



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: 13th April 2023

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 Homeowner/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: **Miss Alona Vascenkova**

CATEGORY	NUMBER OF REGISTERED BEDS
Residential	43

Date of most recent inspection: 17/08/22 – Announced
Date of inspection upon which this report is based – 13/04/23
Category of inspection – Unannounced
Vanessa Penney - Registration and Inspection Officer (Quality & Patient Safety Team) Health & Social Care

SUMMARY OF FINDINGS

Maison De Beauvoir provides residential care for a maximum of 43 people who have care and support needs. On the day of inspection, there were 37 people living at the home.

The home is not purpose-built but has been adapted to overcome challenges for people with care needs. This includes passenger lifts, stair chair lifts, assisted bathing and shower equipment and stand hoists.

The home is well maintained both inside and out and has a lovely large garden with decking where residents love to sit in the fine weather. Some rooms have a balcony; with some ground floor rooms having an enclosed terrasse.

The housekeeping staff keep the home very clean and odour-free and residents have personalised their room with their personal belongings, which reflect their personality and interests. Residents who were spoken to said it was the bright, spacious rooms that attracted them to the home, and they are very satisfied with their choice.

People have their care needs and level of support needed assessed prior to moving into the home and this information is used to develop a person-centred care plan. Care plans show that information has been provided by the person, their next of kin (NOK) and healthcare professionals who have been involved in the person's care.

Staff are knowledgeable about people's care and support needs and their preferences, and work in partnership with other healthcare professionals for the benefit of good outcomes for people.

Residents are supported to maintain independence and a good variety of activities are offered for exercise, socialising both within the home and within the community and to maintain relationships with family and friends.

There are systems in place for the safe management of medication, infection control within a care home environment and to keep people safe from abuse.

Residents are aware of how to make a complaint if they feel this was necessary, but all residents spoken to had no issues to raise and offered that they are very happy living at Maison De Beauvoir.

There is a good programme in place for supervised induction for all new employees, which is followed on with a programme of ongoing training relevant for the person's role within the team. Carers are well supported to undertake the VQ awards.

The staffing level in the home has been increased to reflect the continued increase in people's care needs. The care manager and the provider continue to monitor the staffing

level overnight as staffing level is lower; to ensure people receive the care they require, and the workload is not too much for the night staff.

Accidents/incidents that occur in the home are closely monitored, and where relevant, are reported to the appropriate service external to the care home e.g., inspection officer from within HSC or HSE. Staff use this as an opportunity for further learning to prevent a re-occurrence. Following an accident/incident, the person's care plan is reviewed, and additional risk assessments are developed as needed and all staff are informed at handover on the changeover of shift.

The care manager discussed how quality assurance is monitored in the home and feedback from audits were observed. Staff who were spoken to said their care manager is an excellent leader who is approachable, fair and has both the welfare of both the residents and staff at heart to support the smooth running of the home.

Residents who were spoken to spoke very highly of the care manager and her team; with several offering that they wouldn't like to live anywhere else.

Unannounced Audit

CARE PLAN	YES	NO	In part	COMMENTS
Care plan is in place and is based on assessment	√			<p>Evidence – discussion with care manager, individual residents and information in care plans.</p> <p>Care plans are developed using an electronic system and are password protected for confidentiality.</p> <p>People have a Herbert Protocol in place for additional information if a person were to leave the building unknown to staff or unsupervised (where relevant).</p> <p>One person is at risk of choking, a risk assessment is in place and the person has been seen by their GP. A referral has been made to SALT for a full swallowing assessment (visit due next week).</p> <p>There are stand hoists available to support people with mobility and assisted bathing equipment and a communal shower for people who are unable to use the bath and shower in their en-suite.</p> <p>All residents have a resuscitation status in place.</p> <p>Standard Met</p>
Risk assessments in place for:				
<ul style="list-style-type: none"> • Moving & handling, mobility & risk of falls 	√			
<ul style="list-style-type: none"> • Nutrition 	√			
<ul style="list-style-type: none"> • Skin condition & Pressure sore prevention 	√			
<ul style="list-style-type: none"> • Other 	√			
Minimum of 3-monthly review of care plan, or as needs change if before review date	√			
Evidence of user/relative involvement	√			
Restrictions on choice & freedom are agreed and documented (Mental Health, Dementia)	√			
Format of care plan is acceptable	√			
Handover discussions: verbal, written on changeover of each shift	√			

All entries on documentation are legible, dated and signed	√			
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HEALTHCARE NEEDS	YES	NO	In part	COMMENTS
Service users are supported and facilitated to take control and manage own healthcare wherever possible; staff assist where needed	√			Evidence – discussion with care manager and individual residents, information in care plans.
Access is provided to specialist health services e.g. medical, nursing, dental, pharmaceutical chiropody and therapeutic services and care from hospitals and community services according to need	√			Conversation with residents suggest they are supported to maintain independence where possible. Level of support required is documented in people’s care plan. Referrals are made to health care professionals within the multidisciplinary team as needed, e.g., community nurses, SALT and social workers.
Care staff maintain the personal and oral care of each person and wherever possible support the person’s independence	√			Referrals are also made for a re-assessment when a person requires an uplift in care level e.g., residential to nursing care.
People are assessed by a person who is trained to do so, to identify those people who have developed, or are risk of developing a pressure injury. Appropriate intervention and outcome are recorded in the plan of care	√			No person in the home currently has a pressure injury. Equipment for pressure relief is in place where needed; also repositioning charts if needed.
People are free of pressure injuries	√			
There are preventative strategies for health care: link nurses, equipment etc	√			Community nurses support with end-of-life care and an EOL care pathway is put in place.
Repositioning charts in place where needed	√			

The registered person ensures that professional advice about the promotion of continence is sought and acted upon and the necessary aids and equipment are provided	√			Residents spoken to said they received good care at the home by staff who are kind and respectful. Standard Met
A person's psychological health is monitored regularly and preventative and restorative care is sought as deemed necessary	√			
Opportunities are given for appropriate exercise and physical activity; appropriate interventions are carried out for individuals identified as at risk of falling	√			
Results from appointments, treatments and problems and from health care professionals are recorded in care plan and are acted upon	√			
Regular night checks are in place	√			
Service users, relatives and/or advocates have the opportunity to discuss service users' wishes on their care with an informed member of staff	√			
The support service needs of each resident are assessed, and access provided – choice of own GP, advocacy services; alternative therapy; social worker; bereavement councillor; 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	√			

The registered person ensures that peoples' entitlements to Health & Social Care services are upheld by providing information about entitlements and ensuring access to advice	√			
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MEDICATION MANAGEMENT	YES	NO	In part	COMMENTS
There are policies for the receipt, recording, storage, handling, administration, disposal, self-medication, errors, re-ordering, homely remedies and for administration during a pandemic	√			Evidence – observation of resident's MARS, visit to medication room and discussion with deputy care manager.
Keys for access to medication to be kept with the person in charge of the shift	√			Policies and procedures are in place for a safe system to manage medication.
NMC guidance and BNF (within 6-month date) available or accessible online	√			Medication room clean and well organised, no stockpiling of medication that is no longer in use.
There is a self-medication assessment completed for each resident if person wanting to continue with this process and this is reviewed regularly	n/a			No residents are currently self-medicating; however, staff are aware of risk assessment needed to enable a person wanting to continue to self-medicate.
There is safe storage within a person's room to store the medication to which suitable trained staff have access with the person's permission	n/a			Records are up to date for residents receiving medication and residents said they receive it when and how they like to take it. No issues were raised.
Records for:				
<ul style="list-style-type: none"> • Meds received 	√			No residents currently require medication covertly and the process of consent is known if needed.
				All carers complete training prior to undertaking the task of administering medication and the care manager oversees ongoing

<ul style="list-style-type: none"> • Meds administered – check for overuse of pain control meds and sedatives 	√			<p>competency as she regularly works 'on the floor' with her team.</p> <p>A pharmacy inspection has not been undertaken by the HSC deputy chief pharmacist for some time, this is out of the care manager's control. Inspections are due to recommence this year.</p> <p>Medication reviews take place 3-6 monthly unless a person requires a GP visit before this time, e.g., if unwell or if a medication review needs to be brought forward.</p> <p>Spring booster vaccines for Covid 19 are due to be administered by primary care on 21 April for residents who have chosen to have it.</p> <p>Standard Met</p>
<ul style="list-style-type: none"> • Meds leaving the home 	√			
<ul style="list-style-type: none"> • Meds disposed of 	√			
<ul style="list-style-type: none"> • Medication Administration Record (MAR) in place 	√			
<ul style="list-style-type: none"> • Photo of service user (consent) 	√			
If medication is required to be administered covertly, this is in the care plan, consent from GP and from resident's next of kin	n/a			
Controlled drugs (CDs) are stored in line with current regulations	√			
Register in place to monitor CD usage and stocks – regular checks documented.	√			
Signature list of all staff who administer medication	√			
The 2 people administering and witnessing the administration of a CD attend the person and see process until complete	√			
Compliance with current law and codes of practice	√			

Medicines, including controlled drugs, (except those for self-administration) for people receiving nursing care, are administered by a medical practitioner or registered nurse	n/a			
Medication including CDs are returned to pharmacy as soon as no longer in use	√			
Daily check of medication fridge, which is documented, to ensure remains within advised range (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 accredited training at level 3	√			
Competency assessment in place for Carers (residential home) for the administration of medication and this is reviewed at least annually, which is recorded	√			
Pharmacist advice used regarding medicines policies within the home and medicines dispensed for individuals in the home	√			
People receive their medication at correct prescribed times	√			
Each person's medication is reviewed regularly by a GP. Any concern in a person's condition as a result of a change in medication must be reported to the GP immediately	√			

Has a Medication Inspection been undertaken by HSC's Pharmacist?	√			
Are flu vaccinations offered to residents, staff annually?	√			
Medications are kept in the home for a minimum of 7 days or after burial or cremation following a death		√		
Audit of MARs in place	√			

PEOPLE ARE TREATED WITH RESPECT	YES	NO	In part	COMMENTS
Privacy and dignity are provided when assisting a resident with washing, bathing, dressing etc	√			<p>Evidence – discussion with residents and visit to their room.</p> <p>Although there are some double rooms available in the home (ensuites), most are taken up as single occupancy. All rooms are ensuite.</p> <p>Staff demonstrated respect and kindness when interacting with residents and this was reflected in conversations with residents.</p> <p>Residents said as far as they are aware, there are a few rules. They can receive visitors when they want to and can go out with family and friends when they choose.</p>
Bedrooms are shared only by the choice of service users e.g. married couples, siblings	√			
Screens are available in shared rooms	n/a			
Examinations, consultations legal/financial advisors, visits from relatives are provided with privacy	√			
Entering bedrooms/toilets - staff knock and wait for a reply before entering	√			
Wear own clothing	√			

				The home has a new minibus.
Mail is only opened by staff when instructed to do so	√			Residents said there are frequent outings around the island to enjoy.
Preferred term of address in consultation with resident & this is documented in person's care plan	√			Residents are also invited to events at their sister home a little further along the road.
Wishes respected and views considered	√			Residents said they are able to go back and forth to their room as they choose and can get up and go to bed when it suits them. Some residents said they like to go to bed early, while others said they like to watch television in their room until later in the evening.
Treated with respect – verbally	√			Standard Met
Flexibility of daily routine e.g. getting up, going to bed, outings, taking part in activity events, open visiting etc	√			
Information regarding residents is treated confidentially and in line with data protection	√			

NUTRITION & HYDRATION	YES	NO	In part	COMMENTS
People have a nutritional assessment on admission using MUST or equivalent	√			Evidence – care plans, discussion with care manager, discussion with residents.
Concerns as a result of MUST assessment referred to dietician or thereafter during ongoing monitoring	√			All residents have a BMI recorded and a monthly weight is documented. Where there is a concern, a person may be weighed more regularly, e.g., weekly.

People's nutrition is monitored monthly and is documented – weight recorded	√			<p>Specialist healthcare professionals are involved with people's care as needed, e.g., SALT, diabetic nurse, renal nurse.</p> <p>One person has a weekly food and fluid chart in place which is emailed weekly to the renal nurse for ongoing monitoring.</p> <p>The dining room is bright and spacious. Tables were pleasantly laid up.</p> <p>Residents who were spoken to said they enjoy their meals. They have a menu to choose from and the kitchen staff are very accommodating.</p> <p>No issues were raised on this visit.</p> <p>Standard Met</p>
Food & Fluid chart in place where necessary	√			
<p>Care plan should include the following:</p> <ul style="list-style-type: none"> • Food allergies and intolerances • Special dietary requirement due to cultural, religious or ethical choices • Special dietary requirements due to health conditions such as diabetes, kidney failure, heart failure etc • Awareness of IDDSI for modified diets • Relevant support at meal time such as special cutlery or plates, feeding assistance, seating arrangements • Likes and dislikes 	√			
If reduced oral intake, are first line measures in place to promote oral intake e.g. nourishing drinks, extra snacks etc before requesting supplements – dietician will advise if contacted	√			
Prescribed enteral nutrition and dietary supplements should be given at the specified times e.g. Fortisip	√			
Supplements prescribed need to be signed for or correct code documented on MAR if not needed / refused etc	√			
Supplements to be reviewed regularly by GP, dietician	√			
PEG care to be carried out to avoid infection and buried bumper syndrome. Training to be kept up to date	n/a			

People are offered choices at meal times	√			
The food is nutritious	√			
Fresh fruit and vegetables are served/offered regularly	√			
Hot and cold drinks and snacks are available at all times and are offered regularly	√			
A snack available in the evening/night – e.g. may be necessary for diabetic	√			
Food covers are used to transport food to rooms	√			
Eating areas are suitable, clean and pleasant	√			

COMPLAINTS	YES	NO	In part	COMMENTS
There is a complaints procedure which is clear and simple, stating how complaints can be made	√			Evidence – discussion with care manager and individual residents. Complaints policy.
The procedure is accessible e.g. reception notice board, resident’s handbook	√			Residents spoken to know how to make a complaint, although no issues were raised in discussions.
Are there timescales for the process?	√			Information is available in reception including how to contact the inspection officer from within HSC if the complaint cannot be resolved by the management of the care home.
The procedure states who will deal with them	√			

Records are kept of all formal complaints	√			<p>The care manager said she has not received any formal complaints. Most complaints are minor and are due to group living, which can generally be resolved at the time.</p> <p>Standard Met</p>
There is a duty of Candour – transparent and honest	√			
Details of investigations and any action taken is recorded	√			
There is written information available, clearly displayed, in an accessible place, for referring a complaint to the HSC	√			

PROTECTION	YES	NO	In part	COMMENTS
Polices & procedures are in place for Safeguarding Vulnerable Adults against:				<p>Evidence – discussion with care manager, staff and individual residents. Safeguard policy.</p> <p>Staff spoken to had completed training for safeguarding through the home's e-learning programme and are aware of the home policy for keeping people safe from abuse.</p> <p>Residents who were spoken to said they would feel comfortable reporting concerns to the care manager and feel they will be listened to, and the appropriate action would be taken to keep them safe.</p> <p>No resident had any concerns to raise on this visit.</p>
<ul style="list-style-type: none"> Physical abuse 	√			
<ul style="list-style-type: none"> Sexual abuse 	√			
<ul style="list-style-type: none"> Inappropriate restraint 	√			
<ul style="list-style-type: none"> Psychological abuse 	√			
<ul style="list-style-type: none"> Financial or material abuse 	√			
<ul style="list-style-type: none"> Neglect 	√			

• Discrimination	√			Standard Met
• Whistle-blowing	√			
• Safe storage of money & valuables	√			
• Staff non-involvement in resident's financial affairs or receiving of gifts	√			
Safeguard allegations are reported to the Safeguard Lead & Inspection Officer (HSC)	√			
Allegations/incidents are recorded, followed up and actioned appropriately	√			
Staff undertake regular training for safeguarding	√			

PREMISES	YES	NO	In part	COMMENTS
Safe – no trip hazards	√			Evidence – discussion with care manager and maintenance manager. Walkthrough of the building, discussion with individual residents. The home was clean and tidy throughout. The corridors have recently been painted – corridor on each floor has a different colour to enable residents to familiarise themselves with the floor they live on.
Restricted entry/exit to the home is appropriate	√			
Environment clean and comfortable – resident's rooms & communal areas	√			
Appropriate furnishings and furniture	√			

Adequate bathing and toilet facilities	√		<p>Rooms on all floors can be accessed by 2 passenger lifts and stair chair lifts.</p> <p>Residents' rooms have been furnished with their possessions, which reflect their interests and personality. All rooms are ensuite. Some rooms have a balcony, and some have an enclosed terrasse area. Residents spoken to said they like their room; especially the brightness and space that it offers.</p> <p>The maintenance manager said all toilet flushes have been changed to the push button type to make it easier for residents to use.</p> <p>People are able to enter the care home using a push button entry; but require assistance from staff to exit as a pin code is required.</p> <p>All furnishings in the communal areas are appropriate for residents' needs and the lounge is really homely and well used by residents each day for various activities.</p> <p>There is a lovely garden at the back of the home, with a large, decked area with seating and shade, which residents enjoy when the weather is fine.</p> <p>Standard Met</p>
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INFECTION CONTROL	YES	NO	In part	COMMENTS

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	√			<p>Evidence – discussion with care manager, walk through of the home, infection control audit feedback.</p> <p>There is a dedicated room for PPE and staff were observed wearing and disposing of PPE appropriately.</p> <p>The home was clean and tidy throughout with no unpleasant odours.</p> <p>An infection control audit was last undertaken in September 2022 where the home received 100% compliance, which is excellent.</p> <p>Standard Met</p>
Staff undertake regular training for infection control	√			
Infection control audit undertaken by the Infection Control Nurse from within HSC	√			
Infection Control Nurse and Inspection Officer from within HSC to be informed when outbreak of infection (2 cases)	√			
Preparedness plan in place in the case of a pandemic (recent Covid-19 outbreak)	√			
Adequate stocks of PPE available and staff know correct way to put on and take off to minimise risk of spreading infection.	√			

STAFFING	YES	NO	In part	COMMENTS
Satisfactory for dependency of current residents	√			<p>Evidence – staff rota, staff present on day of inspection.</p> <p>Since the previous inspection staffing level has been increased on some shifts due to the continued increase in dependency level, which the care manager monitors closely with the provider.</p>

				<p>Staffing level is flexible and is increased when needed, e.g., end of life care, outings.</p> <p>Continue to monitor staffing level at night using a documented risk assessment and increase at times when it may be necessary e.g., when providing end of life care, increase in dependency level.</p> <p>Standard Met</p>
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TRAINING & SUPERVISION	YES	NO	In part	COMMENTS
Supervised induction on employment – documented programme	√			Evidence – discussion with care manager and individual staff.
Mandatory <ul style="list-style-type: none"> • Fire Safety • Moving & handling • Basic first aid and life support • Food hygiene awareness • Infection Control • Safeguarding • Dementia care 	√			<p>Care manager said 99% of staff have completed their mandatory training via the home’s electronic training site, a couple of new staff have yet to complete their induction.</p> <p>All staff work through a supervised induction programme for 2 – 3 weeks (dependent on prior knowledge and experience – flexible).</p>
Ongoing supervision as needed	√			Care manager, deputy care manager and team leaders work ‘on the floor’ for supervision of more junior staff.
Access to training relevant to meet clients care needs and for team role	√			Staff are well supported to undertake the VQ awards.
Supported to access the VQ or equivalent award	√			Appraisals are up to date and almost all staff have received an appraisal within the previous 12 months.

				Standard Met
Annual appraisal	√			

LEADERSHIP	YES	NO	In part	COMMENTS
Relevant qualifications and experience for role	√			Evidence – discussion with care manager and with individual residents and staff. Feedback from audits and visiting healthcare professionals. The care manager has a good relationship with residents, their relatives and staff. She is approachable and fair and promotes an open culture; focusing on good outcomes for people and a safe working environment for staff. Both residents and staff spoke highly of her leadership creating good team working and encouraging person-centred care. Regular staff meetings take place and residents complete questionnaires every 6 months for continued service development and quality assurance. Care manager has an open-door policy for all. Quality assurance is also supported through in-house and external audit
Open and transparent	√			
Approachable to all stakeholders	√			
Does manager monitor own performance?	√			
Feedback received is acted on	√			
Policies and procedures updated as practice changes, legislation direct (at least 3-yearly)	√			
Views of service users are sought e.g. with their care, changes within the home, food choices and social engagement provision etc	√			

				and constructive feedback provided by visiting healthcare professionals.
Auditing takes place e.g. to improve care, service, environment etc	√			
Action progressed on agreed implementation of statutory/good practice requirements (progress from last inspection)	√			

ACCIDENTS / INCIDENTS	YES	NO	In part	COMMENTS
Accidents, injuries and incidents of illness are documented and are reported to the relevant person (HSE RIDDOR) as appropriate	√			Evidence – discussion with care manager, accidents/incidents reported and care plans.
Care plan reviewed and risk assessment updated	√			Risk assessments are documented in people's care plans to minimise identified risks.
Equipment put in place if needed	√			Measures are in place to keep people as safe as possible, e.g., restricted exit of the building, pressure sensor mats, door alarm if needed.
Support sought from external healthcare professionals as needed	√			Care manager is open and honest when things go wrong and informs the relevant department within HSC/HSE if necessary.
Incidents / accidents are seen as an opportunity for learning e.g. discussed within the team to resolve	√			All accidents/incidents are logged, and the care manager monitors for trends, e.g., same person fall, same area of home, or same time of day so that the most appropriate action can be taken to prevent a recurrence.
Training need identified and acted on	√			
	√			

Monitor incidents / accidents for trends e.g. happening to same person, same area of home, same time of da e.g. handover				
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Improvement Plan - Completion of the actions in the improvement plan are the overall responsibility of the home 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.	27 - Staffing	Continue to monitor staffing level at night through a documented risk assessment to ensure adequate staffing in relation to resident's dependency levels, layout of the building and for managing an emergency e.g. fire. Night staff to provide feedback. & care manager Next inspection (unannounced).	Ongoing	Care Manager & Provider	Monitor at next inspection - date TBC	
2.						
3.						
4.						
5.						

HOME MANAGER/PROVIDERS RESPONSE

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 **13/04/23** 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.
April 2023