



The Office of the
Committee for
Health & Social Care

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

**SAUMAREZ PARK MANOR
RESIDENTIAL & RETIREMENT HOME**

INSPECTION REPORT

DATE: 17/06/21

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: **Saumarez Park Manor Residential & Retirement Home**

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

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

Name of Registered Manager: **Mrs Kelly MacDonald**

CATEGORY	NUMBER OF REGISTERED BEDS
Residential	35

Date of most recent inspections: 13/08/20
Date of inspection upon which this report is based – 17/06/21
Category of inspection – Unannounced
Vanessa Penney - Registration and Inspection Officer (Quality & Safety Team HSC)

Background

Saumarez Park Manor is a care home in the parish of the Castel. The home consists of residential care rooms and apartments that are privately owned. There is a bus stop right outside of the home, which travels in to town. However, there is parking in the grounds at the back of the home.

The home is a former hotel that has been adapted and extended to provide a safe environment for the people who live and work in the care home. The home has a passenger lift which services all floors.

The garden that leads off of the conservatory provides a lovely area for people to sit out and is also accessible for a person who requires a wheelchair. Saumarez Park is directly opposite the home, which provides opportunity for residents to exercise away from traffic.

The home is registered for up to 35 people who require residential care and all rooms are en-suite. The home does not have a locked door policy, therefore would be unsuitable for a person with dementia who is at risk of leaving the home unsupervised, if not safe to do so.

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

This inspection was an unannounced inspection which took place on 17/06/21 from 10.00 am – 15.00 pm. On the day of inspection there were 33 people living in the home.

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

On the day of inspection, 8 residents were spoken to with their consent and the following staff were also spoken to; Care Manager, Maintenance Manager and 2 Carers.

Three care plans were examined along with people's Medication Administration Record (MAR), accident/incidents, employee induction programme and appraisal.

SUMMARY OF FINDINGS

Saumarez Park Manor Residential Home provides a safe environment for the people who live there. The communal areas and garden provide spaces for socialising, or for quiet time, and the atmosphere of the home is welcoming and friendly.

The care in the home is person-centred. Staff appear to have a good understanding of people's, care needs, preferences and chosen routine. There are clear processes in place to monitor risk and to protect people from avoidable harm. People are consulted with planning their care, and residents said they, or their NOK, are kept updated when changes are necessary. Staff work with other healthcare professionals to support people's care needs and to ensure consistent, co-ordinated care.

People have opportunity to provide feedback about the catering in the home and they were very complimentary. Plans are in place to monitor people's dietary intake and concerns are raised with the relevant professional when needed.

People are involved in choosing the activities they wish to take part in, which include a combination of group and one-to-one activities. People have opportunity for regular outings such as shopping and island drives and visiting entertainers also make regular visits.

There is a robust system in place for the recruitment of staff to protect people from abuse. Duty rotas suggest there are sufficient staff on duty on each shift to meet the care needs of the current residents and the staff demonstrated respect and patience when interacting with people and did not appear to be rushed.

A new employee has an induction programme to work through to prepare them for their role. Continued training is offered thereafter throughout the person's employment at the home. An annual appraisal supports the personal and professional development of individuals.

Carers who administer medication undertake training and have regular supervision. An annual competency assessment is completed to ensure continued safe practice.

There is an open and fair culture in the home where staff, residents and visitors are encouraged to give feedback or to raise a concern. Staff have a clear understanding of their role and the Care Manager encourages reflection in practice when things go wrong.

Contracts are in place for the regular checking and inspection of equipment and all staff have access to policies and procedures to support safe working.

The Care Manager understands her regulatory responsibilities. Good governance is in place to monitor quality assurance both in-house and audits undertaken by outside organisations.

Several residents commented that the home is a lovely place to live where they felt safe and well cared for, which is a positive reflection on the Care Manager and her team.

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?	√			Corridors and walkways were clear of unnecessary clutter to minimise the risk of falls. Also to ensure good access in the event of a fire if people need to vacate the building who may require the use of a walking aid or a wheelchair
The home is clean, free of unpleasant odours and is kept well maintained?	√			Good level of housekeeping. Maintenance book accessible to all staff to log where there are repairs/attention required. A regular 'walkthrough' is undertaken by the Care Manager and the Maintenance Manager
Flooring is in good state of repair – no trip hazards?	√			
Lighting is adequate throughout the home to reduce the risk of trips and falls?	√			
Fire equipment is regularly checked and maintained?	√			Outside contractor undertakes regular checks and the Provider receives a report
Fire alarm is tested each week and this is logged?	√			
A call bell is available in every room?	√			The call bells in the rooms are portable so if a resident is sitting anywhere in their room or other part of the home or in the garden they can take their call bell with them

Checks for water storage etc for the prevention of Legionella are undertaken by a trained person e.g. Contractor, Home Maintenance Team?	√			Home's maintenance department undertakes and keep records, which the Maintenance Manager and Provider oversee
Staff have an understanding of the Control Of Substances Hazardous to Health (COSHH)?	√			Online module completed by Carers, housekeeping and maintenance team
There is a preparedness plan in place to manage the home in the case of a pandemic e.g. good stocks of PPE?	√			This is well organised and is kept updated of any changes with staff, residents and new information received
Recruitment checks are undertaken prior to the employment of staff (DBS, references)?	√			Enhanced DBS checks are completed for all staff. Where a person has not received their DBS prior to commencing their employment the person does not work unsupervised until this is received
The staffing levels are adequate to meet the care needs of the people living in the home?	√			On duty during the morning shift the Care Manager is on duty with 5 Carers. During the afternoon from 2-5 the Care Manager is on duty with 2 Carers. During the evening shift there are 3 Carers from 5-8 pm, and 2 Carers at all times from 8pm until 8am.
People feel safe and well cared for?	√			Residents spoken to said the care provided is very good and they feel well-looked after and safe in the home as staff are never very far away if needed
People's identified risks are recorded in their care plan?	√			The information also includes the steps taken to minimise an identified risk

				and the continued observations to be taken
People's medication is ordered, stored, administered and disposed of in line with current regulations?	√			Policies and procedures in place appear to be followed by the Carers who are trained to administer and manage medication in a safe way
Medication no longer in use, is not stockpiled and is returned to pharmacy?	√			Returns book completed with medication being returned to pharmacy when no longer required
Staff who administer medication have completed training?	√			The Care Manager undertakes the initial training with staff and then undertakes an annual competency assessment, which is documented. Currently trialling the Blue Stream online medication module for training
Accidents and incidents that occur in the home are recorded?	√			Recorded in each person's electronic file and also a paper copy is recorded for monitoring trends e.g. same person falling, same area of the home, same time of day etc
Accidents/incidents include remedial measures to minimise further risk?	√			Risk assessments are updated when reviewing care plans and especially as a result of a resident experiencing an incident/accident. One resident who had frequent falls was transferred to a ground floor room. A falls bed was put in place and there is a floor pressure sensor mat and a door alarm in place
The Registration & Inspection Officer is informed if a person is transferred to hospital for review or treatment as a	√			Has done previously – advised to continue this practice

result of an accident/incident in the home?				
Staff have undertaken training for safeguarding?	√			Safeguard training is undertaken online by all staff and this is updated annually
Safeguard alerts are raised when necessary?	√			Has done so previously and advised to continue
Where dementia care is provided training has been provided for staff?	√			Staff have completed online training for dementia care. Although the home does not specialise in dementia care, some residents experience cognitive decline, which requires staff to understand how these changes affect a person's daily life and communication

Is the service effective?	YES	NO	In part	COMMENTS
Care plans are person centred?	√			Care plans contain clear instructions for Carers to follow, which are based on each person's likes and dislikes, preferences and chosen routine
A person (NOK where appropriate) are able to discuss their care with the person in charge at any time?	√			Discussions with NOK in relation to care are documented
Staff interactions with people are positive?	√			Various interactions were observed throughout the day where staff showed kindness and compassion; no concerns were raised
Decisions are made for a person who does not have capacity with the relevant person/people?	√			Some residents have a guardianship or Power of Attorney in place. Where this is not in place, best interest decisions are made in consultation with

				the person's NOK, GP and other relevant healthcare professionals that are involved with the person's care.
Access is made available to other healthcare professions to benefit the person's care?	√			Involvement from GP, Social Worker, Community Nurses, Palliative Care Nurses, Psychiatrist, CPN, Tissue Viability Nurse, Chiropodist etc as needed
People are able to move around the home freely if safe and able to do so?	√			Observed throughout the day. All residents have a moving & handling assessment in place which is reviewed regularly and have the appropriate equipment to support them with their independence
People are able to go out independently or with family & friends if well enough and safe to do so?	√			Residents who were spoken to gave examples of the outings they enjoy such as shopping trips, lunch outings, visits to garden centres and to see other family members
People choose when they want to get up and go to bed?	√			Confirmed in conversation with residents
Meals, snacks and beverages are provided throughout the day?	√			Snacks and beverages are served in between main meals and a resident can ask for a drink at any time. There is also a kitchenette adjacent to the conservatory where residents and relatives can make a drink if safe to do so
There is access to a snack or beverage during the night?	√			
People are satisfied with the meal choices in the home?	√			Residents spoken to said the meals are good. The

				feedback at a recent residents' meeting indicated that people are happy with the menu choices
All new employees have an induction programme?	√			Documented programme in place. Care Manager and Senior Carer oversee
There is adequate supervision for all staff?	√			Care Manager also works 'on the floor' on some shifts to work with individual Carers. She also provides the training for staff who administer medication. She is also a VQ assessor for the staff who are undertaking this award
All staff undertake regular training for their role throughout their employment in the home?	√			Combination of Blue Stream online training and in-house sessions or within the company's other homes. Access to HSC training sessions also

Is the service caring?	YES	NO	In part	COMMENTS
Do people appear well cared for?	√			Residents looked relaxed and happy in the home and appeared well-cared for. Rooms were clean and tidy
Do people feel that they are involved in decisions about their care?	√			Reviews are documented with the name and association of the person/s involved
Do people have a choice of where to eat their meals?	√			The dining room is encouraged but some residents eat in their room if they choose, or are unwell and this does not appear to be a problem

Do people appear relaxed in the company of staff?	√			Residents always appeared happy to interact with staff
Is the atmosphere of the home warm and friendly?	√			Staff were cheerful and welcoming
Do staff appear polite, kind and respectful?	√			Observed during resident and staff interactions
Do staff knock on a person's door and wait to be invited in before entering?	√			Observed
Are visitors made to feel welcome e.g. offered a cup of tea or have somewhere to make a drink?	√			
Records are stored securely for confidentiality and data protection?	√			Electronic records which are password protected

Is the service responsive?	YES	NO	In part	COMMENTS
Call bells are answered promptly?	√			Observed during the day and confirmed by residents that this was also so if they required assistance at night. Time that a call bell rings and is answered is also logged electronically for auditing
Care plans are up to date and are reviewed regularly?	√			Clear indication recorded when care has been reviewed and changes have been made
Care plans show an understanding of a person's chosen routine, preferences, managed risks?	√			Good information provided, which suggested staff have a good understanding of individual risks, preferences, routines and ability and the level of help required to enable a person to maintain independence with the elements of care they can manage

Changing needs are documented and additional support is sought to manage these needs where needed?	√		Daily changes are documented and referrals are made for support and guidance from external healthcare professionals as needed
People's nutritional status is regularly monitored? E.g. person weighed regularly and a record is maintained	√		3-monthly monitoring – more frequently where there is a concern. A chart displays loss/gain at a glance
Where there is a concern in relation to a person's weight this is raised with the appropriate person? E.g. Doctor, Dietician	√		Where a concern is highlighted a referral is made to the person's GP or to a Dietician for further guidance
Restrictions are kept to a minimum, recorded and discontinued as soon as appropriate?	√		Open door policy, therefore if there is a risk of a person wandering away from the home unsupervised, a risk assessment is carried out and measures are put in place to minimise the risk e.g. pressure sensor mat in room, organised outings, encouragement to take part in activities in the home
Herbert Protocol in place for a person who has dementia and is at risk of exiting the home unsupervised?	√		Although the home does not provide specialist care for dementia, some residents have cognitive impairment. Therefore, this document is in place for 1 resident – suggested to put in place for 1 other resident also
A person or their NOK (where appropriate) are involved with care reviews?	√		A resident and the resident's NOK (where appropriate) are kept updated of any changes with care or visits, to or by, healthcare professional, or of any incidents that occur where

				their relative has been affected. Community Nurses or Social Workers are involved in care reviews with NOK where appropriate
Staff are observed being responsive to people's needs?	√			
Where dementia care is provided staff have an understanding of behaviour changes? E.g. Sundowning	√			Although the home does not generally provide care for people with dementia, Carers have undertaken some training for dementia care to enable them to develop an understanding of care needs for a person with dementia and the use of distraction techniques
People have access to other services as needed e.g. Dentist, Doctor, Optician etc?	√			Appointments are generally made in consultation with a resident's NOK with resident's consent (as appropriate)
The team seek appropriate support when a person is receiving end of life care?	√			Community Nurses and Palliative Care Team provide additional support and guidance to the care team in the home as needed following a referral from the GP or Care Manager
A Hospital Passport or similar information is kept updated for a person who needs to be transferred to hospital?	√			Transfer documents printed off of the person's electronic record when a person is admitted to hospital to inform of the person's assistance required with the activities of daily living
Does the home provide time for social stimulation and activity?	√			There is an Activity Liaison in the team who provides activity time on a Monday

				and Thursday morning and a varied programme is provided for both activities in the home and out in the wider community
Are the activities appropriate and take in to account people's hobbies and interests?	√			The activity programme is based on people's hobbies and interests and are very much led by what residents want to do and enjoy doing and takes in to account a person's ability so nobody misses out
Activities are available which specifically support people with dementia? E.g. Tovertafel	N/A			
Does the home provide outings away from the home e.g. bus trips or one-to-one outings?	√			The home has a vehicle for regular outings e.g. island drive, shopping trips, visits to garden centre or animal centres. Some residents are looking forward to the annual boat trip the residents are invited to
Are people supported to maintain their social networks within the wider community e.g. Age Concern, WRVS?	√			People are supported to access their social groups within the community – Jubilee Day Centre, The Russels Day Centre, Ron Short Day Centre, and Church groups
Are relatives made aware that they are able to take their relative on outings?	√			Explained during the admission discussion - There are several residents that go out regularly with family and friends
Is provision made for outside entertainers to visit the home?	√			Frequent pet therapy visits and singing sessions
Is there a selection of activities for people to do in-house for those people	√			There are board games, puzzles, books and

who are unable to go out or choose not to go out?				magazines and arts and crafts. Several residents like to do their own knitting
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Is the service well-led?	YES	NO	In part	COMMENTS
There is a complaints policy and procedure in place?	√			
People know where to locate the complaint policy?	√			In resident handbook and in the staff handbook. Residents spoken to knew how to raise a concern
Policies and procedures are in place for staff to follow and these are regularly reviewed?	√			All staff have access and know where the policy folder can be located
The home appears to be well-run?	√			The Care Manager appears very organised and methodical in her work. Processes are in place to support the home to operate smoothly feedback from residents and staff supports this finding
Does the culture of the home enable people to voice their views and suggestions?	√			There is an open culture in the home. Collective decision-making by staff and residents informs the team's work and the development of services and care delivery
People's views and suggestions are sought? E.g. resident meetings, relatives' meetings, questionnaires, suggestion box	√			The management hold a resident's meeting 6-monthly and the Activity Liaison has regular group discussions with residents during activities. Relatives speak to the staff regularly when visiting and offer feedback during these discussions, which the Care Manager actions as needed

People feel their views and suggestions are listened to and are acted upon?	√			Confirmed in conversation with residents
Regular staff meetings are held?	√			Minutes are kept in a staff file so everyone has access
Staff have an annual appraisal?	√			Appraisals are up to date
Does the Care Manager monitor quality assurance in the care home?	√			Issues raised as a result of meetings are actioned promptly. Feedback received as a result of audits undertaken both in-house and by outside organisations are also actioned promptly
Recommendations as a result of audits/inspections undertaken by outside organisations are actioned promptly? E.g. Medication Management, Food Hygiene, Infection Control	√			Pharmacy inspection – July 2019 – recommendations made have been actioned Infection Control audit - July 2020 – 99% achieved Food hygiene inspection – April 2021 – 5-star rating achieved

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
		There were no concerns to highlight on this visit				

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 **17/06/21** 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. June 2021