go to bed?	√		Confirmed in discussion with residents.
Meals, snacks and beverages are provided throughout the day?	√		Observed throughout the day and assistance or supervision was provided as needed e.g. suitable cutlery and crockery to meet individual need and support from Carers.
There is access to a snack or beverage during the night?	√		Available 24/7. Some residents have a small fridge in their room/apartment if they are able/prefer to organise their own drinks and snacks.  There is a small in-house shop within the home where people can purchase drinks and snacks e.g. chocolate, sweets, crisps etc.
People are satisfied with the meal choices in the home?	√		Confirmed in discussion with residents. Menu offers a balanced diet and good variety of dishes. There were no complaints regarding the catering service.
All new employees have an induction programme?	√		Induction programme in place and a new employee is supervised by a Team Leader or Senior Carer during their probation period.
There is adequate supervision for all staff?	√		There is always a Senior Carer on each shift and the Care Manager and her deputy undertake supervision with

				individuals when undertaking clinical shifts.
All staff undertake regular training for their role throughout their employment in the home?	√			Care staff, housekeeping staff, administration staff maintenance and management complete online training – mandatory modules and additional modules that are specific to their area of work. Additional training in other areas is also organised through external providers who come in to the home, or staff attend training sessions in other facilities.

<b>Is the service caring?</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Do people appear well cared for?	√			Confirmed in conversation with residents, no issues were raised.
Do people feel that they are involved in decisions about their care?	√			Consultations with a person's NOK and other healthcare professionals take place where a person is unable to contribute. These are recorded in the person's care record.
Do people have a choice of where to eat their meals?	√			Residents are encouraged to have their meals in the dining room to encourage social interaction. However, it was noted that some residents prefer to eat in their room and this is supported.
Do people appear relaxed in the company of staff?	√			Good interactions observed. No resident demonstrated any reluctance to interact and appeared to enjoy staff's company when they stopped to chat to them.

Is the atmosphere of the home warm and friendly?	√			
Do staff appear polite, kind and respectful?	√			Observed during resident and staff interactions throughout the day.
Do staff knock on a person's door and wait to be invited in before entering?	√			Where a person was unable to respond, staff were observed knocking, opening the door slightly and calling out who they were before entering.
Are visitors made to feel welcome e.g. offered a cup of tea or have somewhere to make a drink?	√			Confirmed in conversation with residents. Some of the apartments in Herm Wing have kitchenettes where residents and their relatives can make their own.
Records are stored securely for confidentiality and data protection?	√			Records are held electronically and are password protected.  There is a basic care plan summary of daily care in each resident's room.

<b>Is the service responsive?</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Call bells are answered promptly?	√			Call bells were observed to be answered swiftly during the inspection visit. The length of time that it takes to answer call bells can be audited as the call bell system records this information.
Care plans are up to date and are reviewed regularly?	√			The care plans that were examined were up to date and had been reviewed at regular intervals.

Care plans show an understanding of a person's chosen routine, preferences, managed risks?	√			Care plans are holistic and detail how people wanted their care to be delivered, which included managing risk and considering people's preferences and individual routine.
Changing needs are documented and additional support is sought to manage these needs where needed?	√			Clear examples in care plans.
People's nutritional status is regularly monitored? E.g. person weighed regularly and a record is maintained	√			<p>People had assessments undertaken and are weighed regularly, which is documented.</p> <p>Staff are aware of the IDDSI framework to describe texture modified food and fluids for a person with a swallowing difficulty who is at risk of choking. Care Manager has sought training through HSC (observed email chain) but this is currently unavailable.</p> <p>The Dietician from within HSC provided a training session for staff recently which covered the use of supplement drinks, soups and puddings for those whose swallowing is compromised or have low weight.</p>
Where there is a concern in relation to a person's weight this is raised with the appropriate person? E.g. Doctor, Dietician	√			<p>Some residents have been prescribed supplements for nutritional support.</p> <p>One person has their diet recorded to report to the Dietician.</p>
Restrictions are kept to a minimum, recorded and discontinued as soon as appropriate?	√			

Herbert Protocol in place for a person who has dementia and is at risk of exiting the home unsupervised?		√		The Care Manager and her deputy are aware of the documentation; however, this is currently not required for any resident as no person is at risk of leaving the home unsupervised. Exit from the home is keypad protected so would require a member of staff to assist them to exit the building. Fire doors are alarmed and the garden is secure.
A person or their NOK (where appropriate) are involved with care reviews?	√			NOK are informed of necessary changes to care and also if their relative has an accident/incident in the home, for example a fall or a medical incident, transfer to hospital.
Staff are observed being responsive to people's needs?	√			No unreasonable delay with providing assistance was observed on this visit.
Where dementia care is provided, staff have an understanding of behaviour changes? E.g. Sundowning	√			Regular updates for dementia care provided throughout the year by a Dementia Awareness Trainer.
People have access to other services as needed e.g. Dentist, Doctor, Optician etc?	√			Appointments are made in consultation with a resident's NOK if a person is unable to consent.
The team seek appropriate support when a person is receiving end of life care?	√			Additional guidance is sought from the person's GP, Community Nurses or from the Palliative Care Nurses who visit the home to provide additional support as needed.

A Hospital Passport or similar information is kept updated for a person who needs to be transferred to hospital?	√			Transfer form and checklist in place.
Does the home provide time for social stimulation and activity?	√			There is an Activity Co-ordinator in the team who plans the activities with input from residents and Carers. The programme includes in-house activities in groups and on a one-to-one basis and also activities within the community. Residents who were spoken to said they really enjoy the arts and crafts and several pieces of their work are displayed in the lounge and reception area of the home.
Are the activities appropriate and take in to account people's hobbies and interests?	√			A person's hobbies and interests are documented in their care plan and social activities organised take this in to account.
Activities are available which specifically support people with dementia? E.g. Tovertafel	√			This is not a specialist dementia care home; however, staff have undertaken training. Activities to benefit a person with dementia are catered for.
Does the home provide outings away from the home e.g. bus trips or one-to-one outings?	√			Bus outings are offered twice per week in the summer months and once per week in winter. Residents also have an opportunity for an evening drive in December to see the Christmas lights around the island.
Are people supported to maintain their social networks within the wider community e.g. Age Concern, WRVS?	√			The social groups some residents attend are; Jubilee Day Centre, The Russels Day Centre, Ron Short Centre, Trinity

				Church group, Holiday at Home group, St Saviour's Church group.
Are relatives made aware that they are able to take their relative on outings?	√			It is explained during the admission process that a resident is able to go out at any time with friends and relatives as long as they are well and able to do so.
Is provision made for outside entertainers to visit the home?	√			Regular pet therapy visits and music and singing sessions – The Healing Music Trust (local equivalent during Covid travel restrictions), Accordion Club visits.
Is there a selection of activities for people to do in-house for those people who are unable to go out or choose not to go out?	√			There are floor and table games, quizzes, books and magazines, arts and crafts, puzzles, baking and movie sessions. Staff also have time to sit and talk with residents at quieter times of the day.  Activity plan in place for 1-1 activity time in the case of a lockdown due to the pandemic and the home has a number of ipads for residents to use and to communicate with relatives and friends.

<b>Is the service well-led?</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
There is a complaints policy and procedure in place?	√			
People know where to locate the complaint policy?	√			All staff know where it is and have access. Copy of policy on resident's notice board.

Policies and procedures are in place for staff to follow and these are regularly reviewed?	√		At least 3-yearly, sooner if information received which requires a change of practice or regulations – safeguard policy recently updated.
The home appears to be well-run?	√		<p>The Care Manager and her deputy have good relationships with residents and their family, staff and healthcare professionals who visit the home to see residents.</p> <p>The home appeared to be well-organised and staff understood their role within the team.</p> <p>Residents spoken to said they are happy and settled in the home. Several offered that they wouldn't like to live anywhere else.</p>
Does the culture of the home enable people to voice their views and suggestions?	√		Residents and staff spoken to said the management are approachable and listen to their suggestions or concerns.
People's views and suggestions are sought? E.g. resident meetings, relatives' meetings, questionnaires, suggestion box	√		Since the beginning of the pandemic large group meetings have not been held. One resident has taken on the role of spokesperson for residents and has regular discussions with the Care Manager to give feedback. Otherwise the Care Manager has an 'open door' policy where residents can speak to her at any time. Relatives are also consulted with on a one-to-one basis as needed.

				A Carer undertaking the VQ award developed a questionnaire for residents. Feedback regarding care people received was very positive. Some issues arose in respect of communication. This was fed back to the Care Manager who acted for improvement.
People feel their views and suggestions are listened to and are acted upon?	√			Confirmed in conversation with residents and staff.
Regular staff meetings are held?	√			Staff meetings are held 3-monthly and these are minuted. Team Leader meetings and also Heads of Department meetings take place as needed.
Staff have an annual appraisal?			√	Care Manager said not all staff have received an annual appraisal. Candidates undertaking the VQ awards have been completed and an appraisal has been completed for an individual where any issues have been identified and an objective plan is in place.
Does the Care Manager monitor quality assurance in the care home?	√			There are a number of quality assurance audits undertaken in-house e.g. medication audit, room cleaning audit, environmental safety, maintenance reports, monitoring accidents and incidents for trends.  Matron also receives feedback from visiting

			healthcare professionals, which she uses for quality assurance.
Recommendations as a result of audits/inspections undertaken by outside organisations are actioned promptly? E.g. Medication Management, Food Hygiene, Infection Control	√		<p>Pharmacy inspection – June 2021 – recommendations made on the previous inspection have been actioned – no further recommendations were made on that visit.</p> <p>Infection Control audit last completed in June 2020 – the home was not scored as this followed on-going work undertaken as a result of a previous outbreak of Covid 19. Care Manager to organise for another audit to be completed in 2021 or early in 2022.</p> <p>Food hygiene inspection – Oct 2020 – 5-star rating awarded.</p>

## Improvement Plan

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

Action No.	Is the service; Safe? Effective? Caring? Responsive? Well-led?	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.	<b>Safe</b>	<ul style="list-style-type: none"> <li>Ensure domestic staff are signing the room cleaning schedule in each resident's room when work has been completed – weekly, monthly etc.</li> <li>Training – ensure all staff are captured in training programmes that are relevant to their role.</li> <li>Continue to closely monitor staffing level over night by developing a risk assessment to ensure adequate staffing in relation to resident dependency levels, layout of the building and for managing an emergency situation e.g. fire. Assessment to show that it is regularly reviewed and feedback has been sought from night staff.</li> </ul>	<p>Addressing immediately with relevant staff</p> <p>Ongoing</p> <p>ongoing</p>	<p>Care Manager</p> <p>Care Manager</p> <p>Care Manager and Provider</p>	<p>On next inspection. Date TBC.</p> <p>Progress check on next inspection. Date TBC.</p> <p>On next inspection. Date TBC.</p>	
5.	<b>Well-led</b>	<ul style="list-style-type: none"> <li>Annual appraisals to be completed for all staff.</li> <li>Organise an infection control audit with the IPACT team now returned to business as usual.</li> </ul>	<p>Ongoing</p> <p>By end of 2021 or early in the New Year</p>	<p>Care Manager</p> <p>Care Manager</p>	<p>Progress check on next inspection. Date TBC. March 2022</p>	

		<ul style="list-style-type: none"> <li>Preparedness folder in place for interruption of business in the case of a pandemic. Continue to build on this to include interruption of business due to other factors e.g. fire, flood, kitchen out of action, IT issues, no heating, lighting or water etc.</li> </ul>	Ongoing	Care Manager and Provider	Progress check on next inspection. Date TBC.	
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<b>HOME MANAGER/PROVIDERS RESPONSE</b>
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Please provide the Inspection department of Health & Social Care with an action plan, which indicates how requirements and recommendations are to be addressed and a completion date within the stated timetable.

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

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

**REGISTERED PERSON'S AGREEMENT**

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

We would welcome comments on the content of this report relating to the inspection conducted on **27/10/21** 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.**

**October 2021**