



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: 20th 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 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 McDonald**

CATEGORY	NUMBER OF REGISTERED BEDS
Residential	35

<b>Date of most recent inspection: 16/03/22 – Announced</b>
<b>Date of inspection upon which this report is based – 20/04/23</b>
<b>Category of inspection – Unannounced</b>
<b>Vanessa Penney - Registration and Inspection Officer (Quality &amp; Patient Safety Team) Health &amp; Social Care</b>

## **SUMMARY OF FINDINGS**

Saumarez Park Manor is registered to provide residential care for up to 35 people who have care and support needs. On the day of inspection there were 32 people living in the home.

Although the home is not purpose-built, being a former hotel, much work has taken place to provide a comfortable and safe environment with both the inside of the home and the grounds being well-maintained.

People's rooms were observed to be clean and tidy with personal items evident to reflect people's interests, personality and family relationships. Rooms were nicely furnished and looked comfortable and homely. There is a passenger lift and a stair lift, which services both floors and there are various pieces of assistive equipment to aid bathing and showering and to help with moving and transferring, if needed.

On the day of inspection, the home was very clean throughout with no unpleasant odours noted and all staff complete training for infection prevention and control within a care home environment. In November 2022 the home achieved a score of 99% in their infection control audit, which is excellent.

Each person has an assessment undertaken prior to moving in to the home to ensure the care team are able to meet the person's care needs and the home has the relevant equipment available. Some people are required to bring in their own specialist equipment if needed.

The information gathered from the assessment, involving the person and their next of kin (NOK) and from other healthcare professionals who are involved with the person's care, is developed into a person-centred care plan. The care plans examined provide clear information for staff to provide good levels of care, which include people's preferences, likes and dislikes and any individual chosen routine. People who were spoken to are very happy living at Saumarez Park Manor and describe staff as caring and friendly. Several residents offered that nothing is ever too much trouble for anyone.

Staff undertake training for safeguarding to help keep people safe from abuse and understand their duty of care to report any concerns. People said they feel safe living in the home and feel comfortable to raise any concerns with the care manager or with the person in charge of the shift.

People said they are encouraged to maintain as much independence as possible but are assisted where needed e.g. bathing and dressing etc. Risk assessments are completed to minimise the risk of harm but also minimising restrictions to enable a person to lead the life they choose.

People are supported to take part in the activities they enjoy to avoid social isolation and to maintain relationships with family and friends. There are no restrictions on visiting or when people choose to go out; providing they are safe to do so. Some people require support from family and friends or from the staff in the home for outdoor activities. People said they particularly like exercises to music, arts and crafts, singing sessions etc; as well as trips within the community such as outings on the minibus for an island drive or for shopping trips.

People are offered a balanced diet with choices at meal times, which people were happy to discuss and staff appeared to know resident's needs very well. Special diets are catered for and the kitchen staff have a clear understanding of people's dietary needs. The staff are aware of the IDDSI framework for modified diets; however, no person currently requires this service.

Medications are administered by staff who have completed training and this is monitored regularly by the care manager who also undertakes regular clinical shifts with her staff. People spoken to said they receive their medication at the time they would expect to; there were no issues to report.

Staff confirmed that they have a good programme of training; both through induction to prepare them for their role and throughout employment with the home to ensure they keep their knowledge and skills updated. There are regular supervision sessions and all staff receive an annual appraisal.

The staffing levels are satisfactory for the dependency of the current residents. The care manager said this is flexible depending on whether anyone is ill and requires a higher level of care or when there are outings and social events. The care manager and the provider are continuing to undertake a risk assessment for staffing level at night, which is much lower than during the day. It is recommended that staffing level overnight is increased where risk assessment or feedback regarding workload from night staff directs.

The care manager promotes a positive culture in the home; focusing on good outcomes for people. People are engaged in the service through regular resident's meetings and questionnaires are provided during care plan reviews. When things go wrong the care manager is open and honest and reports to the relevant people, who are external to their organisation as required. The care manager is aware of her limitations and is not afraid to ask for support when needed.

There are a number of quality assurance initiatives in the home to keep standards high, which includes audits both in-house and those completed by external organisations, regular face to face discussions take place and feedback is also provided by visiting external healthcare professionals. The care manager accepts feedback constructively and uses this as action for ongoing service development.

## Saumarez Park Manor – Unannounced Audit

CARE PLAN	YES	NO	In part	COMMENTS
Care plan is in place and is based on assessment	√			Evidence – care plans, discussion with care manager.
<b>Risk assessments in place for:</b>				Care records are held electronically. The moving and handling assessments are paper format to enable more detail.
<ul style="list-style-type: none"> <li>• Moving &amp; handling, mobility &amp; risk of falls</li> </ul>	√			Care plans are person centred and provide good information for staff to manage people’s care needs. Risk assessments are documented where needed and show the action taken to minimise risk of harm to keep people safe.
<ul style="list-style-type: none"> <li>• Nutrition</li> </ul>	√			Evidence of service user involvement.
<ul style="list-style-type: none"> <li>• Skin condition &amp; Pressure sore prevention</li> </ul>	√			Herbert protocol in place for those who need it.
<ul style="list-style-type: none"> <li>• Other</li> </ul>	√			<b>Standard Met</b>
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, risk assessments and 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	√			Residents spoken to said they are supported to maintain their independence in the areas they can; with carers supporting in areas needed, e.g. bathing, dressing etc.  Care manager discussed the process of referral to access more specialist external services, such as community nurses, GP, dentist, SALT etc.
Care staff maintain the personal and oral care of each person and wherever possible support the person's independence	√			People are assessed for skin integrity, no resident in the home currently has a pressure injury. Interventions are in place as needed.
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	√			There are activities available to enable people to socialise, exercise and to enjoy their hobbies and interests. This includes access to groups within the community e.g. Age Concern, Jubilee Day Centre and the Russels Day Centre and also trips on the home's minibus for outings and shopping.
People are free of pressure injuries	√			
There are preventative strategies for health care: link nurses, equipment etc	√			
Repositioning charts in place where needed	√			When a person's level of care increases, the person is referred for a reassessment to ensure they are receiving the most appropriate care and are in the correct environment.

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	√			<b>Standard Met</b>
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	√			<p>Evidence – discussion with care manager, MARS, discussion with residents.</p> <p>There is a safe system in place to manage people's medication.</p> <p>Residents who were spoken to said they receive their medication when they would expect to and how they like to take them, e.g. directly from the container or tipped onto their plate when they are eating so they can take them with their food.</p> <p>Regular reviews are undertaken by the person's GP. The pharmacist the home receives their supplies from, also reviews medication when prescriptions are received and highlights any concerns with the care home and the person's GP, e.g. compatibility, appropriate dosage etc.</p> <p>A medication audit by the deputy chief pharmacist from within HSC has not been undertaken in the home for some time, due to pharmacy staff shortages, which is outside of the care manager's control. There were no concerns identified on this visit.</p>
Keys for access to medication to be kept with the person in charge of the shift	√			
NMC guidance and BNF (within 6-month date) available or accessible online	√			
There is a self-medication assessment completed for each resident if person wanting to continue with this process and this is reviewed regularly	√			
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	√			
<b>Records for:</b>				
<ul style="list-style-type: none"> <li>• Meds received</li> </ul>	√			
<ul style="list-style-type: none"> <li>• Meds administered – check for overuse of pain control meds and sedatives</li> </ul>	√			



<ul style="list-style-type: none"> <li>• Meds leaving the home</li> </ul>	√			<b>Standard Met</b>
<ul style="list-style-type: none"> <li>• Meds disposed</li> </ul>	√			
<ul style="list-style-type: none"> <li>• Medication Administration Record (MAR) in place</li> </ul>	√			
<ul style="list-style-type: none"> <li>• Photo of service user (consent)</li> </ul>	√			
If medication is required to be administered covertly, this is in the care plan, consent from GP and from resident's next of kin	√			
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	√			

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 – care plans, discussion with individual residents.</p> <p>Staff were observed to interact with residents on a number of occasions and were polite and respectful.</p> <p>Care plans suggest people have freedom to choose the time they wish to get up and retire and residents also confirmed this in conversations.</p> <p>Residents said staff are patient and kind and nothing is ever too much trouble.</p> <p>Several residents said “there is nothing to grumble about they really can’t do anymore for you”.</p> <p><b>Standard Met</b></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	✓			
Mail is only opened by staff when instructed to do so	✓			
Preferred term of address in consultation with resident & this is documented in person’s care plan	✓			

Wishes respected and views considered	✓			
Treated with respect – verbally	✓			
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	✓			

<b>NUTRITION &amp; HYDRATION</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
People have a nutritional assessment on admission using MUST or equivalent	✓			Evidence – care plans, discussion with care manager, cook, and with individual residents.
Concerns as a result of MUST assessment referred to dietician or thereafter during ongoing monitoring	✓			People are supported to maintain a balanced diet and to remain hydrated. People spoken to said the meals are very good and they have choices for each meal, which several offered examples and there was a menu on display on the notice board.  Information for people’s dietary requirements are recorded in their care plan and the cook has this information and is also aware of people’s likes, dislikes and special or preferred dietary requirements.  People’s nutritional intake is monitored with referrals made to the person’s GP for advice from other services as needed e.g. SALT, dietician.
People’s nutrition is monitored monthly and is documented – weight recorded	✓			
Food & Fluid chart in place where necessary	✓			
Care plan should include the following: <ul style="list-style-type: none"> <li>• Food allergies and intolerances</li> <li>• Special dietary requirement due to cultural, religious or ethical choices</li> <li>• Special dietary requirements due to health conditions such as diabetes, kidney failure, heart failure etc</li> <li>• Awareness of IDDSI for modified diets</li> </ul>	✓ ✓ ✓ ✓			

<ul style="list-style-type: none"> <li>• Relevant support at meal time such as special cutlery or plates, feeding assistance, seating arrangements</li> <li>• Likes and dislikes</li> </ul>	√			<p>Staff are aware of the IDDSI framework for modified diets; no person currently has a need for this type of food provision.</p> <p>On the day of inspection, the lunch time meal looked very appetising and was well presented. The 2 dining areas were pleasantly laid up and residents appeared to enjoy having lunch together and socialising.</p> <p><b>Standard Met</b></p>
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	✓			<p>Evidence – complaints policy, discussion with care manager and individual residents.</p> <p>Care manager has not received any formal complaints. Informal complaints received from time to time are very minor and can be resolved at the time to the person's satisfaction.</p> <p>Residents said they have complete confidence in the management and would feel comfortable to raise any concerns if needed.</p> <p>No concerns were raised on this visit.</p> <p><b>Standard Met</b></p>
The procedure is accessible e.g. reception notice board, resident's handbook	✓			
Are there timescales for the process?	✓			
The procedure states who will deal with them	✓			
Records are kept of all formal complaints	✓			
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
<b>Policies &amp; procedures are in place for Safeguarding Vulnerable Adults against:</b>				<p>Evidence – discussion with care manager and individual staff and residents.</p> <p>All staff have completed safeguard training via the home's e-learning training programme.</p> <p>Staff have a good understanding of their responsibility for keeping people safe from abuse.</p> <p>Residents said they feel safe living at Saumarez Park Manor, there were no reports of roughness when assisting residents with their care. People said they would feel comfortable to report a concern to the person in charge if needed.</p> <p><b>Standard Met</b></p>
• Physical abuse	√			
• Sexual abuse	√			
• Inappropriate restraint	√			
• Psychological abuse	√			
• Financial or material abuse	√			
• Neglect	√			
• Discrimination	√			
• Whistle-blowing	√			
• Safe storage of money & valuables	√			
• Staff non-involvement in 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	√			
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PREMISES	YES	NO	In part	COMMENTS
Safe – no trip hazards	√			<p>Evidence – walkthrough the home, discussion with residents, care manager and maintenance manager.</p> <p>The home was well organised and was clean and tidy throughout. It is not purpose-built being a former hotel; however, much work has taken place to ensure suitability for people with care needs.</p> <p>Since the previous inspection, the communal dining room, conservatory and some resident’s rooms have been fitted with hard flooring to aid infection control. They have also undergone re-decoration, which looks lovely and fresh.</p> <p>There is an ongoing plan to fit hard flooring in the remaining resident’s rooms. People have furnished their room with their personal belongings, which reflect their interests and personality. Residents spoken to said they like their room and are very happy in the home.</p> <p>The gardens are well-maintained and provide areas for people to sit out when the weather is fine.</p> <p><b>Standard Met</b></p>
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	√			



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	√			Evidence – observation of staff practices when putting on and taking off PPE, discussion with care manager.
Staff undertake regular training for infection control	√			There are good systems in place for infection control. The home was very clean and tidy throughout. The care manager has regular updates with staff for infection control to include a covid outbreak.
Infection control audit undertaken by the Infection Control Nurse from within HSC	√			The infection prevention and control team from within HSC completed an audit in November 2022 and the home scored 99% which is excellent.
Infection Control Nurse and Inspection Officer from within HSC to be informed when outbreak of infection (2 cases)	√			<b>Standard Met</b>
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 minimis risk of spreading infection.	√			

STAFFING	YES	NO	In part	COMMENTS
Satisfactory level for dependency of current residents.	√			Evidence - discussion with care manager, duty rota, discussion with individual residents.  The staffing level is satisfactory for the dependency level of the current residents. Residents said their call bell is answered promptly should

			<p>they need assistance; both during the day and overnight.</p> <p>Reduced staffing level at night – continue to document a risk assessment and to obtain feedback from night staff and increase staffing level as needed.</p> <p><b>Standard Met</b></p>
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<b>TRAINING &amp; SUPERVISION</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Supervised induction on employment – documented programme.	√			Evidence – training records, induction programme, discussion with care manager and individual staff.
Mandatory <ul style="list-style-type: none"> <li>• Fire Safety</li> <li>• Moving &amp; handling</li> <li>• Basic first aid and life support</li> <li>• Food hygiene awareness</li> <li>• Infection Control</li> <li>• Safeguarding</li> <li>• Dementia care</li> </ul>	√			
Ongoing supervision as needed	√			Staff are supported to undertake the VQ and B-Tech courses and all staff receive an annual appraisal.
Access to training relevant to meet clients care needs and for team role	√			<b>Standard Met</b>
Supported to access the VQ or equivalent award	√			
Annual appraisal	√			

LEADERSHIP	YES	NO	In part	COMMENTS
Relevant qualifications and experience for role	√			Evidence – discussion with care manager and individual staff and residents. Feedback from audits from external healthcare professionals.
Open and transparent	√			
Approachable to all stakeholders	√			Care manager has a VQ award at level 3 and is currently undertaking the VQ award at level 5 for leadership and management (2 units left to complete).
Does manager monitor own performance?	√			
Feedback received is acted on	√			Feedback from all stakeholders was very complimentary. People say the care manager is approachable, supportive and prompt to action any area where a concern is raised.
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	√			Auditing takes place for quality assurance monitoring.  Questionnaires regarding the quality of care and services are also completed with individual residents when completing a care plan review.
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)	√			The Care Director holds a resident's meeting 3-monthly so that residents are involved in the development of care and services in the home. The minutes of the meetings are documented.  <b>Standard Met</b>

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 – accident/incident forms in care records, discussion with care manager.
Care plan reviewed and risk assessment updated	√			Measures were discussed to reduce the risk of falls in the home, e.g. falls risk assessments. Appropriate equipment is put in place such as door alarms if needed (none needed currently) or pressure sensor mats.
Equipment put in place if needed	√			
Support sought from external healthcare professionals as needed	√			
Incidents / accidents are seen as an opportunity for learning e.g. discussed within the team to resolve	√			The care manager is honest and transparent when an accident/incident occurs and a report is made to the relevant department.
Training need identified and acted on	√			Accidents/incidents are viewed as an opportunity for further learning and are discussed amongst the team so that risks can be discussed and issues resolved.
Monitor incidents / accidents for trends e.g. happening to same person, same area of home, same time of da e.g. handover	√			Regular moving and handling training takes place to assist staff to support residents in the safest way.  Moving and handling equipment is available as needed, e.g. for hoisting and transferring (stand assist hoist).  <b>Standard Met</b>

**Improvement Plan** - Completion of the actions in the improvement plan are the overall responsibility of the Home's care manager.

<b>Action No.</b>	<b>Standard</b>	<b>Action</b>	<b>Date action to be achieved</b>	<b>Person/s Responsible for completion of the action</b>	<b>Compliance check date:</b>	<b>Through addressing the actions, has this raised any issues that require further action</b>
1.	27 – Staffing	Management have risk assessed current residents' needs and safety at night. They have established 2 carers are sufficient at this current time. A documented risk assessment should be in place to demonstrate a regular review of staffing level, which must be increased as risk assessment and feedback from night staff directs. This may be on a permanent basis or for temporary periods e.g. end of life care, outbreak of illness (norovirus, Covid).	Ongoing	Care Manager & Provider	Announced inspection towards end of 2023	
2.						

**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.

<b>No</b>	<b>Recommended works</b>	<b>Action being taken to address requirements</b>	<b>Estimated completion date</b>
1	Risk assessment due to having two staff at night.	We have a risk assessment in place with regular feedback from night duty. A resident in Apartment 2 is also mentioned in the homes fire evacuation policy who can assist with a fire evacuation at night. This is also stated in the assessment.	ongoing

<b>No</b>	<b>Recommended practice developments</b>	<b>Action being taken to address recommendations</b>	<b>Estimated completion date</b>

## 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 **20/04/23** and any factual inaccuracies:

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

I Kelly MacDonald of Saumarez Park Manor 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: Kelly MacDonald**

**Position: Director/Care Manager**

**Date: 19/05/2023**

**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**