



The Office of the
Committee for
Health & Social Care

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

**MAISON DE BEAUVOIR
RESIDENTIAL HOME**

INSPECTION REPORT

DATE: 11th October 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: **Maison De Beauvoir Residential Home**

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

Name of Registered Provider: **Hermanus Limited**

Name of Registered Manager: **Miss Alona Vascenkova**

CATEGORY	NUMBER OF REGISTERED BEDS
Residential	43

Date of most recent inspection: 13/04/23 – Unannounced
Date of inspection upon which this report is based – 11/10/23
Category of inspection – Announced
Vanessa Penney - Registration and Inspection Officer (Quality & Patient Safety Team - HSC)

SUMMARY OF FINDINGS

Maison De Beauvoir Care Home provides residential care for up to 43 people. Some people are living with the effects of dementia. On the day of inspection, there were 34 people living in the home. This was due to one of the passenger lifts being out of order.

Maison De Beauvoir has a secure garden at the back of the home with a large decking area for people to sit out. Many of the balconies on the 3 floors of the older part of the home overlook the garden. There is a large car park for staff and visitors to the home.

On entering the home there is a warm and friendly atmosphere. The care home was observed to be clean and comfortable throughout; with evidence of good infection control practices observed as staff went about their work. The furniture, furnishings and equipment are suitable to meet people's varying needs.

Care plans examined show people are assessed prior to moving in to the care home and a person-centred care plan includes information for carers to follow to ensure they can provide people with a good standard of care. Care plans take in to account people's likes, dislikes, and preferences, and any chosen routine they have.

A MUST assessment is completed on admission to assess a person's nutritional status. This is continued through regular monitoring, which is documented. People are supported to eat and drink enough to maintain a balanced diet. Where a concern arises, a referral is made to the person's GP or to the Dietician as appropriate.

People's healthcare conditions and well-being are also regularly monitored. Where there is a concern a referral is made to the appropriate healthcare professional for further guidance e.g. GP, community nurses, SALT service etc. Referrals made are evidenced in the individual person's care record and are timely.

People are encouraged and are supported to develop and maintain relationships to avoid social isolation. Activities are provided both in-house and within the community and also include visits by visiting entertainers. Residents said they are able to chose which activities they would like to join in with and are never pressured to do so.

The medication system is well-managed. Medications are stored, administered and disposed of safely. Carers who administer medication to residents have completed knowledge and competency training, which is followed on with ongoing monitoring by the Care Manager and the Deputy Care Manager. Residents spoken to said they receive their medication at a time they would expect to and are supported to take them in their preferred manner.

There is a robust system in place for the recruitment of staff. This supports the Care Manager to make safer decisions to minimise the risk of abuse in the home. Enhanced police checks (DBS) and references from previous employers are required for all care staff who work closely with residents.

All new staff have a 2-week period of induction where they work with a more experienced member of staff. This is flexible dependent on the person's prior knowledge and experience. The induction is documented and is signed off by the Care Manager. Following induction there is an ongoing programme of training and development throughout the person's employment at the home. This includes the VQ and City & Guilds care awards.

The staffing level is satisfactory to meet people's needs. People said they are not left for long periods waiting to receive support and did not feel rushed when being assisted. Observation on the day of inspection confirmed this. The Care Manager and the Provider continue to monitor the staffing level overnight as the staffing level is lower. This is to ensure people continue to receive the care they require; the workload is not too much for the night staff and the home is safe.

A positive culture is promoted in the home, which supports good outcomes for people. Both staff and residents feel confident to speak up if they have a concern.

Accidents/Incidents that occur in the home are recorded and are monitored for trends e.g. same person fall, same area of home, same time of day etc and are seen as an opportunity for further learning within the team, to minimise future risk. The Care Manager understands her legal responsibility to be open and honest with people when things go wrong.

Quality assurance monitoring is in place through seeking the views of residents and staff for the ongoing development of the service. Audits and feedback from visiting healthcare professionals is very positive. The Care Manager is very organised and is always looking at new approaches to the care people receive; to continue to improve the quality of care in the home for the benefit of the people who live there.

GUERNSEY STANDARDS FOR CARE HOMES AUDIT

Standard 1: Information	YES	NO	In Part	COMMENTS
Outcome – Prospective service users have the information they need to make an informed choice about where to live				
Website (optional)	√			Evidence – Website, Service User Guide, discussion with Care Manager.
Marketing Brochure (optional)		√		
There is a Statement of Purpose that sets out the:				The home’s website and the Service User Guide provide information to enable a person and/or their NOK to decide whether Maison De Beauvoir is the right home to meet their needs and expectations of a care home environment.
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				<p>People are also advised to visit the care home so that the Care Manager can show them around. They can then ask the Care Manager any questions they have prior to making their final decision.</p> <p>Standard Met</p>
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	√			Evidence - Contract, discussion with Care Manager.
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	√			A contract is provided for each person who moves in to the care home. The care home Administrator meets with the person and/or their NOK to go through the contract i.e. process and fees etc. Once agreed, the contract is signed by both parties who keep a copy of the signed agreement.
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 Met

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 Care Manager, pre-admission assessment form. Needs Assessment Panel summary obtained from the person’s Social Worker. This provides information for the level of care required. The Care Manager also visits a person in hospital or other place of residence e.g. another care home, to undertake her own assessment to ensure the home environment and care team will be able to meet the person’s care needs and their expectations of a care home. A person’s GP and other healthcare professionals who are involved with the person’s care also provide additional information of relevance.
Involvement of others; relatives, GP other allied health professionals	√			
Assessment for all admissions covers the following:	√			
• Personal care & physical well-being	√			
• Mental state & cognition	√			
• Diet & weight	√			
• Food likes and dislikes	√			
• Sight, hearing & communication	√			
• Oral health	√			
• Mobility & history/risk of falls	√			
• Continence 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 Met

Standard 4: Meeting Needs Outcome - Service users and their representatives know that the home they enter will meet their needs		NO	In part	COMMENTS
Registered person can demonstrate the home’s capacity to meet people’s assessed needs	√			Evidence – Discussion with Care Manager. Maison De Beauvoir has residential care status; some people are living with the effects of dementia.
The services of specialised personnel are sought to meet people’s care needs	√			
Social/cultural needs are met to the preference and needs of the person and are understood by the people caring for them	√			

Policies for discrimination & Equality (equal access to services)	√			Referrals are made to the relevant healthcare professional as care needs change, to ensure the person receives the most appropriate care in the most effective care environment. Standard Met
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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 Care Manager.
Residents or their representative are encouraged to visit the home before making a decision	√			As discussed above, a resident and their NOK are invited to visit the home to have a look around.
Provision for a trial before final decision made to move into home	√			
Emergency admissions to the home are accepted?	√			There is a 4-week trial period when a person moves in to the home. Two residents spoken to said they were aware of this and had settled in very early on when they moved in as everyone was so friendly and helpful.
Information process in standards 2-4 is in place within 5 working days	√			An emergency admission is accepted if there is a vacancy at the time needed. The Care Manager assesses that the home is able to provide a suitable environment and the care team can manage the person's care needs; prior to agreeing the placement. Standard Met

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 Care Manager.
Specialised facilities, therapies, treatment and equipment are available to promote activities of daily living and mobility			√	Respite placements are accepted if there is a vacancy at the time needed (intermediate and respite placements are optional for care homes).
Are staff qualified in techniques for rehabilitation and promotion of programmes to re-establish community living?			√	Referrals are made to other healthcare professionals for equipment, support and guidance where needed to ensure care needs continue to be met where more specialist input is required.
Is there appropriate supervision of staff by specialists from relevant professions to meet the assessed needs of the service-user			√	When the period of respite has ended, if the person is unable to return home following re-assessment of the level of care required (to remain at the home would need long-term care residential certificate), if there is a vacancy, the person can remain in the home. If this is not possible, the person's NOK and a Social Worker will assist with organising alternative accommodation; either in another care home, or returning home while awaiting a vacancy in this care home or to look for another suitable care facility.
If a person is unable to return home the person is able to remain living at the care home			√	<p>Standard Met</p>

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 Care Manager, care plans. Care plans are developed electronically. A copy of the care plan is kept in each resident's room. Care plans are formally updated by the Care Manager or the Deputy Care Manager with feedback from staff when care needs change; at least 3-monthly. This occurs more frequently where an element of care changes if a person's health or well-being deteriorates. Care plans are person-centred to ensure people are encouraged to maintain independence where possible; with staff stepping in to support where needed. Care plans reflect people's likes, dislikes, preferences and chosen routines. Information in the care plans ensures staff get to know people well and have good information to enable them to meet an individual's care needs. Regular discussions take place with the person or their NOK to ensure the team have all of the information they require as things change. Standard Met
Risk assessments in place for:				
<ul style="list-style-type: none"> Moving & handling, mobility & risk of falls 	√			
<ul style="list-style-type: none"> Nutrition 	√			
<ul style="list-style-type: none"> Skin condition & Pressure sore prevention 	√			
<ul style="list-style-type: none"> Other dementia 				
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 Outcome: Service user's health care needs are fully met	YES	NO	In part	COMMENTS
Service users are supported and facilitated to take control and manage own healthcare wherever possible; staff assist where needed	✓			<p>Evidence – Discussion with Care Manager, care plans, discussion with individual residents.</p> <p>Risks to people's safety and well-being are well-managed (balance between safety and quality of life). Herbert protocol for anyone who is at risk of leaving the home without the staff's knowledge.</p> <p>Care plans also suggest people are supported to stay healthy and well. Prompt referrals to other healthcare professionals/specialists are made where a concern arises or a person becomes unwell.</p> <p>Where a Community Nurse visits to support with an element of care, notes are available to refer to their visit and care completed.</p> <p>There is opportunity for exercise and physical activity through encouraging daily mobility with the activities of daily living. Also, through additional activities to encourage social engagement – see standards 12 & 13.</p> <p>Residents who were spoken to said staff treat them with dignity and respect. They said staff are kind and caring and nothing is ever too much trouble.</p>
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	✓			
Care staff maintain the personal and oral care of each person and wherever possible support the person's independence	✓			
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 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	N/A			
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	✓			Standard Met

(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 Care Manager, Deputy Care Manager, storage of medication in locked clinical room, MARS, competency tool for staff administering medication, completed audit. Carers who administer medication have completed training and have an annual competency check completed by the Care Manager or the Deputy Care Manager. Staff are also required to sign when they have read the policies that relate to medication
NMC guidance and BNF (within 6-month date) available	√			
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	√			

Records for:				e.g. ordering, storage administration returns etc.
• Meds received	✓			
• Meds administered	✓			
• Meds leaving the home	✓			Both the Care Manager and the Deputy Care Manager work 'on the floor' with staff and frequently provide direct observations when medications are being administered.
• Meds disposed of	✓			
• Medication Administration Record (MAR) in place	✓			
• Photo of service user (consent)	✓			
If medication is required to be administered covertly, this is in the care plan, consent from GP and from resident's next of kin	N/A			No residents are receiving medication covertly.
Controlled drugs (CDs) are stored in line with current regulations	✓			Two residents are self-administering; One with inhalers and one with inhalers and reflux suppressant (Gaviscon Peppermint Liquid). Risk assessments have been completed and reviewed to show that these people remain safe to continue.
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	✓			A formal audit of the medication process is completed annually. An informal audit of medications entering and leaving the home and people's MARs are completed monthly on the changeover of the medication cycle.
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	✓			Residents said they receive their medication when they expect to and take it in the way they are able / choose to.
Competency assessment in place for Carers (residential home) for the administration of medication and this is reviewed at least annually, which is recorded	✓			Good communication channels with the pharmacy used by the home to raise any concerns / queries.
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	✓			A medication inspection was last completed by the Deputy Chief Pharmacist from within HSC in 2021. However, this has been booked in for next month. The frequency of
Has a Medication Inspection been undertaken by HSC's Pharmacist	✓			

Are flu vaccinations offered to residents, staff annually	√			inspections is led by the Pharmacist and not by the care home. Standard Met
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 residents. Residents spoken to said they are treated with dignity, and their privacy is respected and were able to share examples. Observations throughout the day of staff and resident interaction also evidenced that privacy and dignity is upheld. All rooms are ensuite. Standard Met
Bedrooms are shared only by the choice of service users e.g. 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	√			
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	√			<p>Evidence – Discussion with Care Manager.</p> <p>Care Manager confirmed that when a person is receiving end of life care, these standards are met with support from the Community Nurses and the Palliative Care team.</p> <p>Staff have completed training for recognising a deterioration in a person's condition.</p> <p>A person's relatives are able to visit openly as long as this is relevant; Care Manager will provide guidance. When visiting, a person's relatives are offered refreshments.</p> <p>Standard Met</p>
Current nutritional needs are met	√			
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	√			
Suitable equipment available	√			
Family involvement & needs met - provision to stay with relative and involvement in care	√			
Service user's wishes are respected (including after death)	√			
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	√			

Flexibility and choice of daily living routines e.g. no restriction for getting up or going to bed	✓			Evidence – Discussion with Care Manager and individual residents, care plans, activity programme on display in reception. There is a good programme of activities to suit everyone’s interests; both group and one to one activity. Activities include; music and exercise sessions, arts and crafts, film sessions, knitting groups and quizzes etc.
Able to go out independently or with friends & relatives freely	✓			
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	✓			<p>Residents said there is always something to do. They said they choose the activities that interested them but were never pressured to join in if they did not want to; some just liked to sit and watch others.</p> <p>The home has a new minibus where regular bus outings take place for an island drive, cup of tea or ice cream etc. Several residents said this was their favourite activity.</p> <p>External entertainers also visit the home for singing and music sessions and pet therapy etc.</p> <p>On the day of inspection, several residents were watching a film on the big screen, while others were knitting and chatting in small groups. Other resident spoken to were in their rooms and said they like their own company watching television or reading etc. On leaving the home, residents were returning from an outing on the bus.</p> <p>Standard Met</p>

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	√			<p>Evidence – Discussion with Care Manager and individual residents, visitor’s book.</p> <p>There is an open visiting policy. However, people are requested to avoid mealtimes unless they are supporting their relative with eating and drinking or are joining them for a meal as a mark of respect to other residents in the dining room.</p> <p>Residents said they can go out when they want to with family and friends and this was observed during the day.</p> <p>Activities are also organised with their sister home Saumarez Park Manor and also with St John’s Residential Home nearby.</p> <p>This month the home is holding a residents and staff games day, which all are looking forward to.</p> <p>Standard Met</p>
Is there a visitors’ book in place	√			
Privacy when receiving visitors	√			
Choice of whom visits respected and documented as necessary	√			
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 individual residents.

Service users are encouraged to bring personal possessions into the home e.g. small furniture, pictures & ornaments etc	√			Residents spoken to said they are not aware of any restrictions in the home and have freedom to do what they want to each day. People have brought in personal possessions to make their room comfortable and homely. Residents manage their own financial affairs where they are able; for others this is supported by the person's NOK. Residents have a copy of their care plan in their room. Standard Met
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	√			

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 – Menus, care plans, discussion with individual residents and with the Care Manager and individual residents. Care plans provide evidence of regular nutritional status reviews and specific dietary requirements. Referrals are made to the SALT service where a person has a swallowing difficulty. Staff use the IDDSI framework for modified diet and fluid preparation.
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	√			
The menu is varied and is changed regularly	√			
The food reflects popular choice	√			
The food is appealing and is served in an attractive manner	√			
Service user's nutritional needs are assessed, regularly monitored and reviewed including factors associated with malnutrition and obesity	√			

Fresh fruit and vegetables are served/offered regularly	✓			<p>Chef meets with residents every 3 months to discuss likes, dislikes and menu changes. She has a copy of people's likes, dislikes and special dietary requirements in the kitchen.</p> <p>Reviews are carried for individuals requiring specific equipment e.g. light weight cups, adapted cutlery and crockery etc.</p> <p>In between this inspection and the writing up of this report, a food hygiene inspection was completed by an Environmental Health Officer and the home achieved a 5-star rating, which is excellent.</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	✓			
Food covers are used to transport food to rooms	✓			
Table settings are pleasant	✓			
Crockery, cutlery, glassware and napery are suitable	✓			
General ambience and comfort is 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 Care Manager and individual residents.
The procedure is accessible e.g. reception notice board, resident’s handbook	✓			There is a complaints policy in place. No formal complaints have been received by the Inspection Officer.
Are there timescales for the process	✓			
The procedure states who will deal with them	✓			Residents spoken to had no concerns to raise. They said if they had a concern they would feel comfortable to speak to the Care Manager and felt their concern would be listened to and managed appropriately.
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	✓			Where a complaint cannot be resolved by the management of the home, there is information displayed in reception for contacting the Inspection Officer.
There is written information available, clearly displayed, in an accessible place, for referring a complaint to the HSC	✓			
				Standard Met

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 Care Manager and individual residents.

The home facilitates the individual's right to participate in the local political process	✓			<p>Residents said they are asked for consent prior to photographs being taken for their MARS or social activities.</p> <p>Confidentiality, data protection and consent are included within a new employee's induction.</p> <p>Where a resident is unable to manage their finances, they are generally supported by their NOK. Some residents have Power of Attorney or Guardianship orders in place.</p> <p>Standard Met</p>
There are written policies are in place for Data Protection (Bailiwick of Guernsey) Law, 2018 and for confidentiality	✓			
Prior consent is obtained for any photographs taken	✓			

Standard 18: Protection	YES	NO	In part	COMMENTS
Outcome: Service users are protected from abuse				
Polices & procedures are in place for Safeguarding Vulnerable Adults against:				<p>Evidence – Discussion with Care Manager, training records and discussion with individual residents and staff.</p> <p>There is a policy in place for safeguarding.</p> <p>Staff spoken to understand safeguarding and the process for reporting their concerns.</p> <p>Residents who were spoken to said they feel safe living in the home.</p> <p>There were no reports of rough handling or unkind verbal or physical behaviour by staff.</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 who the Care Manager considers may be unsuitable to work with vulnerable adults makes a referral to HSC	✓			Standard Met
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	✓			Evidence – Walk through the home, discussion with Care Manager and Maintenance Manager.
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	✓			The home was clean well-maintained inside and out.
Routine maintenance programmes with records kept	✓			The home is not purpose-built but has been adapted to provide a safe environment for care delivery.
Routine renewal of fabric and decoration with records kept	✓			
The building is safe, homely and comfortable	✓			There are 2 passenger lifts and 2 stair chair lifts, which service individual areas of the home.
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	✓			The home reported one of the passenger lifts is out of action and has been and will continue to be for a number of weeks. The lift company waiting for a part to be able to repair it (affects the Herm Wing). Where possible, people have been transferred to another room in the home to prevent social isolation. For the 2 residents remaining in this part of the home, staff are spending time with residents more frequently. Admissions to this area has ceased until the lift is fully operational. In between the day of inspection and the writing up of this report (Nov
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	✓			

			<p>13th) the lift has now been repaired and reported as fully operational.</p> <p>Fire exits throughout the home have clear signs and clear access.</p> <p>There is a push button exit from the home to prevent a person from leaving the home unsupervised if it is not safe for the person to do so.</p> <p>An informal environmental audit is undertaken by the Provider and Maintenance regularly for replacement of furnishings and furniture and repair work to be done. Also, to ensure equipment has been maintained by contractors for insurance purposes.</p> <p>Standard Met</p>
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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 – Walkthrough the home.
Private area is provided	√			
Lighting is domestic and is flexible for different needs/activities	√			The communal areas are pleasantly decorated and furnished and look comfortable, homely and are spacious.
Furnishings are non-institutional, in good order and suitable for client group	√			
Odour control	√			
Cleanliness is satisfactory	√			The garden is nicely set out with a large decking area with seating and shading, which residents enjoy in the fine weather.
Good quality flooring	√			
General ambience is good	√			There is a designated smoking area outdoors.
Ventilation is good	√			
Smoking Policy in place	√			

				Standard Met
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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	√			<p>Evidence – Walk through the home.</p> <p>All areas of the home were clean and there is suitable equipment available.</p> <p>All resident’s rooms are ensuite.</p> <p>Baths in resident’s rooms are being used less often as people become frailer and have difficulty getting in and out. Although, there is assisted equipment available if needed, or alternatively the use of the communal wet room and assisted hoist bath. The newer wing of the home has more user-friendly shower facilities.</p> <p>Standard Met</p>
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 swing 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	√			<p>Evidence – Visual check of equipment e.g. hoists, dates of servicing and inspection under LOLER provided pre-inspection. Maintenance Manager also provided information.</p>
Handrails/grab rails where appropriate	√			
Passenger lift	√			
Stair chair lift	√			
Aids, hoists etc. for individual needs	√			
Assisted toilets & baths to meet needs	√			
Doorways (800mm wheelchair user – new builds)	√			

Signs and communication systems to meet needs (as and where necessary)	√			<p>There is adequate equipment in the home to meet people's needs who have residential care requirements.</p> <p>People who are a higher risk of falls have a chair or floor sensor mat in place. There are also door alarms in place where needed. Some residents wear a call bell neck pendant.</p> <p>Doorways to rooms in the newer extension have a wider doorway.</p> <p>Risk assessments are in care plans where a person requires the use of bedrails; assessments are reviewed.</p> <p>Standard Met</p>
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
<p>Adequate size for user's needs and any equipment used: sizes pre-June 30th 2002 at least the same size now</p> <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 	√			<p>Evidence – Walkthrough the home, discussion with individual residents.</p> <p>All rooms are ensuite and the home has both single and double occupancy rooms for couples.</p> <p>Residents spoken to have furnished their room to make it comfortable and familiar to them and rooms reflect people's personality and interests.</p> <p>If a person occupies a room on the first floor and it is considered beneficial for the person to transfer to the ground floor for their safety e.g. high falls risk, this is discussed with the person and their NOK for</p>
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)	√			

				consent. The person would then transfer to this room prior to a new person moving in to the home. Standard Met
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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)	√			Evidence – Checks of resident’s rooms, discussion with individual residents during the day of inspection.
Bed height is suitable (residential)	√			
Adjustable height (nursing)	√			
Bed linen, towel and flannels are changed frequently	√			Several beds in the home are now nursing profile beds to make it easier for a person with mobility difficulties.
Furniture is in satisfactory a condition	√			
Adequate number of chairs in room	√			
Décor is satisfactory	√			
Flooring-carpet/hard flooring is in good condition	√			Rooms have been personalised with items people have brought in with them such as pictures, ornaments, favourite chair etc. Rooms were warm and comfortable and reflect people’s personality and interests. Residents said they are happy with their room. Rooms in the older part of the home have a small balcony where people can sit out and many have decorated theirs with pot plants (risk assessment to release restriction on patio door each time a new person moves in to the room, or as needed where a concern is raised after the initial assessment).
Lockable drawer or safe available	√			
Door able to be locked and resident has key if wanted	√			
Adequate drawers & hanging space	√			
Table & bedside table available	√			
Accessibility satisfactory	√			
Safety within room	√			
Privacy (screening if appropriate.)	N/A			
Telephone point	√			
Television point	√			
Overhead and bedside lighting	√			The Care Manager said when carpet requires replacement, flooring is being replaced with hard flooring to make it easier for people to mobilise
Accessible sockets	√			
Evidence of personalisation	√			
Wash hand basin if no en-suite	N/A			
Mirror	√			
Call bell	√			
Soap & paper towel dispenser and foot operated rubbish bin in room or en-suite	√			
Odour control	√			
Cleanliness is satisfactory	√			

				<p>if they have a walking aid, ease of movement for staff using hoisting equipment and for infection prevention and control within a care home environment.</p> <p>Standard Met</p>
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Standard 25: Heating, Lighting and Water	YES	NO	In part	COMMENTS
Outcome: People live in safe, comfortable surroundings				
There is natural ventilation	√			<p>Evidence – Discussion with Care Manager and Maintenance Manager.</p> <p>No complaints of interruption of any services during the day or overnight.</p> <p>A recent audit was completed for the lighting throughout the home. The outcome was that many areas of lighting was changed to LED lighting to increase the brightness of the environment. Bright lighting has been shown in studies to reduce the risk of falls; especially in corridors and stairways.</p> <p>Maintenance Manager and Care Manager have completed training for the management of Legionella.</p> <p>Residents who were spoken to reported no issues.</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 – Walk through the home, discussion with Care Manager and with a Housekeeping Assistant, training records, Infection Control audit 2022.
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	√			Staff complete training for infection control within their induction period.
Foul laundry wash requirements; minimum 60° c for not less than 10 mins	√			The home was clean and tidy throughout. Although rooms are checked and cleaned daily, a deep clean of each room is undertaken 6-monthly (carpets, curtains, large furniture pull out etc).
Flooring impermeable/waterproof	√			
Disposal of clinical waste:				
Storage bin is located in an appropriate area	√			
There is appropriate disposal of clinical waste	√			Cleaning schedules are in place for the housekeeping team and also to clean equipment such as wheelchairs and hoists.
Sluicing disinfectant available (Nursing)		√		
Sluicing facility available		√		There are good supplies of PPE for staff usage (now have a dedicated PPE room).
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	√			The home does not have a sluice; however, to minimise the risk of infection, disposable urine bottles and commode liners are used where needed.
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)	√			An infection control audit was undertaken by the Infection Control Specialist Nurse from within HSC in August 2022 and the home achieved 100% which is excellent.
				Standard Met

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 – Duty rota, discussion with Care Manager, residents and staff.</p> <p>Staffing levels are satisfactory for the dependency of the current residents. This is monitored and reviewed regularly and additional staff employed as needed.</p> <p>There are only 2 carers on duty overnight. The Care Manager and the Provider continue to monitor this with feedback from the night staff regarding care and safety. The Care Manager has also undertaken some night shifts.</p> <p>Residents spoken to said their call bell is answered within a reasonable time both during the day and overnight. They do not feel that they are being rushed when being attended to.</p> <p>Staff said some alterations have been made to give them more time to spend with residents e.g. not required to do the tea rounds. This enables them to sit with residents who require a longer period to be supported with drinking.</p> <p>When there is a staff shortage on a shift, the management always try to cover with existing staff offering to do extra shifts or with bank staff.</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	√			

				<p>There were no issues with the level of staff providing other services in the home.</p> <p>Standard Met</p>
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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			√	<p>Evidence – Discussion with Care Manager, training records.</p> <p>The assessors who support carers who have/are undertaking the VQ awards visit the home from Summerland House Nursing Home (sister home). Two carers have a VQ award at level 2 and 4 carers have a VQ award at level 3. Two carers have commenced a City & Guilds award at level 3 (have UK assessors).</p> <p>Management support people to undertake the VQ and equivalent awards as best they can. However, due to the continued difficulty with recruitment and retention of staff in the care sector throughout, this remains an ongoing challenge, which is outside of their control.</p> <p>Standard Met</p>

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:				Evidence – Discussion with Care Manager and individual Staff. DBS
Equal opportunities policy in place	√			

Compliance with local laws – right to work document, housing licence (as appropriate)	√			<p>checks of new employees provided pre- inspection.</p> <p>There is a process in place for the recruitment of staff to help keep people safe from abuse.</p> <p>All new staff receive a job description, terms and conditions and a contract of employment.</p> <p>Standard Met</p>
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	N/A			
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	N/A			
The following policies must be included in the employee’s terms and conditions or included in the staff handbook				
• Health & Safety policy	√			
• Dealing with fire & emergencies	√			
• Confidentiality policy	√			
• Whistle blowing policy	√			
• Non-receipt of gifts & non-involvement in any resident’s financial affairs; witnessing wills or other documentation	√			
• Action if any abuse suspected or witnessed	√			
• Use of mobile phone while on duty and non-use of social network sites to discuss home/residents (confidentiality & data protection)	√			

Standard 30: Staff Training Outcome: Staff are trained and competent to do their jobs	YES	NO	In part	COMMENTS
Core values pre-employment:				Evidence – Discussion with Care Manager, training records, discussion with individual staff.
<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 	√			All staff have a supervised period of induction, which is flexible and is dependent on the person's knowledge and prior experience.
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)	√			Once a probation period is successfully completed, the person has a programme of training provided throughout their employment at the care home.
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 	√			There is 1 Ergo Coach in the team who provides the moving & handling training for staff.
<ul style="list-style-type: none"> Basic first aid 	√			
<ul style="list-style-type: none"> Accident procedures 	√			
<ul style="list-style-type: none"> Confidentiality 	√			Staff who administer medication have completed training and have been competency assessed prior to undertaking this role.
<ul style="list-style-type: none"> Safeguarding 	√			
<ul style="list-style-type: none"> Cultural needs 	√			
<ul style="list-style-type: none"> Personal hygiene 	√			
<ul style="list-style-type: none"> Person-centred care 	√			
<ul style="list-style-type: none"> Use of equipment 	√			Staff are also supported to undertake the VQ and City & Guild's awards.
Further/ongoing training:				
<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 	√			Staff who were spoken to said they feel well-prepared for their role and have regular opportunities for training and development.
<ul style="list-style-type: none"> Security measures 	√			
<ul style="list-style-type: none"> Escort duties & mobile phone usage while working 	√			
<ul style="list-style-type: none"> Hygiene, food handling and presentation 	√			Standard Met
<ul style="list-style-type: none"> Infection control 	√			
<ul style="list-style-type: none"> Pressure area care 	√			
<ul style="list-style-type: none"> End of life care 	√			
<ul style="list-style-type: none"> Restraint 	√			
<ul style="list-style-type: none"> Caring for people with dementia 	√			

<ul style="list-style-type: none"> 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 Care Manager, 2 induction programmes, 3 appraisals. Supervision is a combination of informal and formal sessions. The Care Manager and the Deputy Care Manager work alongside carers on a daily basis and provide guidance and support. Staff appraisals are up to date. Standard Met
Training opportunities of both formal and informal training	√			
Supervision covers:				
<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	√			
Supervision, support and training for volunteers	N/A			
Return to work interview to assess additional support/supervision required	√			
Are records kept for supervision sessions	√			

Standard 32: Day to Day Operations: The Manager	YES	NO	In part	COMMENTS
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 her responsibilities fully				
Registered Care Manager has a job description	√			Evidence – Discussion with Care Manager and Care Manager’s training record.
Minimum of 2 years’ experience in a senior management capacity of a relevant setting within the previous 5 years	√			
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	✓			<p>The Care Manager is a registered nurse in her home country and has a mental health specialty. However, she is not currently registered with the UK governing body for nurses – The Nursing & Midwifery Council (NMC). To manage a residential home, it is not mandatory for the Care Manager to be a registered nurse.</p> <p>The Care Manager has many years' experience as the Deputy Care Manager of the home. She is well-organised, methodical and has good knowledge of caring for older people.</p> <p>Care Manager reports to the care home Provider.</p> <p>Standard Met</p>
Nursing home RN with management qualification	N/A			
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	✓			<p>Evidence – Discussion with Care Manager, feedback from residents and staff.</p> <p>Residents gave very positive feedback in relation to the Care Manager's good moral character and how the home operates. People said they feel safe, listened to, and offered that the Care Manager always has time for them.</p> <p>Staff said they have a good leader who is approachable, supportive and they know what is expected of them.</p>
Leadership-clear direction	✓			
Strategies enable staff, service users and stakeholders to contribute to the way the service is delivered	✓			
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	✓			

				<p>Staff meetings are held regularly to ensure all staff are included and are therefore broken down to team leader meetings, laundry staff, housekeeping team, catering team, administration team, and care team. An all team meeting is also held (Jan and June minutes of meetings observed).</p> <p>Feedback from healthcare professionals who visit the care home has also been very positive.</p> <p>Standard Met</p>
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Standard 34: Quality Assurance Outcome: Service users can be sure that the home is responsive to their wishes, and is run in their best interests	YES	NO	In part	COMMENTS
Regular reviews and planning to meet the needs of the service users	√			<p>Evidence – Discussion with Care Manager and individual residents, thank you cards received by the home, quality assurance questionnaires, and internal & external audits.</p> <p>Questionnaires are completed individually with residents as some people have communication difficulties. The feedback seen from the questionnaires completed in May is very positive. Points raised for further development were actioned promptly where possible.</p> <p>Thankyou cards received from relatives of previous residents are also very complimentary.</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	√			
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	√			

				<p>Residents who were spoken to are very happy living at Maison De Beauvoir. They said staff are kind, friendly and will do anything for them where they can.</p> <p>A person's NOK /representative are able to call in to speak to the Care Manager or her deputy whenever they visit for an update regarding their relative's care and well-being. An email group has also been set up to communicate information to relatives e.g. vaccinations offered to their relative, restricted visiting during an outbreak of infection such as Covid 19 or general information about the home.</p> <p>Audits completed provide very positive and suggest quality assurance is important to the team.</p> <p>Care Manager monitors her performance as a result of feedback provided by all stakeholders.</p> <p>Standard Met</p>
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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 Care Manager.
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 (ESS) receive home's accounts annually.
Legal liabilities for service users and staff – Is the insurance certificate on display and in date?	✓			The Provider manages the business planning for any interruption of business.

				Standard Met
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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	√			Evidence – Discussion with Care Manager.
Safeguards are in place if managed by home e.g. records kept for safe keeping of valuables and/or money, secure storage	√			Residents manage their finances where they can. Where a person is unable to manage this, they are supported by their NOK / representative. The home holds only small amounts of money for individual residents provided by their NOK for outings, hairdresser and chiropody and records are maintained. Standard Met

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	√			Evidence – Storage of records, care plans, discussion with Care Manager.
Records kept are up to date and in good order (resident information)	√			Care records are held electronically and are password protected. Each resident has a care plan summary in their room. Standard Met
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 – Discussion with Care Manager, Maintenance Manager, records provided pre-inspection, training records, accident / incident forms. A programme of training commences with induction on employment and continues throughout a person’s employment at the home. Risk assessments provide evidence of safe working practices and safe care provision. There is 1 Ergo coach in the team for moving & handling training. The Maintenance Manager provides in-house fire safety training as part of his role. Accidents / incidents are recorded and are used as an opportunity for further learning to minimise the risk of a re-occurrence. People are able to enter the home using a push button entry system but require assistance of staff; if not a regular visitor, as the exit is PIN protected. Standard Met
Fire safety training is provided	√			
Fire equipment is kept maintained for immediate use; including the fire alarm, which is tested each week and this is logged	√			
First Aid training – staff have an understanding of first aid and there is a named first aider	√			
There is first aid equipment in the home that is always available when needed	√			
Food hygiene – Chefs and Cooks undertake food hygiene training at level 2 level, care staff at level 1	√			
Infection control – staff undertake training for infection control	√			
Safeguard training	√			
Housekeeping undertake training for the safe storage and disposal of hazardous substances (COSHH)	√			
Regular servicing of boilers & heating systems	√			
Maintenance of electrical systems & equipment	√			
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 - new	√			
• Laundry	√			
• Outdoor steps and pathways	√			
• Staircases	√			
• Lifts - chair	√			
• 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.	27 - Staffing	<ul style="list-style-type: none"> Continue to monitor staffing level at night through a documented risk assessment to ensure adequate staffing in relation to resident's dependency levels, layout of the building and for managing an emergency e.g. fire. Night staff to provide feedback. 	ongoing	Provider & Care Manager	Progress check on inspection in 2024	
2.						
3.						
4.						

HOME MANAGER/PROVIDERS RESPONSE
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Please provide the Inspection department of Health & Social Care with an action plan, which indicates how requirements and recommendations are to be addressed and a completion date within the stated timetable.

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

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

REGISTERED PERSON'S AGREEMENT

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

We would welcome comments on the content of this report relating to the inspection conducted on **11/10/23** and any factual inaccuracies:

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

I _____ of _____ confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the requirements made and will seek to comply with these.

Or

I _____ of _____ am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

Signature:

Position:

Date:

Note:

In instances where there is a profound difference of view between the inspector and the registered person both views will be reported. Please attach any extra pages, as applicable.

October 2023