



The Office of the
Committee for
Health & Social Care

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

**SAUMAREZ PARK MANOR
RESIDENTIAL & RETIREMENT HOME**

INSPECTION REPORT

DATE: 18th 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: **Saumarez Park Manor Residential & Retirement Home**

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

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

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

CATEGORY	NUMBER OF REGISTERED BEDS
Residential	35

Date of most recent inspection: 20/04/23 – Unannounced
Date of inspection upon which this report is based – 18/10/23
Category of inspection – Announced
Vanessa Penney - Registration and Inspection Officer (Quality & Patient Safety Team - HSC) Dawn Watterson – Quality Improvement Manager (Quality & Patient Safety Team – HSC)

SUMMARY OF FINDINGS

Saumarez Park Manor Care Home provides residential care for up to 35 people. Some people are living with the effects of dementia. On the day of inspection, there were 31 people living in the home.

Saumarez Park Manor is situated opposite Saumarez Park, which provides a pleasant area for people to walk around, in a peaceful and traffic-free environment. There are landscaped gardens at the back of the home where there is parking for staff and visitors. There is also a large sheltered court yard to the rear where people can sit out.

The home is not purpose-built but has been adapted to provide a comfortable care home environment. The corridors are very narrow, which could cause difficulty if large pieces of equipment are required. However, residents at the home are mobile; some with a walking aid, and the corridors do enable wheelchair access.

Saumarez Park Manner has a warm and friendly atmosphere and was clean, well-organised and well-maintained throughout. The furniture, furnishings and equipment are suitable to meet people's varying needs.

People are assessed prior to moving in to the care home to ensure the team are able to meet the person's care needs and their expectations of the care home environment. Information obtained at the assessment, is used to develop a person-centred care plan.

Care plans provide guidance to enable carers to support a person's care with consistency; taking in to account a person's likes, dislikes and preferences. Care plans promote a person's choice and level of independence; as well as privacy and dignity.

People are supported to eat and drink enough to maintain a balanced diet; which is monitored and documented regularly. Where a concern arises, a referral is made to the relevant person e.g. person's GP or to the Dietician for further guidance.

There are opportunities for people to build and maintain meaningful relationships with others. Activities take in to consideration people's hobbies and interests and include in-house activities and activities within the community.

The medication system adheres to good practice guidance. Medications are stored, administered and disposed of safely and residents said they receive their medication when and how they expect to. Staff who carry out this task are trained to administer medication and have their competency checked at regular intervals.

There is a process in place for the recruitment of staff to help the Care Manager 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. New staff have a period of induction where they shadow experienced staff using a documented programme of learning and development. Following induction there is an ongoing programme of training and development to include the VQ and City & Guilds care awards.

There are adequate numbers of staff to meet people's needs. Staff felt the current staffing levels were appropriate and did not compromise the quality of care they provided. Residents reported they do not feel rushed when being assisted. Levels of staff overnight must continue to be monitored to ensure the night staffing level is adequate to maintain levels of care and safety.

The home is well managed and values the involvement of the people who live there. There is opportunity for residents, their NOK and staff to be involved in a number of ways to inform changes in how care and support is provided. Residents and staff stated they feel comfortable to raise any issues and that these will be actioned appropriately.

Accidents/Incidents including near miss incidents occurring in the home are recorded and are monitored for trends and are seen as an opportunity for further learning within the team, to minimise future risk.

Quality Assurance ensured standards of good practice were adhered to and drive change and improvement. This is provided through audit feedback, regular meetings with stakeholders, training programmes and feedback from external healthcare professionals and is well-led by the Care Manager.

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 – Service User Guide, website, discussion with Care Manager.
Marketing Brochure (optional)		√		
There is a Statement of Purpose that sets out the:				Marketing brochure no longer produced – now directed to website.
Philosophy of care, aims and objectives	√			
Terms and conditions of the home	√			
Updated at least annually or when changes to services and home occur			√	Service User Guide updated in January – not formally updated annually (3 yearly- unless changes occur then done at the time).
There is a Service Users Guide/Resident’s Handbook				
Prospective and current residents are provided with/have access to a copy	√			A person considering the care home is advised to visit to have a look around and to ask any questions.
Written in the appropriate language and format for intended service user	√			
Brief description of accommodation & services provided	√			This is to enable them to make an informed decision with the most up-to-date information, as to whether Saumarez Park Manor is the right home for them.
Detailed description of individual and communal space	√			
Qualifications and experience of registered provider, manager and staff	√			
Number of residents registered for	√			Home policy for alcohol is discussed in the contract.
Special needs & interests catered for e.g. diets, activities etc	√			
How to access a copy of most recent inspection report	√			Standard Met
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 – 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	√			Contract in place for each person. Both the home and the person/NOK keep a copy of the signed agreement.
Fees payable and by whom (service user, long term care benefit scheme, relative/ other)	√			Charges amended as appropriate on person's death.
Rights and obligations listed and liability if breach of contact	√			
Terms and conditions of occupancy e.g. including period of notice	√			Standard Met
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 the Care Manager.
Involvement of others; relatives, GP other allied health professionals	√			Pre-admission assessment form is currently being modified as additional space is required for some elements of information. The information collected in the assessment is used to develop a person-centred care plan. Standard Met
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 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.
The services of specialised personnel are sought to meet people's care needs	√			Care home has residential status.
Social/cultural needs are met to the preference and needs of the person and are understood by the people caring for them	√			Although a policy is in place for discrimination, advised further training for staff as the new

Policies for discrimination & Equality (equal access to services)	✓			Discrimination Law is now in place; to ensure all staff are updated. 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. A trial is offered routinely however, there have been occasions where trials have been undertaken but previous accommodation has been surrendered and the home has nowhere to discharge a person to if the trial fails. Home does not take an emergency admission as usually they have full occupancy. Eight people are currently on the waiting list. Standard Met
Residents or their representative are encouraged to visit the home before making a decision	✓			
Provision for a trial before final decision made to move into home	✓			
Emergency admissions to the home are accepted?		✓		
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 Care Manager.
Specialised facilities, therapies, treatment and equipment are available to promote activities of daily living and mobility			✓	

Are staff qualified in techniques for rehabilitation and promotion of programmes to re-establish community living?	√			<p>Intermediate/respice care is not a requirement for care homes. However, should a home agree to a respice placement, staff have skills to support the activities if daily living and referrals are made to more specialised healthcare professionals as needed.</p> <p>Occasional respice placements are offered if there is a vacancy at the time needed.</p> <p>The home has access to NVQ assessors who can also provide guidance. A RN can also visit the home from the home's sister home Summerland House Nursing Home to provide support and guidance as needed.</p> <p>A person would only be able to remain in the care home following respice, if there is a vacancy and the home can manage the person's care. At times this can be difficult.</p> <p>Standard Met</p>
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 the person is able to remain living at the care home			√	

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	√			<p>Evidence – Care plans, discussion with Care Manager and individual residents.</p> <p>Each person has a care plan with guidance for care staff to follow, which is reviewed and updated regularly.</p>
Risk assessments in place for:				
<ul style="list-style-type: none"> Moving & handling, mobility & risk of falls 	√			
<ul style="list-style-type: none"> Nutrition 	√			
<ul style="list-style-type: none"> Skin condition & Pressure sore prevention 	√			

• Other dementia	√			Residents who were spoken to had no complaints with the care they receive and are kept updated of necessary changes (NOK where appropriate). Standard Met
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 – Care plans, discussion with Care Manager.
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	√			No reports of any pressure injuries since previous inspection. Night checks are 2-hourly, some are hourly if a person is unwell; increased accordingly.
Care staff maintain the personal and oral care of each person and wherever possible support the person's independence	√			One recent review of care involved a person being transferred to a nursing home to ensure their care needs can continue to be met.
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	√			Standard Met
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	√			Evidence – Discussion with Care Manager.

remedies and for administration during a pandemic				BNF utilised online and all carers have access on their mobile phones.
NMC guidance and BNF (within 6-month date) available	√			<p>There is a policy in place if medication is required to be given covertly.</p> <p>Controlled medication is stored correctly, certified by Guernsey Police.</p> <p>For medication that is required to be administered or monitored by a registered nurse, the Care Manager makes a referral for the community nurses to attend.</p> <p>Fridge temperatures are checked daily and recorded. Staff report to maintenance if outside of recommended range so that appropriate action can be taken to rectify.</p> <p>A medication audit by the Deputy Chief Pharmacist from within HSC has not been completed since 2019. However, this is outside of the Care Manager's control. There were no concerns observed on this visit.</p> <p>The Care Manager or a deputy completes a monthly audit in-house on the changeover of the medication cycle.</p> <p>Standard Met</p>
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:				
• Meds received	√			
• Meds administered	√			
• Meds leaving the home	√			
• 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	√			
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 Care Manager and with individual residents.
Bedrooms are shared only by the choice of service users e.g. couples, siblings	√			Privacy and dignity are individualised to each resident; as to the level of assistance required and personal preferences, in line with risk assessments. All rooms bar one is ensuite. No residents in the home are currently sharing a room.
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	✓			<p>Residents have continual access to their room for private visits/consultations, or they can utilise another private space in the home.</p> <p>Privacy and dignity as part of common etiquette is included within induction of all new employees.</p> <p>Laundry turnaround is same day – carers are currently assisting with the laundry while recruiting to this position. Previous laundry assistant left her position after 23 years at the home.</p> <p>Adaptions to telephones are provided if required. Residents can bring in their own TV if preferred; to minimise confusion (familiar with how to work it).</p> <p>Standard Met</p>
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>Community nurses and palliative care team support the care home when a person is receiving end of life care.</p> <p>Advice can also be sought by the registered nurses at their sister</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)	√			<p>home Summerland House Nursing Home.</p> <p>Religious and cultural needs are upheld where known.</p> <p>Standard Met</p>
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 residents, activity programme on display in several places in the home.
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	√			Residents spoken to discussed some of the activities they do in the home, for example arts and crafts, exercise to music, shopping trips, quizzes and film sessions etc.
Involved in normal household chores if wanted attending to garden, collecting dishes etc	√			
There is a choice of leisure and social activities	√			A record is kept of those that join in so that other activities can be undertaken with other individuals to prevent social isolation.
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 Met

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 and Care Manager, activity programme.
Is there a visitors' book in place	✓			
Privacy when receiving visitors	✓			
Choice of whom visits respected and documented as necessary	✓			Several residents attend their own social networks each week, e.g. Ron Short Centre, Age Concern, Blind Association, Jubilee (list in office with days individuals attend).
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	✓			<p>Several residents spoke about an afternoon tea at the Peninsula Hotel that they had attended the previous day with residents from other care homes, which they really enjoyed.</p> <p>One resident attends a glass art session on a Friday.</p> <p>There is an 'in and out' board which residents use to notify staff of their whereabouts in and outside of the home.</p> <p>There is a kitchenette in the conservatory where residents and relatives can make a drink when they want to. However, regular drinks and snacks are served throughout the day.</p> <p>Standard Met</p>

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.
Service users are encouraged to bring personal possessions into the home e.g. small furniture, pictures & ornaments etc	√			Residents said as far as they are aware they can do what they want to each day.
Service users encouraged to manage own financial and other affairs as long as they have capacity to do so	√			People's rooms visited, had been furnished with some of their personal items from home. This provided homeliness and familiarity, and reflected each person's personality and interests.
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	√			People manage their own finances if able. Where this is not possible, it is undertaken by the person's NOK. Some residents have a Lasting Power of Attorney or Guardianship in place. Standard Met

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, observation of the lunch time service, discussion with residents and chef. The lunchtime meal looked appetising and was nicely presented.
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	√			Discussion amongst residents confirmed it was very enjoyable. Residents said all of the meals in the home are lovely and they have a great chef.
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	√			<p>The chef has a list of people's likes and dislikes in the kitchen, including special dietary requirements.</p> <p>Regular drinks and snacks are served in between meals and drinks are available in people's rooms and in the lounge areas.</p> <p>Most residents eat in one of the two dining rooms, a couple of people prefer to eat in their room.</p> <p>Standard Met</p>
Fresh fruit and vegetables are served/offered regularly	√			
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 – Complaints policy, discussion with individual residents. No formal complaints have been received prior to inspection. No issues were raised by residents on the day of inspection. Standard Met
The procedure is accessible e.g. reception notice board, resident’s handbook	√			
Are there timescales for the process	√			
The procedure states who will deal with them	√			
Records are kept of all formal complaints	√			
There is a duty of Candour – transparent and honest	√			
Details of investigations and any action taken is recorded	√			
There is written information available, clearly displayed, in an accessible place, for referring a complaint to the HSC	√			

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	√			

There are written policies are in place for Data Protection (Bailiwick of Guernsey) Law, 2018 and for confidentiality	✓			Residents said they are free to participate in debates independently or are supported by the Care Manager or their NOK. Data protection and confidentiality is included in induction. Standard Met
Prior consent is obtained for any photographs taken	✓			

Standard 18: Protection Outcome: Service users are protected from abuse	YES	NO	In part	COMMENTS
Polices & procedures are in place for Safeguarding Vulnerable Adults against:				Evidence – Training records, discussion with residents and staff, safeguard policy. Staff have completed safeguarding as part of their induction. Staff spoken to have a clear understanding of what to do if abuse is suspected or witnessed and who to report this to. Residents spoken to had no concerns to raise and described the staff as caring and fabulous.
• 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)	✓			Standard Met
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	✓			

Restricted entry/exit to the home is appropriate	√			<p>Evidence – Walk through the home, discussion with Care Manager and Maintenance Manager.</p> <p>Home was clean, tidy and homely throughout. Some corridors are quite narrow to accommodate a resident assisted by a carer. However, residents are mobile either independently or with a walking aid and there is access for a wheelchair.</p> <p>The home generally does not have a locked door policy. However, it may be locked periodically for a person's safety if a person is unsafe to leave the home unsupervised.</p> <p>Standard Met</p>
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)	YES	NO	In part	COMMENTS
Outcome: Service users have access to safe and comfortable indoor and outdoor communal facilities				
Recreational area is provided	√			Evidence – Walk through the home, information provided pre-inspection.
Private area is provided	√			
Lighting is domestic and is flexible for different needs/activities	√			The communal areas are spacious, bright and comfortable, hence good social gatherings where people like to sit and chat and do activities.
Furnishings are non-institutional, in good order and suitable for client group	√			
Odour control	√			
Cleanliness is satisfactory	√			When the weather is fine there is a lovely outdoor area for people to sit, with shading provided.
Good quality flooring	√			
General ambience is good	√			
Ventilation is good	√			
Smoking Policy in place	√			
				Standard Met

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 – Check of these facilities, information provided pre-inspection.</p> <p>All bar one room is ensuite. The room that does not have an ensuite has a toilet within close proximity to the room.</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 – Walk through the home, pre-inspection information provided.</p> <p>There are assisted baths in the home of varying designs to meet people's needs. Some rooms have a walk-in shower facility.</p> <p>Residents requiring a mobility aid have their own equipment.</p> <p>There are hoists to support a person with their mobility as able. However, most people have low</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)	N/A			
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	√			

				level care needs and can mobilise around their room and the home independently. Support from staff is provided as needed. Standard Met
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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 – Room checks, discussion with residents. Rooms checked are comfortable and nicely furnished. All people spoken to are happy with their room. There are apartments available for couples, however, rooms are currently single occupancy.
Room layout suitable taking in to account fire safety and limitations due to mobility	√			Standard Met
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)	√			Evidence – Room checks, discussion with individual residents.
Bed height is suitable (residential)	√			
Adjustable height (nursing)			√	Some rooms have height adjustable profile beds if needed.
Bed linen, towel and flannels are changed frequently	√			
Furniture is in satisfactory a condition	√			Residents who were spoken to are happy with their room and have
Adequate number of chairs in room	√			
Décor is satisfactory	√			

Flooring-carpet/hard flooring is in good condition	√			<p>personalised it to make it homely and to their taste.</p> <p>Some rooms have hard flooring to aid infection control and to make it easier for people to move around with a walking aid.</p> <p>As carpets require replacing, they will also be replaced with this type of flooring.</p> <p>Standard Met</p>
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.)	√			
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 and Water Outcome: People live in safe, comfortable surroundings	YES	NO	In part	COMMENTS
There is natural ventilation	√			Evidence – Pre-inspection information provided and walk through the home.
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	√			No complaints of interruption of services at any time.
Adequate & suitable lighting	√			The home was warm and cosy.
There is Emergency lighting throughout the home	√			
Water temperature is set at a maximum of 43° C and this is checked regularly	√			The Maintenance Manager has completed training for the management of legionella and records are kept for ongoing monitoring.
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	✓			Standard Met
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 – Policy and procedure for infection control, staff training records, observation of staff infection control practices.
Odour control	✓			
Laundry is located away from the food area	✓			
There is segregation of clean and ‘dirty’ laundry	✓			Home clean and hygienic throughout. Good infection control practices by staff were observed during the day.
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	✓			Infection control training is included within the staff induction programme.
Flooring impermeable/waterproof	✓			
Disposal of clinical waste:				There are good supplies of PPE, which are available to staff at all times.
Storage bin is located in an appropriate area	✓			
There is appropriate disposal of clinical waste	✓			Although the home does not have a sluice, should a receptacle or commode be necessary at certain times, disposable receptacles are used to support infection prevention and control in the home.
Sluicing disinfectant available (Nursing)	N/A			
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	✓			Standard Met
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 – Duty rota, discussion with staff and individual residents.</p> <p>Staff said their workload is about right for the dependency of the current residents.</p> <p>Residents said they feel well care for. If they ring their call bell for assistance they are not left waiting for help for long periods.</p> <p>They said staff are kind and helpful and they did not feel rushed when being attended to.</p> <p>There are two staff on duty overnight. People generally have low level care needs. However, this must continue to be monitored and risk assessed regularly to ensure adequate safety for all.</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	√			<p>Evidence – Discussion with Care Manager.</p> <p>Care Manager reports that more than 50% of staff have a Health & Social Care award at a minimum of level 2.</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:				<p>Evidence – Discussion with Care Manager, DBS Police checks.</p> <p>Care Manager confirmed there is a robust process in place for the recruitment of staff to minimise the risk of abuse in the home.</p> <p>An enhanced Police check is undertaken for all care staff.</p> <p>All staff are provided with written terms and conditions and a job description, and are required to sign a contract when they start.</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	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)				
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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:				Evidence – Discussion with Care Manager, training records, induction package.
<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 				Induction includes three weeks supernumerary preceptorship/shadowing with different staff members depending on experience. There is a 6-month probation period.
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)	√			An electronic training programme is utilised for most of the mandatory training.
Policies and training included on induction:				
<ul style="list-style-type: none"> Fire & emergency 	√			Some staff have completed breakaway training but have not updated due to rarity of needing to use. However, there is a policy regarding restraint, which is included in staff induction.
<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 	√			
<ul style="list-style-type: none"> Accident procedures 	√			
<ul style="list-style-type: none"> Confidentiality 	√			
<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 	√			Training in the ‘further, ongoing’ section is continued following induction. It is part of further ongoing professional development throughout the person’s employment at the home.
Further/ongoing training:				
<ul style="list-style-type: none"> Care planning 	√			Once successful probation is achieved, individuals can go on to do NVQ/VQ/City & Guilds awards.
<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 	√			
<ul style="list-style-type: none"> Hygiene, food handling and presentation 	√			Seven carers who administer medication have completed the
<ul style="list-style-type: none"> Infection control 	√			

• Pressure area care	√			standalone VQ unit at Level 3 for the Administration of Medication. Ongoing monitoring is in place (Care Manager provides). Standard Met
• 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 Outcome: Staff are appropriately supervised	YES	NO	In part	COMMENTS
Written induction programme in place	√			Evidence – Discussion with Care Manager, appraisal records x 2.
Training opportunities of both formal and informal training	√			
Supervision covers:				Both the Care Manager and the Deputy Care Managers work ‘on the floor’ daily with carers.
• All aspects of practice	√			
• Philosophy of care	√			
• Career/personal development - appraisal system in place	√			Most supervision sessions are informal. However, carers undertaking the NVQ/VQ/City & Guilds awards have formal supervision when they work with their assessors.
Other staff supervised as needed as part of management process	√			
Supervision, support and training for volunteers	N/A			Appraisals are completed annually. Standard Met
Return to work interview to assess additional support/supervision required	√			
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 her responsibilities fully	YES	NO	In part	COMMENTS

Registered Care Manager has a job description	√			<p>Evidence – Discussion with Care Manager, training record.</p> <p>Care Manager has an NVQ award at Levels 2 & 3. She has also completed 14 units of the NVQ award at Level 5 for leadership & management. She is a VQ assessor and an Ergo Coach. Ergo Coach enables her to provide training and guidance for moving and handling practices in the home.</p> <p>Continue to seek training for managerial role for ongoing professional development.</p> <p>Standard Met</p>
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	√			
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 Outcome: Service users benefit from the ethos, leadership and management approach of the home	YES	NO	In part	COMMENTS
Management approach creates an open, positive and inclusive atmosphere	√			<p>Evidence – Discussion with Care Manager and individual residents.</p> <p>Every 6 months there is an all team meeting. However, in between these meetings the Care Manager has meetings with various groups of staff, e.g. team leaders.</p> <p>Residents meetings are also held to enable their views to be heard.</p> <p>Staff know what is expected of them and said the Care Manager is approachable and fair.</p> <p>Residents said they had no complaints and are very happy with how the home is operated.</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	√			

				Standard Met
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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	√			Evidence – Discussion with Care Manager and individual residents, audits completed. Residents meetings are held 3-monthly, which are documented. Care Manager monitors her performance through feedback from residents, relatives, staff, visiting health care professionals and audits completed both internal and external. Residents said the home provides a quality environment which is clean and comfortable. They feel they are listened to and action is taken as a result of their feedback for continued service development. Standard Met
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	√			

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 receive a copy of the home's accounts annually.

Legal liabilities for service users and staff – Is the insurance certificate on display and in date?	√			<p>Provider manages the business continuity for the home; with feedback from the Care Manager.</p> <p>Standard Met</p>
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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 and individual residents.
Safeguards are in place if managed by home e.g. records kept for safe keeping of valuables and/or money, secure storage	√			<p>Residents spoken to said they manage their own finances with support from their NOK. Small amounts of money are held by the home for outings, hairdresser and chiropody – provided by NOK and logged in and out.</p> <p>Standard Met</p>

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 – Discussion with Care Manager, care records.
Records kept are up to date and in good order (resident information)	√			Care plans are electronic and are password protected.
Records secure	√			
Data protection and confidentiality compliance – policy in place	√			Data protection and confidentiality are included in the staff induction programme.
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 and Maintenance Manager, training records, risk assessments, accidents/incidents, policies and procedures. Training is ongoing and staff receive regular refreshers as advised by the training provider. The home is clean and well-maintained throughout. Equipment is maintained and inspected as required by law, e.g. under LOLER for moving and handling equipment. Plan of building is on display in entrance to home (fire zones). Accidents/incidents are recorded and are reported to the Inspection Officer as appropriate. Accidents/incidents are used as an opportunity for further learning for the team to minimise the risk of re-occurrence. Various pieces of equipment are also used to support this e.g. pressure sensor mats, door alarms. There is a good number of fire marshals in the team.
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	√			Standard Met

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	Two staff are on duty overnight. While this is adequate in relation to the current resident's care needs, this must be kept under review through a documented risk assessment, resident dependency scores and feedback from night staff. Where care needs increase, the staffing levels must be increased accordingly to enable staff to manage an emergency situation such as a fire	ongoing	Provider & Care Manager	Inspection in 2024 - TBC	
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 **18/10/23** 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