



The Office of the
Committee for
Health & Social Care

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

**SUMMERLAND HOUSE
NURSING HOME**

INSPECTION REPORT

DATE: 29TH September 2022

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

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

INTRODUCTION

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

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

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

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

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

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

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

Name of Registered Manager: **Mrs C. Bailey (Director of Nursing)**
Mrs S. Browning (Matron)

CATEGORY	NUMBER OF REGISTERED BEDS
Nursing	55

Date of most recent inspection: 26/01/22 – Unannounced
Date of inspection upon which this report is based – 29/09/22
Category of inspection – Announced
Vanessa Penney - Registration and Inspection Officer (Quality & Patient Safety Team) Health & Social Care

SUMMARY OF FINDINGS

Summerland House provides nursing care for up to 55 people. On the day of inspection there were 47 people living in the home. People in the home require a higher level of care for medical conditions, mobility and with physical activities; some people are living with dementia.

Single occupancy and shared rooms are available and people have personalised them with their own belongings, which reflect their personality and interests. The communal areas are pleasant and comfortable and provide various spaces for residents to undertake social activities during the day to prevent social isolation.

Care plans are person-centred and are detailed; however, there were gaps in a couple of records examined, where a risk has clearly been identified, but information has not been transferred in to the care plan to assist staff with managing that risk. This was discussed with matron on the day of inspection.

Referrals are made to relevant healthcare professionals when needed and this is recorded in the person's individual care record.

Residents and 2 relatives who were spoken to, were very complimentary in relation to the care they / their relative receive, and described staff as caring, respectful and supportive. They said they are always kept updated with any changes regarding their relative's health and well-being.

People are supported to eat and drink enough to maintain a balanced diet. Dietary requirements are recorded in a person's care plan with evidence of choices and instructions for modified diets. Food charts and fluid charts are put in place where needed so that staff are aware of the higher level of support required. People's weights are monitored and where there is a concern a referral is made to the dietician or to a person's GP.

Staff support people with moving and handling and re-positioning to maintain a person's skin integrity and to minimise the risk of pressure injuries and relevant equipment is in place. Referrals are made to the tissue viability team from within HSC as needed for additional support and advice.

Staff have a good understanding of how to keep people safe from abuse; reports are made to the appropriate external healthcare professional as needed.

There are systems in place to ensure medicines are managed safely and within current guidelines. Staff responsible for administering or checking medications receive the relevant training. Regular audits are in place to address any shortfalls in the system.

Staffing levels are adequate for the dependency levels of the current residents. The recruitment of RNs continues to be difficult and therefore admissions to the home are staggered according to staffing levels at times.

There is a robust recruitment process in place to support the management to make safe choices when recruiting staff and all staff are police-checked.

Staff receive a supervised induction appropriate for their role, which includes supervision for student nurse placement, which are audited annually.

There is good opportunity for ongoing staff development through regular training programmes and shadowing experienced members of staff. Training is a combination of practical sessions held both in-house, and by external providers and through e-learning. Staff said they felt well-prepared for their role.

There is a system in place for infection prevention and control in a care home environment. Staff have access to good stocks of PPE and have received training to minimise the spread of infection during a pandemic.

Procedures are in place for reporting accidents / incidents. Staff handovers and supervisions provide an opportunity to discuss and learn when things go well and when things go wrong. This ensures action can be taken to minimise the risk of a re-occurrence.

There is a clear structure of governance in place. Staff are regularly supported in their role and management are approachable. Regular audits are undertaken to improve quality and include feedback from stakeholders.

GUERNSEY STANDARDS FOR CARE HOMES AUDIT

Standard 1: Information Outcome – Prospective service users have the information they need to make an informed choice about where to live	YES	NO	In Part	COMMENTS
Website (optional)	√			<p>Evidence – new website, discussion with director of nursing and matron.</p> <p>New website which is very informative, includes most recent report and good explanation of the long-term care benefit and fees for rooms at the care home. People are also advised to visit to have a look around and to ask any questions before making their final decision to move in.</p> <p>Standard met.</p>
Marketing Brochure (optional)		√		
There is a Statement of Purpose that sets out the:				
Philosophy of care, aims and objectives	√			
Terms and conditions of the home	√			
Updated at least annually or when changes to services and home occur	√			
There is a Service Users Guide/Resident's Handbook with the following:				
Prospective and current residents are provided with/have access to a copy	√			
Written in the appropriate language and format for intended service user	√			
Brief description of accommodation & services provided	√			
Detailed description of individual and communal space	√			

Qualifications and experience of registered provider, manager and staff	√			
Number of residents registered for	√			
Special needs & interests catered for e.g. diets, activities etc	√			
How to access a copy of most recent inspection report	√			
Procedure for making a complaint	√			
Service users views of the home	√			
Summary of fees payable and any extras payable e.g. newspapers, incontinence products & toiletries etc	√			
The home's policy for alcohol	√			
The smoking policy	√			
The home's policy for pets	√			
A statement that service users can expect choice in the gender of those who provide basic care whenever possible	√			

Insurance – what is and is not covered (does resident need to take out personal insurance for personal items e.g. valuables, money, antiques, false teeth, spectacles and hearing aids etc)	√			
The contact for HSC is displayed in the resident’s handbook or is visible on the home notice board	√			

Standard 2: Contract Outcome – Each service user has a written contract/statement of terms and conditions with the home	YES	NO	In part	COMMENTS
Contract provided on admission	√			<p>Evidence – discussion with director of nursing and matron.</p> <p>All people who move into the home have a contract, which is signed by both the person or their NOK and a representative for the home. Both parties retain a copy of the signed agreement.</p> <p>Standard met.</p>
Identifies room to be occupied	√			
Care and services covered (including food)	√			
Additional items and services listed to be paid for including; food, equipment, insurance, medical expenses and SJA	√			
Fees payable and by whom (service user, long term care benefit scheme, relative/ other)	√			
Rights and obligations listed and liability if breach of contact	√			
Terms and conditions of occupancy e.g. including period of notice	√			

Charges during hospital stays or holidays	√			
Charge for room following death (social Security pay 3 days only following death)	√			
The contract is signed by the service user or named representative, and the registered person for the home	√			

Standard 3: Assessment Outcome - No service user moves in to the home without having had his/her needs assessed and been assured that these will be met	YES	NO	In part	COMMENTS
Pre-admission assessment prior to moving in to the care home	√			Evidence – discussion with director of nursing and matron, care plans.
Involvement of others; relatives, GP other allied health professionals	√			All people are assessed prior to moving in to the home to ensure the team can meet the person’s care needs.
Assessment for all admissions covers the following:				Assessment notes from the hospital are viewed if the person is transferring from there. A copy of the NAP assessment is also obtained from the social worker and a medical history summary is obtained from a person’s GP with their consent. An interim care plan is in place until all information is obtained. Standard met.
• Personal care & physical well-being	√			
• Mental state & cognition	√			
• Diet & weight	√			
• Food likes and dislikes	√			
• Sight, hearing & communication	√			

• Oral health	√			
• Mobility & history/risk of falls	√			
• Contenance and skin integrity	√			
• Medication usage	√			
• Social interests, hobbies, religious & cultural needs	√			
• Personal safety & risk	√			
• Carer, family, other involvement/relationships	√			
Care plan developed from the outcome of the assessment	√			

Standard 4: Meeting Needs Outcome - Service users and their representatives know that the home they enter will meet their needs	YES	NO	In part	COMMENTS
Registered person can demonstrate the home's capacity to meet people's assessed needs	√			Evidence – discussion with director of nursing and matron, care plans, discussion with residents and 2 relatives.
The services of specialised personnel are sought to meet people's care needs	√			Care home provides nursing care, therefore there is a RN on duty 24/7. Residents spoken to said they received good care, which was also supported by their relatives.

Social/cultural needs are met to the preference and needs of the person and are understood by the people caring for them	√			Standard met.
Policies for discrimination & Equality (equal access to services)	√			

Standard 5: Trial Visits Outcome – Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home	YES	NO	In part	COMMENTS
Provision for staff to meet a service user in their own home or other place of residence	√			Evidence – discussion with director of nursing and matron and website.
Residents or their representative are encouraged to visit the home before deciding	√			A perspective resident and / or their NOK are encouraged to visit the home to have a look around.
Provision for a trial before final decision made to move into home	√			There is a 1-month trial. Only planned admissions are accepted.
Emergency admissions to the home are accepted?	√			Standard met.
Information process in standards 2-4 is in place within 5 working days	√			

Standard 6: Intermediate Care Outcome: Service users assessed and referred for intermediate care are helped to maximise their independence and return home	YES	NO	In part	COMMENTS
Dedicated accommodation available	√			Evidence – discussion with director of nursing and matron.

Specialised facilities, therapies, treatment and equipment are available to promote activities of daily living and mobility	√			A person is accepted for intermediate care or for respite care if there is a vacancy at time of need.
Are staff qualified in techniques for rehabilitation and promotion of programmes to re-establish community living?	√			Support is sought from allied healthcare professionals as needed.
Is there appropriate supervision of staff by specialists from relevant professions to meet the assessed needs of the service-user?	√			If a person is unable to return home, continued care for long term care is accommodated if there is a vacancy.
If a person is unable to return home the person is able to remain living at the care home	√			Standard met.

Standard 7: Service User Plan Outcome: The service user's health and personal and social care needs are set out in an individual plan of care	YES	NO	In part	COMMENTS
Care plan is in place and is based on assessment			√	Evidence – discussion with director of nursing and matron, care plans, observations of handover.
Risk assessments in place for:				
<ul style="list-style-type: none"> Moving & handling, mobility & risk of falls 	√			Care plans are electronic and are accessed using a password.
<ul style="list-style-type: none"> Nutrition 	√			Care plans detail how RNs and carers can support people with their care.
<ul style="list-style-type: none"> Skin condition & Pressure sore prevention 	√			Ensure all information identified in risk assessments are then transferred into the care plan to ensure staff know what to do to manage these risks.

<ul style="list-style-type: none"> Other 				<p>The most recent care plan audit indicated 92% compliance. There was 89% compliance for risk assessment. This has improved from the previous audit where there was 61% compliance – an action plan is in place for improvement to be made.</p> <p>Handover on the changeover of shift was informative and enabled staff to offer information and to ask questions to clarify points.</p> <p>Standard partially met.</p>
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	√			

Standard 8: Health Care Needs	YES	NO	In part	COMMENTS
Outcome: Service user's health care needs are fully met				
Service users are supported and facilitated to take control and manage own healthcare wherever possible; staff assist where needed	√			Evidence – discussion with director of nursing, matron, residents and 2 relatives.
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	√			<p>Care plans provide daily communication notes to show care given, visits by healthcare professionals or referrals made.</p> <p>One relative offered that her husband had recently been very ill and the care given was “top notch”.</p>

Care staff maintain the personal and oral care of each person and wherever possible support the person's independence	√			<p>Residents spoken to said the care they receive meets their needs.</p> <p>Two people in the home currently have a pressure injury. The tissue viability nurses from within HSC have been advised and are providing support with their management.</p> <p>Other specialist nurses are contacted for advice and support as needed e.g. continence team.</p> <p>The MUST assessment tool is used to establish and monitor each person's nutritional status – referrals are made to the dietician or to a person's GP as need.</p> <p>Standard met.</p>
People are assessed by a person who is trained to do so, to identify those people who have developed, or are at risk of developing a pressure injury. Appropriate intervention is recorded in the plan of care	√			
People are free of pressure injuries	√			
The incidence of pressure injuries, their treatment and outcome are recorded in the person's care plan	√			
There are preventative strategies for health care: link nurses, equipment etc	√			
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	√			
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	✓			
Nutritional assessment completed on admission and reviewed regularly thereafter (weight recorded). Identified problems are documented 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	✓			

Standard 9: Medication Outcome: Service user's, where appropriate, are responsible for their own medication and are protected by the home's policies and procedures for dealing with medicines	YES	NO	In part	COMMENTS
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 – discussion with director of nursing, matron, practice development lead (PDL) and residents. Policies and procedures are in place for the safe management and administration of medication.
NMC guidance and BNF (within 6-month date) available (now online access).	√			One person is administering their own eye drops and there is a self-medication risk assessment in place.
There is a self-medication assessment completed for each resident if person wanting to continue with this process and this is reviewed regularly	√			Health care assistants (HCAs) have undertaken training to support the RNs administer medication to residents. However, dispensing is only undertaken by a RN.
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	√			HCAs also act as a second checker when needed for some medications overnight and training to do this has been completed and is monitored by the PDL.
Records for:				
<ul style="list-style-type: none"> • Meds received 	√			A medication inspection was last undertaken by the deputy chief pharmacist a few years ago so is overdue.
<ul style="list-style-type: none"> • Meds administered 	√			
<ul style="list-style-type: none"> • Meds leaving the home 	√			An audit is undertaken by the director of nursing or matron. Areas for further development are discussed with the RNs as a group, or with individuals as appropriate.
<ul style="list-style-type: none"> • Meds disposed of 	√			

<ul style="list-style-type: none"> Medication Administration Record (MAR) in place 	✓			Standard met.
<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	✓			
Controlled drugs (CDs) are stored in line with current regulations	✓			
Register in place to monitor CD usage and stocks	✓			
Compliance with current law and codes of practice	✓			
Medicines, including controlled drugs, (except those for self-administration) for people receiving nursing care, are administered by a medical practitioner or registered nurse	✓			
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	√			
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	√			

Standard 10: Privacy and Dignity Outcome: Service users feel they are treated with respect and their right to privacy is upheld	YES	NO	In part	COMMENTS
Privacy and dignity are provided when assisting a resident with washing, bathing, dressing etc	√			Evidence – discussion with director of nursing and matron, residents and 2 relatives who were visiting.

Bedrooms are shared only by the choice of service users e.g. married couples, siblings	✓			<p>Policies and procedures are in place for privacy and dignity and this is included in staff induction.</p> <p>Residents said staff are kind and respectful. This was also echoed in conversation with relatives.</p> <p>Where a person is assessed and it is not appropriate for a person to have a telephone in their room, they have access with support from staff to receive or make a call as needed.</p> <p>Standard met.</p>
Screens are available in shared rooms	✓			
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	✓			
Laundry undertaken in house	✓			
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	✓			
Privacy and dignity are included in staff induction	✓			

There is easy access to a telephone	√			
Telephone adaptations are available to meet the needs of service users e.g. large buttons, amplifier	√			

Standard 11: Death and Dying Outcome: Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect	YES	NO	In part	COMMENTS
Resident given comfort and attention in privacy	√			Evidence – discussion with director of nursing and matron.
Current nutritional needs are met	√			The RNs in the home provide end of life care (EOLC) with support from the carers.
Pain relief/palliative care - where the home has RNs syringe pump training is available and practice is current. For a residential home support is sought from the Community/Palliative Care Team	√			The community nurses and palliative care team are also contacted as needed to provide guidance and support. EOLC training is provided through e-learning and the EOLC facilitator is going to provide inhouse training within the next couple of months.
Suitable equipment available	√			
Family involvement & needs met - provision to stay with relative and involvement in care	√			When a person is receiving EOLC, their relatives are able to sit with them. They are offered regular refreshments and support from the care team.
Service user's wishes are respected (including after death)	√			Standard met.
Religious/cultural needs met	√			

Changing care needs met	√			
Dignity of possessions after death	√			
Staff training – includes supporting dying person and their family	√			
Bereavement counselling is offered to staff if needed (palliative care nurses can support if needed)	√			
Resuscitation status documented for each person	√			
Notification of death reported to Medical Officer & Inspection Officer	√			
Policies in place for end of life care and following death and for resuscitation	√			

Standard 12: Social Contact and Activities Outcome: Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs	YES	NO	In part	COMMENTS
Social interests and hobbies are recorded	√			Evidence – discussion with director of nursing, matron, care plans and conversations with residents. There is currently one activity assistant in post with another post currently being advertised.
Flexibility and choice of daily living routines e.g. no restriction for getting up or going to bed	√			

Able to go out independently or with friends & relatives freely	√			<p>There is a good programme of activities offered. This includes in house activities and bus outings within the community, which appears to be a favourite of most residents.</p> <p>External entertainers also visit the home frequently for singing and music sessions or for pet therapy etc.</p> <p>Feedback is sought through an activity questionnaire and changes have been made in response to the feedback. Generally, these are very positive.</p> <p>Standard met.</p>
Involved in normal household chores if wanted attending to garden, collecting dishes etc	√			
There is a choice of leisure and social activities	√			
Religious/cultural choices are acknowledged	√			
Level of engagement in activities is recorded	√			
Does the home have an Activity Co-ordinator?	√			
Evidence of activities e.g. photo boards, albums, social media site, conversations with residents	√			

Standard 13: Community Contact Outcome: Service users maintain contact with family/friends/representatives and the local community as they wish	YES	NO	In part	COMMENTS
There is a written visiting policy, which is flexible	√			Evidence – discussion with residents, visitor’s book.
Is there a visitors’ book in place?	√			Residents spoken to provided information which suggests they have the least restrictions necessary to maintain their safety.
Privacy when receiving visitors	√			There is an open visiting policy, however, there may be some

Choice of whom visits respected and documented as necessary	√			restrictions in place if an outbreak occurs due to the pandemic. Standard met.
Hospitality for visitors e.g. offered a drink, can book to have a meal with their relative	√			
Supported to maintain social networks in the community	√			
Residents inform staff when going out and returning	√			

Standard 14: Autonomy and Choice Outcome: Service users are helped to exercise choice and control over their lives	YES	NO	In part	COMMENTS
The registered person conducts the home so as to maximise service users' capacity to exercise personal autonomy and choice	√			Evidence – discussion with residents, room checks. Rooms contain people's personal belongings and residents spoken to liked their room. Several on the lower floor have patio doors that open out on to the garden. Where a person is unable to manage their affairs, the person's NOK or representative manages this for them. Access to personal records through discussion with matron. Standard met.
Service users are encouraged to bring personal possessions into the home e.g. small furniture, pictures & ornaments etc	√			
Service users encouraged to manage own financial and other affairs as long as they have capacity to do so	√			
Service users and their relatives and friends are informed of how to contact external agents (e.g. advocates) who will act in the person's best interests	√			

Access to personal records in accordance with the current local data protection legislation, is facilitated	√			
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Standard 15: Meals and Mealtimes Outcome: Service users receive a wholesome, appealing, balanced diet in pleasing surroundings at times convenient to them	YES	NO	In part	COMMENTS
The registered person ensures that people receive a varied, appealing, wholesome and nutritious diet, which is suited to individual assessed and recorded requirements and a reasonable choice is available as to when and where residents eat their meal	√			Evidence – discussion with residents, care plans and menus. All people have a nutritional assessment on admission with regular ongoing monitoring which is recorded.
Each person is offered 3 full meals each day (at least 1 of which must be cooked) at intervals of not more than five hours	√			There are summer and winter menus to ensure dishes are suitable for time of year.
The menu is varied and is changed regularly	√			A recent nutrition audit was undertaken inhouse. There was a 50% response. Of the 50%, 90% were very positive. As a result, changes have been made to some of the dish choices, and portion sizes have been added to the menu cards.
The food reflects popular choice	√			
The food is appealing and is served in an attractive manner	√			Evidence in care plans that referrals are made to SALT and to the dietician when needed.
The food is nutritious	√			Staff have undertaken training for IDDSI (modified diets) to prevent choking.
Service user’s nutritional needs are assessed, regularly monitored and reviewed including factors associated with malnutrition and obesity	√			Risk assessments are in place for any person who has been identified as a choking risk.

Fresh fruit and vegetables are served/offered regularly	√			<p>Although the home does not have a person with a PEG currently, updates are provided in preparation for accepting prior to admission.</p> <p>Kitchen staff who assist the chefs have completed food hygiene at level 2 remaining staff at level 1.</p> <p>A food hygiene inspection was undertaken by Environmental Health in April 2022 and the home received a 5-star rating, which is excellent.</p> <p>Residents spoken to said they enjoy their meals. One person said there are times when they don't enjoy a dish which they expect just as in a hotel.</p> <p>Some residents said the food could be hotter if they eat in their room as the plates are often cold and the food has a fair way to travel from the kitchen. This was fed back to the management on the day who said they would action immediately.</p> <p>Although people are encouraged to have their meals in the dining room, some prefer to eat in their room, which is upheld.</p> <p>Standard met.</p>
There is a choice available at each mealtime	√			
Individual likes/dislikes are met	√			
Hot and cold drinks and snacks are available at all times and are offered regularly	√			
A snack available in the evening/night	√			
Special therapeutic meals are provided if advised e.g. diabetic, pureed, gluten free etc	√			
Swallowing problems/risk of choking identified in risk assessment and is incorporated into the care plan	√			
Aware of International Dysphagia Diet Standardisation Initiative (IDDSI) – training, information	√			
Person has Percutaneous Endoscopic Gastrostomy (PEG)	n/a			
Supplements are prescribed if needed	√			
Religious and cultural needs are met	√			

The menu is written or displayed e.g. in dining room or on notice board	✓			
Mealtimes are unhurried	✓			
Staff offer assistance to residents if needed	✓			
The dignity of those needing help is supported	✓			
Staff attitude is satisfactory	✓			
There is reasonable choice as to when & where meals are eaten	✓			
Food covers are used to transport food to rooms	✓			
Table settings are pleasant	✓			
Crockery, cutlery, glassware and napery are suitable	✓			
General ambience and comfort are satisfactory	✓			
Temperature satisfactory	✓			
Lighting satisfactory	✓			

Flooring satisfactory	✓			
Cleanliness satisfactory	✓			
Odour control (no unpleasant odour should be present)	✓			
Furnishings are satisfactory	✓			
Décor is pleasant	✓			
Safer Food, Better Business manual is completed	✓			
Food preparation areas are clean	✓			
Waste disposal – there is a foot operated bin	✓			
Kitchen & dining room hygiene is satisfactory	✓			
Staff hand washing facilities are available	✓			
Food Hygiene rating available	✓			

Standard 16: Complaints Outcome: Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon	YES	NO	In part	COMMENTS
There is a complaints procedure which is clear and simple, stating how complaints can be made	√			Evidence – discussion with director of nursing, residents relatives, complaints policy.
The procedure is accessible e.g. reception notice board, resident’s handbook	√			A complaints policy is available to residents, visitors and staff.
Are there timescales for the process?	√			Residents spoken to gave very positive feedback in relation to the care and services provided.
The procedure states who will deal with them	√			Two relatives spoken to said the care is excellent. No concerns were raised by any parties.
Records are kept of all formal complaints	√			If a complaint is received that cannot be resolved by the management, an external process is available through the inspection officer from within HSC, details are displayed on the notice board.
There is a duty of Candour – transparent and honest	√			
Details of investigations and any action taken is recorded	√			Standard met.
There is written information available, clearly displayed, in an accessible place, for referring a complaint to HSC	√			

Standard 17: Rights Outcome: Service users' legal rights are protected. Service users know that information about them is handled appropriately and that their confidences are kept	YES	NO	In part	COMMENTS
The home facilitates access to available advocacy services	√			Evidence – discussion with director of nursing, matron and residents.
The home facilitates the individual's right to participate in the local political process	√			Consent is obtained on admission by a person or their NOK (as appropriate) for photographs to be taken e.g. social activities, care plans, wound care etc.
There are written policies are in place for Data Protection (Bailiwick of Guernsey) Law, 2018 and for confidentiality	√			Data protection and confidentiality is included in staff training programmes.
Prior consent is obtained for any photographs taken	√			Standard met.

Standard 18: Protection Outcome: Service users are protected from abuse	YES	NO	In part	COMMENTS
Policies & procedures are in place for Safeguarding Vulnerable Adults against:				Evidence – discussion with director of nursing, matron, staff and residents, training records.
• Physical abuse	√			Training is completed via the home's e-learning training programme within in 3 – 6 months of starting post.
• Sexual abuse	√			
• Inappropriate restraint	√			Staff complete the level required for the position they hold within the team.
• Psychological abuse	√			

<ul style="list-style-type: none"> Financial or material abuse 	√			<p>Staff spoken to clearly understood safeguarding.</p> <p>Residents spoken to said they feel safe living in the home. No concerns were raised.</p> <p>Standard met.</p>
<ul style="list-style-type: none"> Neglect 	√			
<ul style="list-style-type: none"> Discrimination 	√			
<ul style="list-style-type: none"> Whistle-blowing 	√			
<ul style="list-style-type: none"> Safe storage of money & valuables 	√			
<ul style="list-style-type: none"> 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 who the Care Manager considers may be unsuitable to work with vulnerable adults makes a referral to HSC	√			
Staff undertake regular training for safeguarding	√			

Standard 19: Premises Outcome: Service users live in a safe, well-maintained environment	YES	NO	In part	COMMENTS
Facilities within the home are safely accessible	√			<p>Evidence – walk through the home, discussion with director of nursing.</p> <p>There is a programme of refurbishment and redecoration in place. Redecoration and replacement of carpets has taken place recently on the lower level.</p> <p>Some areas of the home are looking ‘tired’ and would benefit from redecoration. However, it is acknowledged that this has been planned for in the continued programme of upgrading.</p> <p>The director of nursing said she has a regular walkthrough of the home with maintenance to identify areas where work is required.</p> <p>Fire exits throughout the home have clear signage and access. The fire alarm is tested weekly and this is documented.</p> <p>Standard met.</p>
Restricted entry/exit to the home is appropriate	√			
The home is free of trip hazards	√			
Facilities in the grounds are safe and accessible for varying abilities e.g. wheelchair	√			
Routine maintenance programmes with records kept	√			
Routine renewal of fabric and decoration with records kept	√			
The building is safe, homely and comfortable	√			
The furniture is suited to individual needs and is in good order	√			
Décor is satisfactory	√			
Lighting, internal and external is satisfactory	√			
There is relevant fire equipment throughout the home	√			

CCTV (entrances only)		✓		
Cleanliness is satisfactory	✓			
Odour control	✓			
Flooring satisfactory	✓			
General equipment is maintained with records	✓			
Insurance certificates on display and in date	✓			
Environmental audit undertaken	✓			

Standard 20: Shared Facilities (communal areas) Outcome: Service users have access to safe and comfortable indoor and outdoor communal facilities	YES	NO	In part	COMMENTS
Recreational area is provided	✓			Evidence – walk through of the communal areas.
Private area is provided	✓			Communal areas are comfortable and have different light levels to suit an individual's needs.
Lighting is domestic and is flexible for different needs/activities	✓			On the day of inspection, a variety of activities were taking place in these areas, either in groups or on a one to one.
Furnishings are non-institutional, in good order and suitable for client group	✓			There was frequent staff presence in all of the communal lounges.

Odour control	√			Standard met.
Cleanliness is satisfactory	√			
Good quality flooring	√			
General ambience is good	√			
Ventilation is good	√			
Smoking Policy in place	√			

Standard 21: Lavatories and Washing Facilities Outcome: Service users have sufficient and suitable lavatories and washing facilities	YES	NO	In part	COMMENTS
The toilets near to the lounge and dining areas are clearly marked	√			Evidence – visual check of facilities. All bar one room is ensuite, for the one room that is not, toileting and bathroom facilities are available close by. There is access to a communal assisted bath and shower facilities where needed. Standard met.
There is clear access	√			
Doors can be locked	√			
Lighting is suitable	√			
There is adequate ventilation	√			
Temperature is suitable	√			

Staff hand washing provision - e.g. soap and paper towel dispenser and foot operated bin are available	√		
Aids and adaptations are in place as required	√		
Odour control	√		
Call bell is available	√		
Décor is satisfactory	√		
Flooring is suitable	√		
Cleaning schedule is in place	√		

Standard 22: Adaptations and Equipment Outcome: Service users have the specialist equipment they require to maximise their independence	YES	NO	In part	COMMENTS
Ramps where necessary	√			Evidence – pre inspection information provided, observation of equipment in use and care plans. Records were provided to show that equipment is regularly serviced. Inspections have been undertaken for load bearing equipment in line with LOLER for health and safety. A risk assessment is in a person's care plan if they require the use of
Handrails/grab rails where appropriate	√			
Passenger lift x 3	√			
Stair chair lift		√		
Aids, hoists etc. for individual needs	√			

Assisted toilets & baths to meet needs	✓			bed rails; with regular reviews taking place to monitor safety. Standard met.
Doorways (800mm wheelchair user – new builds)	✓			
Signs and communication systems to meet needs (as and where necessary)	✓			
Storage for aids, hoists & equipment	✓			
Call bell in every room	✓			
If bed rails are used is there a risk assessment in place and evidence of a regular review	✓			

Standard 23: Individual Accommodation: Space Requirements Outcome: Service users own rooms suit their needs	YES	NO	In part	COMMENTS
Adequate size for user's needs and any equipment used: sizes pre-June 30 th 2002 at least the same size now <ul style="list-style-type: none"> • new build and extensions single rooms 12m² (16m² some nursing beds) • 22m² shared residential rooms • 24m² shared nursing rooms 	✓			Evidence – discussion with director of nursing and matron, discussion with residents. Four rooms are currently shared. The remaining two shared rooms are taken up as single occupancy. Standard met.
Room layout suitable taking in to account fire safety and limitations due to mobility	✓			

Shared rooms by choice e.g. married couple or siblings	√			
Choice to move from shared room when single vacant (may be subject to finances)	√			

Standard 24: Individual Accommodation: Furniture and Fittings Outcome: Service users live in safe, comfortable bedrooms with their possessions around them	YES	NO	In part	COMMENTS
Bed width is 900mm (if not own bed)	√			<p>Evidence – room visits, discussion with residents and two NOK who were visiting.</p> <p>Rooms were clean and have been personalised with small pieces of people’s furniture from home, e.g. favourite armchair.</p> <p>Rooms reflect people’s personality and interests through the items on display, e.g. pictures, photographs, ornaments and personal bedding.</p> <p>All beds in the home are profile beds to assist with mobility and to encourage independence where this is possible for individuals.</p> <p>Resident’s doors to their rooms are generally left unlocked. However, a key is available on request following a safety risk assessment.</p> <p>Some residents have a lockable drawer in their room for small valuables if wanted.</p>
Bed height is suitable (residential)	n/a			
Adjustable height (nursing)	√			
Bed linen, towel and flannels are changed frequently	√			
Furniture is in satisfactory a condition	√			
Adequate number of chairs in room	√			
Décor is satisfactory	√			
Flooring-carpet/hard flooring is in good condition	√			
Lockable drawer or safe available	√			

Door able to be locked and resident has key if wanted	√			<p>Some items can be kept in the home's safe if needed, although this is not encouraged. Records are kept for any items in the main safe.</p> <p>Standard met.</p>
Adequate drawers & hanging space	√			
Table & bedside table available	√			
Accessibility satisfactory	√			
Safety within room	√			
Privacy (screening if appropriate.)	√			
Telephone point	√			
Television point	√			
Overhead and bedside lighting	√			
Accessible sockets	√			
Evidence of personalisation	√			
Wash hand basin if no en-suite	√			
Mirror	√			
Call bell	√			

Soap & paper towel dispenser and foot operated rubbish bin in room or en-suite	√			
Odour control	√			
Cleanliness is satisfactory	√			

Standard 25: Heating, Lighting Water and Outcome: People live in safe, comfortable surroundings	YES	NO	In part	COMMENTS
There is natural ventilation	√			<p>Evidence – pre-inspection information provided, walkthrough of the home, discussion with the director of nursing.</p> <p>Radiators are either low surface temperature type or guards are in place.</p> <p>Legionella control programme in place and records are kept to show how this is managed.</p> <p>Standard met.</p>
Adequate hot water is available at all times of the day	√			
Individually controllable heating	√			
Guarded pipes & radiators or low surface temperature type or under floor heating	√			
Adequate & suitable lighting	√			
There is emergency lighting throughout the home	√			
Water temperature is set at a maximum of 43°C and this is checked regularly	√			
Control of Legionella - maintenance & regular monitoring;				

Water storage of at least 60°C, distributed at a minimum of 50°C	√			
Weekly run off of all taps of those not used regularly	√			
Hot water at least 60°C in kitchen	√			
Shower heads are cleaned quarterly	√			
Legionella control contract in place with records	√			

Standard 26: Hygiene and Control of Infection Outcome: The home is clean, pleasant and hygienic	YES	NO	In part	COMMENTS
The housekeeper/s have cleaning schedules in place	√			Evidence – discussion with director of nursing and matron, training records, discussion with staff. Due to the Covid pandemic, much training has been undertaken for infection prevention and control in-house. The home was clean and free from any unpleasant odour on the day of inspection. Staff have access to adequate supplies of PPE and have been trained in the correct procedure for ‘donning and doffing’.
Odour control	√			
Laundry is located away from the food area	√			
There is segregation of clean and ‘dirty’ laundry	√			
Hand washing facilities are available near to or in the laundry area	√			

Foul laundry wash requirements; minimum 60°c for not less than 10 mins	√			<p>The home's most recent infection control audit was undertaken in November 2020 where the home received 100%. Matron to contact the infection control team at the PEH to organise a date for this year/early next year.</p> <p>A preparedness plan is in place for the management of a pandemic and the information is updated as received by the relevant department.</p> <p>Standard met.</p>
Flooring impermeable/waterproof	√			
Disposal of clinical waste:				
Storage bin is located in an appropriate area	√			
There is appropriate disposal of clinical waste	√			
Sluicing disinfectant available (Nursing)	√			
Sluicing facility available	√			
Policies and procedures for the control of infection include: safe handling and disposal of clinical waste, dealing with spillages, provision of protective equipment, hand washing	√			
Staff undertake regular training for infection control	√			
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)	√			

Standard 27: Staffing Outcome: The numbers and skill mix of staff meet service user's needs	YES	NO	In part	COMMENTS
Care staff minimum age 18, in charge of the care home minimum 21yrs	√			<p>Evidence – discussion with director of nursing, matron, staff, residents and two NOK visiting, copy of duty rotas.</p> <p>The home generally has good staffing levels to manage people's care needs.</p> <p>Both management and clinical staff spoke of the current challenges trying to maintain this due to difficulty with recruiting; especially RNs. As a result, some beds remain vacant so that admissions can be carefully planned and staggered as staffing allows. This is to avoid additional pressure on the workforce.</p> <p>Absence of staff due to Covid and influenza are also impacting on shift numbers at times.</p> <p>Standard met.</p>
Recorded rota with person in-charge on each shift	√			
Adequate care staff are on duty on each shift for the assessed needs of the residents taking in to account the size and layout of the building	√			
Adequate number of housekeeping staff	√			
Adequate number of catering staff	√			
Access to maintenance person when required	√			
Are bank or agency staff used to cover staff sickness and annual leave periods, or do existing staff provide this cover	√			

Standard 28: Qualifications Outcome: Service users are in safe hands at all times	YES	NO	In part	COMMENTS
Progress towards compliance for 50% of Carers to have the minimum of an NVQ/VQ/B-Tech award or other equivalent in health & Social Care at level 2 trained, on each shift	√			Evidence – discussion with director of nursing, matron, staff, training records.

				<p>Good support offered for staff to become assessors and to undertake the VQ and B-tech awards.</p> <p>Standard met.</p>
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Standard 29: Recruitment Outcome: Service users are supported and protected by the home's recruitment policy and practices	YES	NO	In part	COMMENTS
Recruitment procedure includes the following:				<p>Evidence – discussion with director of nursing, matron, staff discussions.</p> <p>There is a robust recruitment procedure in place to support the management to make safe choices for the employment of staff.</p> <p>On commencement of employment all staff are provided with a contract and have a job description.</p> <p>Recent attendance at a recruitment fair for the care sector was unfortunately not lucrative, adding further to ongoing recruitment difficulties.</p> <p>Standard met.</p>
Equal opportunities policy in place	√			
Compliance with local laws – right to work document, housing licence (as appropriate)	√			
2 written references required; one of which is from applicant's present or most recent employer	√			
Employment gaps are explored	√			
Appropriate level of Police check (DBS) is undertaken for role within the home	√			
NMC register check for all RNs prior to employment, followed by ongoing support for Revalidation once employed	√			
Health declaration requested where necessary/relevant	√			

Staff personal records/files kept locked away	√		
All staff have a job description	√		
Staff receive written terms and conditions within 4 weeks of employment and have a signed contract	√		
Is a police check undertaken for all volunteers working in the home?	√		
The following policies must be included in the employee's terms and conditions or included in the staff handbook;			
<ul style="list-style-type: none"> • Health & Safety policy 	√		
<ul style="list-style-type: none"> • Dealing with fire & emergencies 	√		
<ul style="list-style-type: none"> • Confidentiality policy 	√		
<ul style="list-style-type: none"> • Whistle blowing policy 	√		
<ul style="list-style-type: none"> • Non-receipt of gifts & non-involvement in any resident's financial affairs; witnessing wills or other documentation 	√		
<ul style="list-style-type: none"> • Action if any abuse suspected or witnessed 	√		

<ul style="list-style-type: none"> Use of mobile phone while on duty and non-use of social network sites to discuss home/residents (confidentiality & data protection) 	√			
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Standard 30: Staff Training Outcome: Staff are trained and competent to do their jobs	YES	NO	In part	COMMENTS
Core values pre-employment:				<p>Evidence – discussion with director of nursing, matron, PDL, training records and discussion with individual staff.</p> <p>All new employees work through a supervised training pack for their role.</p> <p>Good level of training for all staff provided through inhouse sessions, external services, e-learning and opportunistic learning while working clinically.</p> <p>There are eight qualified first aiders in the team and two first aiders for mental health to support colleagues (another person due to commence in near future).</p> <p>Staff also attend training sessions through the GTA for team building.</p> <p>Staff spoken to said they feel well supported with the training offered.</p> <p>The e-learning programme of training also enables staff to undertake the training in their first language if it isn't English, which is</p>
<ul style="list-style-type: none"> Aims & values of role 	√			
<ul style="list-style-type: none"> Residents rights to - privacy, independence, dignity, choice and fulfilment 	√			
Job role clearly explained pre-start	√			
Induction programme is commenced on first day of induction to post, training is assessed and completed by twelfth week of employment (signed off by new employee and their supervisor/Care Manager)	√			
Policies and training included on induction:				
<ul style="list-style-type: none"> Fire & emergency 	√			
<ul style="list-style-type: none"> Moving & Handling 	√			
<ul style="list-style-type: none"> Health and Safety awareness 	√			

<ul style="list-style-type: none"> • Basic first aid 	√			really helpful with understanding and embedding information.
<ul style="list-style-type: none"> • Accident procedures 	√			The PDL monitors training to ensure all mandatory training is completed within a given timescale.
<ul style="list-style-type: none"> • Confidentiality 	√			VQ and B-tech awards are well supported along with the care certificate.
<ul style="list-style-type: none"> • Safeguarding 	√			Assessor training is also undertaken by the RNs as the home also provides placements for student nurses.
<ul style="list-style-type: none"> • Cultural needs 	√			
<ul style="list-style-type: none"> • Personal hygiene 	√			A training audit is undertaken quarterly. The most recent audit achieved 38%. The director of nursing said this was due to restrictions in the home due to a Covid outbreak so there should be a greater improvement in the next quarter's figures if things remain Covid free.
<ul style="list-style-type: none"> • Person-centred care 	√			
<ul style="list-style-type: none"> • Use of equipment 	√			
Further/ongoing training:				Standard met.
<ul style="list-style-type: none"> • Care planning 	√			
<ul style="list-style-type: none"> • Handling of medicines 	√			
<ul style="list-style-type: none"> • Risk assessment & risk management 	√			
<ul style="list-style-type: none"> • Security measures 	√			
<ul style="list-style-type: none"> • Escort duties & mobile phone usage while working 	√			

• Hygiene, food handling and presentation	√			
• Infection control	√			
• Pressure area care	√			
• End of life care	√			
• Restraint	√			
• Caring for people with dementia	√			
• Other training required for providing care for the medical conditions, wellbeing of client group	√			
Frequency of training to be advised by accredited trainer	√			
A minimum of 3 days per year of training is provided for full time staff and pro rata for part-time staff	√			
Staff training profile – kept and updated throughout employment	√			

Standard 31: Staff Supervision	YES	NO	In part	COMMENTS
Outcome: Staff are appropriately supervised				
Written induction programme in place	√			Evidence – discussion with director of nursing, matron, induction

Training opportunities of both formal and informal training	√			programmes and staff appraisal records.
Supervision covers:				Although formal appraisal documentation has lapsed due to other pressures within the service, there is evidence to show that staff have a good level of supervision and support. The director of nursing said due to staff shortages and Covid restrictions this has been challenging. However, various discussions have taken place with individuals or groups of staff informally, to ensure good support and access to training continues.
<ul style="list-style-type: none"> All aspects of practice 	√			
<ul style="list-style-type: none"> Philosophy of care 	√			
<ul style="list-style-type: none"> Career/personal development - appraisal system in place 	√			
Other staff supervised as needed as part of management process	√			Feedback from student nurses continues to be positive, in relation to Summerland House as learning environment and the supervision and support provided by the care team and student assessors.
Supervision, support and training for volunteers	√			
Return to work interview to assess additional support/supervision required	√			Standard met.
Are records kept for supervision sessions?	√			

Standard 32: Day to Day Operations: The Manager Outcome: Service users live in a home which is run and managed by a person who is fit to be in charge, is of good character and is able to discharge their responsibilities fully	YES	NO	In part	COMMENTS
Registered Care Manager has a job description	√			Evidence – discussion with director of nursing, matron and training records. The director of nursing is a RN.

Minimum of 2 years' experience in a senior management capacity of a relevant setting within the previous 5 years	√			<p>Matron is a RN and has a district nurse and nurse prescriber qualification. She also has a certificate in management.</p> <p>Matron undertakes relevant training for her role and reports to the director of nursing.</p> <p>Standard met.</p>
Qualifications of Care Manager	√			
From 2007 Care Manager in residential home to work towards gaining an NVQ/VQ level 4/5 or other management qualification	n/a			
Nursing home RN with management qualification	√			
Periodic training/updating for registered manager (relevant to manager and client group needs)	√			
Knowledge of older people; disease process, ageing etc	√			
Line of accountability (Care Manager reports to)	√			

Standard 33: ETHOS	YES	NO	In part	COMMENTS
Outcome: Service users benefit from the ethos, leadership and management approach of the home				
Management approach creates an open, positive and inclusive atmosphere	√			Evidence – discussion with director of nursing, matron and staff.
Leadership-clear direction	√			Staff know what is expected of them in their role and appear organised and knowledgeable.

Strategies enable staff, service users and stakeholders to contribute to the way the service is delivered	√			<p>Matron and the director of nursing have regular meetings with groups of staff or with individuals.</p> <p>There is an excellent resource file to support people who are new to the island to support them to access social groups, financial support and to find access to other resources on island which is an excellent initiative.</p> <p>Standard met.</p>
Staff meetings are held (frequency)	√			
Management planning practices encourage innovation, creativity, development	√			
Compliance with Code of Practice and standard setting in the management of care workers and a care home	√			

Standard 34: Quality Assurance	YES	NO	In part	COMMENTS
Outcome: Service users can be sure that the home is responsive to their wishes, and is run in their best interests				
Regular reviews and planning to meet the needs of the service users	√			<p>Evidence – discussion with director of nursing, matron, feedback from residents, NOK, staff, internal and external audits.</p> <p>Information sourced from the resources above suggest Summerland provides a safe and supportive environment for everyone living, working or visiting the home.</p> <p>Matron has regular contact with residents and their NOK to ensure they are kept up to date with information and changes they need to be informed about.</p>
How does Care Manager monitor own performance?	√			
Commitment demonstrated to meets service user needs through the implementation of their care plan and meeting their goals	√			
Feedback actively sought & acted upon	√			
Others views sought e.g. questionnaires for relatives or a relatives meeting	√			

Planned inspections advertised	√			Quality assurance is monitored by the director of nursing; where active improvements have been observed for the benefit of the residents living in the home. Standard met.
Views of service users made available	√			
Policies and procedures are reviewed and are updated in line with registration (minimum of every 2 years)	√			
Action progressed on agreed implementation of statutory/good practice requirements (progress from last inspection)	√			
Auditing to improve care, services, environment	√			

Standard 35: Financial Procedures Outcome: Service users are safeguarded by the accounting and financial procedures of the home	YES	NO	In part	COMMENTS
Financial viability, business and financial statements - ability to trade	√			Evidence – discussion with director of nursing and matron.
Insurance in place to cover loss or damage to the assets of the business (is there a business continuity plan in place?)	√			Employment and social security receive the home's accounts annually. Business plan is in place for the interruption of business e.g. during a pandemic.
Legal liabilities for service users and staff – Is the insurance certificate on display and in date?	√			Standard met.

Standard 36: Service Users Money Outcome: Service user's financial interests are safeguarded	YES	NO	In part	COMMENTS
Residents control own money & have access to a secure facility in which to store it e.g. locked drawer/safe	√			<p>Evidence – discussion with director of nursing and matron.</p> <p>Six people have guardianship in place and several others have a Lasting Power of Attorney in place.</p> <p>Records are retained for any money/valuable held in the home's safe.</p> <p>Standard met.</p>
Safeguards are in place if managed by home e.g. records kept for safe keeping of valuables and/or money, secure storage	√			

Standard 37: Record Keeping Outcome: Service user's rights and best interests are safeguarded by the home's record keeping policies and procedures	YES	NO	In part	COMMENTS
Admission & Discharge Register in place	√			<p>Evidence – policy and procedure for confidentiality and data protection (all policies in the home have recently been reviewed and updated).</p> <p>People's care records are stored electronically and are password protected.</p> <p>Some information regarding daily care is available in a person's room – changes to care following a review are written up on a whiteboard in a person's room to remind staff and the resident.</p> <p>Standard met.</p>
Records kept are up to date and in good order (resident information)	√			
Records secure	√			
Data protection and confidentiality compliance – policy in place	√			
Service users have access to their record	√			

Standard 38: Safe Working Practices in Place Outcome: The health, safety and welfare of service users and staff are promoted and protected	YES	NO	In part	COMMENTS
Safe moving and handling practices are in place	√			Evidence – pre-inspection information provided and training records.
Fire safety training is provided	√			Good practices in the home were evident for safe working.
Fire equipment is kept maintained for immediate use; including the fire alarm, which is tested each week and this is logged	√			There are four Ergo coaches in the team (two active).
First Aid training – staff have an understanding of first aid and there is a named first aider	√			Eight of the team are qualified first aiders and two of the team are mental health first aiders.
There is first aid equipment in the home that is always available when needed	√			Matron is the safeguard lead for the home and there are link nurses for infection control and continence care etc.
Food hygiene – Chefs and Cooks undertake food hygiene training at level 2 level, care staff at level 1	√			COSHH file is in place and staff have had a recent update. There are a number of fire marshals in the team.
Infection control – staff undertake training for infection control	√			Accidents/incidents are monitored for trends e.g. same person falling, same time of day, or same areas of the home.
Safeguard training	√			A falls audit was undertaken in March 2022 and the results were fed back to the frailty practitioner within HSC.
Housekeeping undertake training for the safe storage and disposal of hazardous substances (COSHH)	√			Accident/incident forms have recently been updated to include

Regular servicing of boilers & heating systems	√			investigation and objectives set with a target date for completion / resolution.	
Maintenance of electrical systems & equipment	√				Standard met.
Regulation of water temperature (Legionella control – plan in place with records kept	√				
Radiator protection, low surface heaters	√				
Risk assessment and use of window restrictors	√				
Maintenance of safe environment & equipment:					
• Kitchen	√				
• Laundry	√				
• Outdoor steps and pathways	√				
• Staircases	√				
• Lifts	√				
• Flooring	√				
• Garden furniture	√				

Security of service users & premises – doors locked at night, outdoor lighting, security of fire doors	√			
Compliance with legislation; <ul style="list-style-type: none"> • The Health & Safety at Work (General) (Guernsey) Ordinance 1987 • The Safety of Employees (Miscellaneous Provisions) Ordinance 1952 • Health & Safety in Care Homes (HSG220) 	√			
Written statement for Health and Safety is displayed in the home	√			
Risk assessments are undertaken as necessary and are recorded for safe working practices in the home	√			
Accidents, injuries and incidents of illness are documented and are reported to the relevant person (HSE RIDDOR) as appropriate	√			
Training is provided during induction for safe working practices and is on-going	√			

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

Action No.	Standard No.	Action	Date action to be achieved	Person/s Responsible for completion of the action	Compliance check date:	Through addressing the actions, has this raised any issues that require further action
1.	7 – Service User Plan	Risk assessment information is not always transferred into care plans to provide clear guidance for staff for how to manage the risk (discussed with matron on day of inspection).	immediate	matron	On next inspection (unannounced)	
2.	26 – Hygiene and Control of Infection	Contact the IPACT to organise a date for an IC audit.	By next inspection	matron	On next inspection (unannounced)	

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
1	Care plans to be generated following risk assessments	All key nurses notified to make the necessary additions	End Nov 22
2	Organise a date for an Infection Control Audit	Department contacted last month, still awaiting a response.	End of 2022

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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 **29/09/22** and any factual inaccuracies:

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

I **Cathy Bailey** of **Summerland House** 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: Cathy Bailey
Position: Nursing Director
Date: 25.10.22
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.
September 2022**