



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: 15th May 2025

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

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

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

Name of Establishment: **Saumarez Park Manor Residential & Retirement Home**

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

Name of Registered Provider: **John Ramplin Charitable Trust**

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

CATEGORY	NUMBER OF REGISTERED BEDS
Residential	35

Date of most recent inspection: 27/11/24 – Unannounced
Date of inspection upon which this report is based – 15/05/25
Category of inspection – Announced
Vanessa Penney Registration and Inspection Officer Quality & Patient Safety Team HSC

SUMMARY OF FINDINGS

Saumarez Park Manor Care Home provides residential care for up to 35 people. People generally have low level care needs. On the day of inspection, there were 30 people living in the home.

Saumarez Park Manor is situated opposite Saumarez Park. There are landscaped gardens at the back of the home where there is parking for staff and visitors. There is also a large, sheltered courtyard, which is accessible through the conservatory, where people like to sit out when the weather allows.

The home is not purpose-built but has been adapted to provide a comfortable and homely environment. The corridors are narrow, however, residents at the home are mobile; some with a walking aid, and the corridors do enable wheelchair access.

The care home is kept well-maintained and is clean and comfortable throughout. The furniture, furnishings and equipment are suitable to meet people's varying needs.

People's health and care needs are assessed before they move into the home. Information is provided by the person, next of kin (NOK) where appropriate, and from healthcare professionals who are also involved with the person's care. This information is then used to develop a personalised care plan.

Care plans show people are supported to maintain independence wherever they can and are involved in decisions about their care. There is good evidence in care plans and from residents, that staff are responsive to their needs because they know them well.

People are supported to eat a nutritious diet and to drink enough to keep them hydrated and are given choices. Special dietary requirements and preferences are recorded in the person's care plan. Each person's nutritional status is monitored regularly with a referral made to the relevant external healthcare professional where additional guidance and support is required.

Staff support people to maintain relationships with people who are important to them such as family and friends and there is open visiting.

People are supported to engage in the social activities at the home, which match their hobbies and interests, and these are reflected in people's care plans. People are also supported to participate in activities offered within the community to encourage a fulfilling life. Some people choose not to take part in activity, which is respected.

There are safe systems and processes in place to ensure people receive their medication in line with best practice and people confirmed they received their medication when they expect to and how they like to take it. Staff complete training prior to undertaking this task, and regular audit and competency assessments keep standards high.

There is a safe recruitment system in place to help the care manager make safer decisions when taking on new staff, to minimise the risk of abuse. Background checks are completed for all new employees, which include obtaining a police check (DBS) and references.

New employees have a period of supervised induction. Following induction there is an ongoing programme of training and development to ensure staff have the necessary skills to meet people's individual care needs.

Feedback from residents and staff show the staffing levels are sufficient and are effective to meet people's current care needs. The staff level overnight must continue to be monitored to ensure the night staffing level is adequate to maintain levels of care and safety as the staffing is currently at the minimum level expected.

People reported they do not feel rushed when being assisted with care and did not feel they had to wait for long periods when they rang for assistance both during the day or overnight. This was also observed throughout the day.

People know how to make a complaint and feel comfortable to do so. They are confident the complaint would be managed sensitively and appropriately.

There are systems and processes in place when things go wrong. The transparent culture of management ensure staff feel supported, so lessons are learned to minimise further risks.

The home benefited from organised and consistent leadership. There are systems in place to monitor the quality and safety of the service, such as audit, and management engage with other healthcare professionals and services when needed. This demonstrates commitment to ongoing improvement and learning to ensure best practice in the home.

GUERNSEY STANDARDS FOR CARE HOMES AUDIT

Standard 1: Information Outcome – Prospective service users have the information they need to make an informed choice about where to live	YES	NO	In Part	COMMENTS
Website (optional)	✓			Evidence – Resident’s charter, website, discussion with care manager.
Marketing Brochure (optional)		✓		
There is a Statement of Purpose that sets out the:				Together, the website and residents’ charter provide the information people require; to enable them to make an informed decision as to whether Saumarez Park Manor is the right home to meet their care needs and expectations of a care home.
Philosophy of care, aims and objectives	✓			
Terms and conditions of the home	✓			
Updated at least annually or when changes to services and home occur	✓			A person is advised to arrange a visit to have a look around with their NOK (where relevant) so they can speak to residents and staff, ask any questions and gain a feel for the home.
There is a Service Users Guide/Resident’s Handbook				
Prospective and current residents are provided with/have access to a copy	✓			
Written in the appropriate language and format for intended service user	✓			Standard Met
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 – Discussion with care manager, contract.
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	✓			People are provided with a contract when they move into the care home. This is discussed at a face-to-face meeting with the administrator. Once agreed, the contract is signed and both parties retain a copy for their records.
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	✓			The current fees and long-term care benefit are available on the home's website.
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 into 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 into the care home	√			Evidence – Discussion with care manager.
Involvement of others; relatives, GP other allied health professionals	√			<p>A person looking to move into the care home is assessed using a pre-admission form. This is to ensure the team can meet the person's care needs and have or are able to obtain any necessary equipment.</p> <p>Information is also obtained from external healthcare professionals who are involved with the person's care e.g. GP, community nurses, ward nurses if transferring from hospital, Needs Assessment Panel (NAP) summary from the person's social worker.</p> <p>Standard Met</p>
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 and individual residents, risk assessments and care plans.
The services of specialised personnel are sought to meet people's care needs	√			Care home has residential status and people generally have low level 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)	✓			<p>Referrals are made to relevant healthcare professionals for support and guidance with elements of care as needed.</p> <p>Residents spoken to said the care they receive meets their needs as the carers know them well. All people spoken to are happy living at Saumarez Park Manor.</p> <p>Standard Met</p>
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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	✓			<p>Evidence – Discussion with care manager and individual residents.</p> <p>Trial period is included in the contract. Care manager said if a person is transferring from the hospital, if after the trial period the person does not feel the care home is suitable for them, they would need to view other care homes as they would be unable to return to hospital.</p> <p>Several residents said they had visited the home with their NOK prior to making their decision. All people said they settled into the home quite quickly and are happy with their choice.</p> <p>An emergency admission is accepted following an assessment, if there is a vacancy at the time needed. Care manager said a planned admission is</p>
Residents or their representative are encouraged to visit the home before deciding	✓			
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	✓			

				<p>preferable as this ensures things can be organised e.g. obtaining prescriptions for medication, which minimises the risk of mistakes The care manager can also plan time for staff to help a person settle in.</p> <p>Standard Met</p>
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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		✓		<p>Evidence - Discussion with care manager.</p> <p>Respite/intermediate placements are optional for care homes to provide. However, this type of care is offered if there is a vacancy at the time the care is needed.</p> <p>Referrals are made to the appropriate external healthcare professional as required for more specialised care during the respite/intermediate period e.g. occupational or physiotherapy, community nurses etc.</p> <p>A person can remain in the care home following respite/intermediate care, if there is a vacancy and the care team can manage the person's care. This requires re-assessment and referral to NAP for a long-term care residential certificate; to replace the respite certificate.</p> <p>Standard Met</p>
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?			✓	
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 can 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 – Risk assessments and care plans, discussion with care manager and individual residents.</p> <p>Each person has a person-centred care plan, which includes the person's beliefs, care needs, interests and preferences.</p> <p>Care plans and risk assessments are reviewed and updated regularly.</p> <p>Residents said the care they receive meets their needs and staff know their 'little ways' well and are very supportive.</p> <p>Restrictions in place have been assessed, documented and consented to by the person and/or their NOK e.g. use of sensor mat, bedrail, if needed.</p> <p>Standard Met</p>
Risk assessments in place for:				
• Moving & handling, mobility & risk of falls	√			
• Nutrition	√			
• Skin condition & Pressure sore prevention	√			
• 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 – Care plans, discussion with care manager and individual residents.</p> <p>People said they are supported to maintain as much independence as possible to keep mobile and maintain quality of life.</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	✓			<p>People are referred to the appropriate external healthcare professional when more specialist advice is required, which is evidenced in care plans.</p> <p>Where a person requires a higher level of care then can be provided at the residential home, for example nursing care, a referral is made for the person to be re-assessed. It may be necessary for the person to transfer to a more appropriate facility e.g. nursing home if more continuous care is required by a registered nurse. Currently 2 people are awaiting re-assessment for residential EMI care and 2 people have been re-assessed for nursing care. One person has since transferred to a nursing home and the other person's assessment is due to be considered by the NAP today.</p> <p>Standard Met</p>
People are assessed by a person who is trained to do so, to identify those people who have developed, or are risk of developing a pressure injury. Appropriate intervention is recorded in the plan of care	✓			
People are free of pressure injuries	✓			
The incidence of pressure injuries, their treatment and outcome are recorded in the person's care plan	✓			
There are preventative strategies for health care: link nurses, equipment etc	✓			
The registered person ensures that professional advice about the promotion of continence is sought and acted upon, and the necessary aids and equipment are provided	✓			
A person's psychological health is monitored regularly, and preventative and restorative care is sought as deemed necessary	✓			
Opportunities are given for appropriate exercise and physical activity; appropriate interventions are carried out for individuals identified as at risk of falling	✓			
Results from appointments, treatments and problems and from health care professionals are recorded in care plan and are acted upon	✓			
Nutritional assessment completed on admission and reviewed regularly thereafter (weight recorded). Identified problems are documented and are acted upon	✓			
Regular night checks are in place	✓			
Service users, relatives and/or advocates can 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 users, 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	✓			<p>Evidence – Discussion with care manager and individual residents, MARS.</p> <p>Carers who administer medication are required to complete a training package prior to undertaking this task. This is to ensure they have the required knowledge and skills to manage medication safely. Six carers have completed this training with a further 2 carers undertaking this training.</p> <p>Carers are competency checked annually by the care manager; sooner and more frequently if an error occurs.</p> <p>There is a policy in place if medication is required to be given covertly – no resident currently requires this action. However, the care manager is aware of the authorisations required prior to this being implemented.</p>
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:				
• 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	✓			<p>Three residents self-administer their medication: either all or part of it.</p> <p>Prior to undertaking this, a risk assessment is completed, which is reviewed 3-monthly with the resident and is documented.</p> <p>A medication audit was completed by the deputy chief pharmacist from within HSC in December 2023 where the medication system was found to be well-managed. Minor improvements advised were resolved immediately.</p> <p>The care manager or her deputy complete an informal monthly audit of medications on the changeover of the medication cycle.</p> <p>People spoken to said they receive their medication when they expect to or are provided prn medication promptly when requested e.g. analgesia. Nobody had any issues to raise.</p> <p>Standard Met</p>
Compliance with current law and codes of practice	✓			
Medicines, including controlled drugs, (except those for self-administration) for people receiving nursing care, are administered by a medical practitioner or registered nurse	N/A			
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 because 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	✓			<p>Evidence – Discussion with individual residents, and staff - resident interactions throughout the day.</p> <p>All bar one room in the home is ensuite; however, there is a bathroom nearby.</p> <p>People confirmed they are always treated with dignity and respect. This was also observed during the day when staff were interacting with people. People were always pleased to see them and staff were polite and friendly.</p> <p>Standard Met</p>
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>Community nurses and palliative care team support the care home</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				<p>when a person is receiving end of life care. The palliative care team also provide additional training when requested (training session last year).</p> <p>Training is also completed through the home's online training provider and advice is also provided by the registered nurses at their sister home Summerland House Nursing Home when requested.</p> <p>Religious and cultural needs are acted on where known.</p> <p>Several people have an advanced care plan in place.</p> <p>Standard Met</p>
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	✓			Standard Met
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 care manager and individual residents, activity programme on display.
Flexibility and choice of daily living routines e.g. no restriction for getting up or going to bed	✓			
Able to go out independently or with friends & relatives freely	✓			<p>There is an activity co-ordinator in the team providing activities from Mon-Fri (24 hrs over the week).</p> <p>The programme displayed has a range of activities for people to enjoy, both in-house and out in the community. Several people spoke</p>
Involved in normal household chores if wanted attending to garden, collecting dishes etc	✓			
There is a choice of leisure and social activities	✓			
Religious/cultural choices are acknowledged	✓			
Level of engagement in activities is recorded	✓			

Does the home have an Activity Co-ordinator	✓			<p>about going for a walk in the park across the road, bus trips, shopping trips, exercise to music sessions, pet therapy and quizzes etc. People said they are consulted about activities regularly so these can be changed if needed to keep their interest. A record is kept of those who join in.</p> <p>Standard Met</p>
Evidence of activities e.g. photo boards, albums, social media site, conversations with residents	✓			

Standard 13: Community Contact Outcome: Service users maintain contact with family/friends/representatives and the local community as they wish	YES	NO	In part	COMMENTS
There is a written visiting policy, which is flexible	✓			Evidence – Discussion with care manager, individual residents and activity programme.
Is there a visitors' book in place	✓			
Privacy when receiving visitors	✓			
Choice of whom visits respected and documented as necessary	✓			People are supported to maintain relationships with people who are important to them. They can go out independently (where able) or with friends and relatives when they choose.
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 people attend their own social networks within the community each week, e.g. Age Concern. Several residents also attended the recent Liberation tea dance, which they thoroughly enjoyed.</p> <p>There is a visitor's book in the entrance for people to sign in and out, so staff know who is in the building and residents' have an in and out board to inform staff when going out and returning.</p>

				<p>There is a kitchenette adjacent to the conservatory lounge, where residents and relatives can make a drink. However, regular drinks and snacks are served in between meals, throughout the day, and are offered overnight when a person is awake.</p> <p>Standard Met</p>
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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 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 there are no restrictions, and they can do what they want to each day. A restriction would only be in place for a person's safety and following consultation with the relevant people prior to implementing.
Service users encouraged to manage own financial and other affairs if they have capacity to do so	√			People have furnished their rooms with personal items from home. This had made them homely and comfortable and reflect their interests and people and items that are important to them.
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	√			People manage their own finances if able. Where this is not possible, this is undertaken by the person's NOK. Some residents have a Lasting Power of Attorney or Guardianship authorisation in place.
Access to personal records in accordance with the current local data protection legislation, is facilitated	√			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	✓			<p>Evidence – Discussion with care manager and individual people, menus, care plans.</p> <p>People said they enjoy the meals at the home. They can choose an alternative if they didn't like what is on the menu.</p> <p>Special diets are catered for, and this is written in the person's care plan.</p> <p>Staff monitor eating and drinking to ensure people do not become dehydrated or have a significant weight loss / gain that is likely to affect their quality of life. Where needed a referral is made to the person's GP or dietician with the person's consent.</p> <p>Staff understand the IDDSI framework for people with swallowing issues who require a modified diet and fluids. However, no resident currently requires this service.</p> <p>Regular drinks and snacks are served in between meals and drinks are available in people's rooms and in the lounges. There is also the kitchenette alongside the conservatory where people can make a drink whenever they want, if safe to do so; otherwise, they can request a drink from the staff.</p>
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	✓			
There is a choice available at each mealtime	✓			
Individual likes/dislikes are met	✓			
Hot and cold drinks and snacks are always available 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	✓			<p>The lunchtime meal was observed to be a relaxed social occasion with people enjoying chatting to those they were sitting with.</p> <p>The home's most recent food hygiene inspection was completed in November 2023 where the home achieved a 5-star rating, which is excellent.</p> <p>Standard Met</p>
Staff assist 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 are satisfactory	✓			
Temperature satisfactory	✓			
Lighting satisfactory	✓			
Flooring satisfactory	✓			
Cleanliness satisfactory	✓			
Odour control (no unpleasant odour should be present)	✓			
Furnishings are satisfactory	✓			
Décor is pleasant	✓			
Safer Food, Better Business manual is completed	✓			
Food preparation areas are clean	✓			
Waste disposal – there is a foot operated bin	✓			
Kitchen & dining room hygiene is satisfactory	✓			
Staff hand washing facilities are available	✓			
Food Hygiene rating available	✓			

Standard 16: Complaints Outcome: Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon	YES	NO	In part	COMMENTS
There is a complaints procedure which is clear and simple, stating how complaints can be made	✓			<p>Evidence – Complaints policy, discussion with individual residents.</p> <p>No formal complaints have been received by the care manager or the inspection officer.</p>
The procedure is accessible e.g. reception notice board, resident's handbook	✓			
Are there timescales for the process	✓			
The procedure states who will deal with them	✓			
Records are kept of all formal complaints	✓			

There is a duty of Candour – transparent and honest	✓			Residents said management are very approachable. They are confident that if they had a complaint to raise, they would be listened to, taken seriously, and the complaint would be handled sensitively and actioned appropriately and promptly. Nobody had any concerns they wanted to raise on this visit. Standard Met
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. Some people are planning to take part in the current elections, either independently or with support from family. Staff have a clear understanding of data protection and confidentiality, which forms part of the induction programme. Consent for photographs is established on admission. Standard Met
The home facilitates the individual's right to participate in the local political process	✓			
There are written policies in place for Data Protection (Bailiwick of Guernsey) Law, 2018 and for confidentiality	✓			
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:				<p>Evidence – Training records, discussion with care manager, staff and residents.</p> <p>Staff complete safeguard training as part of their induction at level 2 and have regular updates. Care manager and senior carers should go on to do level 3.</p> <p>Staff understand safeguarding – what to look out for and who to report this to.</p> <p>People had no concerns to raise. They said staff are polite and respectful when assisting them. There were no reports of rough handling or being spoken to in a derogatory manner.</p> <p>Standard Met</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	✓			
Staff undertake regular training for safeguarding	✓			

Standard 19: Premises Outcome: Service users live in a safe, well-maintained environment	YES	NO	In part	COMMENTS
Facilities within the home are safely accessible	✓			<p>Evidence – Discussion with care manager and maintenance manager, walk through the home.</p> <p>The home is clean, tidy, homely and comfortable throughout. It is pleasantly decorated with good quality furniture and furnishings.</p> <p>People are either independently mobile or require the use of a</p>
Restricted entry/exit to the home is appropriate	✓			
The home is free of trip hazards	✓			
Facilities in the grounds are safe and accessible for varying abilities e.g. wheelchair	✓			
Routine maintenance programmes with records kept	✓			
Routine renewal of fabric and decoration with records kept	✓			
The building is safe, homely and comfortable	✓			

The furniture is suited to individual needs and is in good order	✓			<p>walking aid. Although the corridors are narrow as the home is not purpose-built, this does not pose any difficulty for residents mobilising around the home and is wide enough to accommodate assistance of a carer if needed or a wheelchair.</p> <p>The home generally does not have a locked door policy. However, it may be locked periodically, if there is a risk that the person may leave the home unsupervised, if not safe to do so.</p> <p>There is a doorbell camera in place at the front and back entrances with notices to inform people.</p> <p>A formal audit is undertaken 6-monthly for the environment, which is documented. The audit evidence how and when work/issues have been completed. The care manager and maintenance manager undertake a daily walk through the home.</p> <p>Standard Met</p>
Décor is satisfactory	✓			
Lighting, internal and external is satisfactory	✓			
There is relevant fire equipment throughout the home	✓			
CCTV (entrances only)	✓			
Cleanliness is satisfactory	✓			
Odour control	✓			
Flooring satisfactory	✓			
General equipment is maintained with records	✓			
Insurance certificates on display and in date	✓			
Environmental audit undertaken	✓			

Standard 20: Shared Facilities (communal areas) Outcome: Service users have access to safe and comfortable indoor and outdoor communal facilities	YES	NO	In part	COMMENTS
Recreational area is provided	✓			<p>Evidence – Walk through the home, information provided pre-inspection.</p> <p>The communal areas are spacious, bright and comfortable. Most social activities take part in these rooms as this is where many people like to</p>
Private area is provided	✓			
Lighting is domestic and is flexible for different needs/activities	✓			
Furnishings are non-institutional, in good order and suitable for client group	✓			
Odour control	✓			

Cleanliness is satisfactory	✓			<p>spend a lot of their time during the day.</p> <p>When the weather is fine there is a lovely outdoor courtyard for people to sit and relax. There is plenty of seating, and shading is provided.</p> <p>Smoking is permitted in a designated area outdoors only.</p> <p>Standard Met</p>
Good quality flooring	✓			
General ambience is good	✓			
Ventilation is good	✓			
Smoking Policy in place	✓			

Standard 21: Lavatories and Washing Facilities Outcome: Service users have sufficient and suitable lavatories and washing facilities	YES	NO	In part	COMMENTS
The toilets near to the lounge and dining areas are clearly marked	✓			<p>Evidence – Walk through the home, information provided pre-inspection.</p> <p>All bar one room is ensuite. The room that does not have an ensuite has a bathroom nearby.</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	✓			Evidence – Discussion with care manager, walk through the home,
Handrails/grab rails where appropriate	✓			

Passenger lift	✓			pre-inspection information provided.
Stair chair lift	✓			
Aids, hoists etc. for individual needs	✓			
Assisted toilets & baths to meet needs	✓			There are assisted baths in the home of varying design to meet people's needs. However, some rooms have a walk-in shower facility.
Doorways (800mm wheelchair user – new builds)	N/A			
Signs and communication systems to meet needs (as and where necessary)	✓			
Storage for aids, hoists & equipment	✓			People requiring a mobility aid have their own equipment. Most people have low level care needs and can mobilise around their room and the home independently. Support from staff is provided as needed.
Call bell in every room	✓			
If bed rails are used is there a risk assessment in place and evidence of a regular review	✓			
				A hoist is available to assist a person off the floor following a fall when safe to do so. All staff have been trained to use it.
				Standard Met

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 – Walk through the home, discussion with individual residents. Rooms are homely, comfortable and are clean and nicely furnished. Residents are happy with their room and have laid it out according to their mobility needs and preferences.
Room layout suitable considering fire safety and limitations due to mobility	✓			There are apartments available for couples. However, most are currently single occupancy.
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 Met

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 – Walk through the home, discussion with individual residents.
Bed height is suitable (residential)	✓			
Adjustable height (nursing)			✓	
Bed linen, towel and flannels are changed frequently	✓			Some rooms have profile nursing beds. These have been introduced when replacing beds to help people with their mobility and with maintaining independence. Also to support staff with safe practice when moving and transferring people.
Furniture is in satisfactory a condition	✓			
Adequate number of chairs in room	✓			
Décor is satisfactory	✓			People are happy with their room and have personalised it with items from home to make it homely and comfortable.
Flooring-carpet/hard flooring is in good condition	✓			
Lockable drawer or safe available	✓			
Door able to be locked and resident has key if wanted	✓			Some rooms have had carpet replaced by hard flooring. This is to aid infection prevention and control and to make it easier for people to mobilise with a walking aid.
Adequate drawers & hanging space	✓			
Table & bedside table available	✓			
Accessibility satisfactory	✓			As carpets require replacing in the future, this will be assessed and replaced with this type of flooring where beneficial.
Safety within room	✓			
Privacy (screening if appropriate.)	N/A			
Telephone point	✓			Standard Met
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 – Discussion with care manager, maintenance manager and pre-inspection information received.
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	✓			There were no complaints of interruption of services at any time e.g. lighting, heating, hot water etc.
Adequate & suitable lighting	✓			
There is Emergency lighting throughout the home	✓			The care manager and the maintenance manager have completed training for the management of legionella. Records are kept for ongoing monitoring to keep people safe.
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	✓			Standard Met
Weekly run off for all taps of those not used regularly	✓			
Hot water at least 60°C in kitchen	✓			
Shower heads are cleaned quarterly	✓			
Legionella control contract in place with records	✓			

Standard 26: Hygiene and Control of Infection Outcome: The home is clean, pleasant and hygienic	YES	NO	In part	COMMENTS
The housekeeper/s have cleaning schedules in place	✓			Evidence – Discussion with care manager, staff training records, infection prevention & control (IPAC) policy.
Odour control	✓			
Laundry is located away from the food area	✓			
There is segregation of clean and 'dirty' laundry	✓			The home was clean, tidy and free from any unnecessary clutter. Good infection control practices by staff were observed during the day and housekeeping staff have a checklist to ensure all areas are covered.
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	✓			
Flooring impermeable/waterproof	✓			
Disposal of clinical waste:				
Storage bin is in an appropriate area	✓			

There is appropriate disposal of clinical waste	✓			<p>Infection prevention & control training is included within the staff induction programme and regular updates are completed through the home's online training provider.</p> <p>There are good supplies of PPE for staff usage located throughout the home.</p> <p>Although the home does not have a sluice, disposable receptacles are used to support infection prevention and control in the home.</p> <p>The IPAC nurse from within HSC completed an audit at the home in October 2024, and the home achieved 100%, which is excellent.</p> <p>Standard Met</p>
Sluicing disinfectant available (Nursing)	N/A			
Sluicing facility available	N/A			
Policies and procedures for the control of infection include safe handling and disposal of clinical waste, dealing with spillages, provision of protective equipment, hand washing	✓			
Staff undertake regular training for infection control	✓			
Infection control audit undertaken by the Infection Control Nurse from within HSC	✓			
Infection Control Nurse and Inspection Officer from within HSC to be informed when outbreak of infection (2 cases)	✓			
Preparedness plan in place in the case of a pandemic (recent Covid-19 outbreak)	✓			

Standard 27: Staffing Outcome: The numbers and skill mix of staff meet service user's needs	YES	NO	In part	COMMENTS
Care staff minimum age 18, in charge of the care home minimum 21yrs	✓			Evidence – Discussion with care manager, staff and individual residents, duty rotas.
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	✓			Staff said the staffing level is about right to meet the care needs of the current residents.
Adequate number of housekeeping staff	✓			People confirmed the level of care they receive meets their needs and expectations. They are not rushed when being assisted with care, which was also observed throughout the day when assistance was requested. Call bells were noted to be answered promptly, which was
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>also confirmed in discussion with individuals.</p> <p>Overnight there are only 2 carers on duty, which is minimum numbers. However, people generally have low level care needs. The care manager monitors this regularly with feedback from night staff and said staffing levels will be increased at times needed. This must continue to be monitored, and risk assessed regularly to ensure adequate safety.</p> <p>Standard Met</p>
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Standard 28: Qualifications Outcome: Service users are always in safe hands	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>Care manager reports that the number of people with an NVQ award continues to fluctuate as staff leave and new people commence. However, all carers can undertake the NVQ award, which is well-supported by the management. Currently 6 carers have a level 3 award and 2 carers have a level 2 award. Another 2 carers are currently undertaking the level 2 award. The care manager is a qualified assessor.</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, DBS Police checks.
Equal opportunities policy in place	✓			<p>There is a process in place for the recruitment of staff to minimise the risk of abuse in the home.</p> <p>An enhanced Police check (DBS) is undertaken for all care staff. References are also obtained; one from the person's most recent employer.</p> <p>All staff are provided with written terms and conditions and a job description. A new employee is required to sign a contract when they commence employment at the home.</p> <p>Standard Met</p>
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 programmes x2. Induction includes a period of 3 weeks where the person is supernumerary, and practice is supervised. This is dependent on prior experience and can be extended if needed. There is a 6-month probation period prior to being offered a permanent position.
• Aims & values of role	√			
• Residents' rights to - privacy, independence, dignity, choice and fulfilment	√			
Job role clearly explained pre-start	√			
Induction programme is commenced on first day of induction to post, training is assessed and completed by twelfth week of employment (signed off by new employee and their supervisor/Care Manager)	√			
Policies and training included on induction:				On completion of successful probation, the employee can go on to do NVQ/VQ/City & Guilds awards. Staff complete most training through an online training provider, although practical in-house sessions and attendance at external training sessions are also offered. A programme of refresher training for the person's role within the team is provided throughout their employment at the home. Six carers who administer medication have completed the standalone VQ unit at Level 3 for the administration of medication: with a further 2 carers currently undertaking this course. Ongoing monitoring is provided by the care
• Fire & emergency	√			
• Moving & Handling	√			
• Health and Safety awareness	√			
• Basic first aid	√			
• Accident procedures	√			
• Confidentiality	√			
• Safeguarding	√			
• Cultural needs	√			
• Personal hygiene	√			
• Person-centred care	√			
• Use of equipment	√			
Further/ongoing training:				
• Care planning	√			
• Handling of medicines	√			
• Risk assessment & risk management	√			
• Security measures	√			
• Escort duties & mobile phone usage while working	√			
• Hygiene, food handling and presentation	√			
• Infection control	√			

• Pressure area care	✓			<p>manager and records are retained to reflect this.</p> <p>There are 5 Ergocoaches in the team to ensure staff follow best practice for moving & handling to maintain safety for both residents and staff.</p> <p>Standard Met</p>
• 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, completed inductions x2, appraisals x 2.
Training opportunities of both formal and informal training	✓			
Supervision covers:				Supervised induction is in place with records kept.
• All aspects of practice	✓			
• Philosophy of care	✓			
• Career/personal development - appraisal system in place	✓			Both the care manager and the deputy care managers work 'on the floor' daily with carers.
Other staff supervised as needed as part of management process	✓			
Supervision, support and training for volunteers	N/A			Most supervision sessions are informal while working. However, carers undertaking the NVQ/VQ/City & Guilds awards have formal supervision when they work with their assessors, which is recorded.
Return to work interview to assess additional support/supervision required	✓			
Are records kept for supervision sessions	✓			
				<p>Appraisals are completed annually, and the care manager confirmed these are up to date.</p> <p>Standard Met</p>

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 can discharge her responsibilities fully	YES	NO	In part	COMMENTS
Registered Care Manager has a job description	✓			Evidence – Discussion with care manager, training record. Care manager has an NVQ award at Levels 2 & 3. She has also completed 16 units of the NVQ award at Level 5 for leadership & management. She is a VQ assessor and an Ergocoach. Ergocoach enables her to work with the other Ergocoaches and provide training and guidance for staff for safe moving and handling practices in the home. Care manager is very organised, has good interpersonal skills and effectively communicates with staff, residents and their families and visiting healthcare professionals. Standard Met
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	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 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	✓			Evidence – Discussion with care manager, staff and individual residents. Both residents and staff said the care manager is approachable and fair. There appears to be a climate of
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	✓			openness and trust, which creates a positive culture.
Compliance with Code of Practice and standard setting in the management of care workers and a care home	✓			<p>Peoples' views are considered when changes are needed, and regular meetings take place – minutes are filed.</p> <p>A formal staff meeting takes place 6-monthly where the minutes are documented. Additional meetings with individuals or groups of staff are mostly informal and are held as needed. Regular discussions occur during handover.</p> <p>Staff know what is expected of them in their role and enjoy working in the team. Several staff have worked at the home for many years.</p> <p>Standard Met</p>

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.
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	✓			Resident and staff meetings are held regularly, which are documented – see standard 33.
Feedback actively sought & acted upon	✓			
Other views sought e.g. questionnaires for relatives or a relatives meeting	✓			Care manager has an open-door policy where people, staff and visitors can speak to her at any time
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)	✓			to give feedback, raise a concern or make a suggestion.
Action progressed on agreed implementation of statutory/good practice requirements (progress from last inspection)	✓			Social events take place during the year where relatives are invited.
Auditing to improve care, services, environment	✓			<p>Care manager monitors her performance through feedback from residents, relatives, staff, visiting health care professionals and audits completed both internally and externally. Outcomes of audits are very positive.</p> <p>People are very happy living at Saumarez Park Manor. They said it is a friendly and relaxed home where nothing is ever too much trouble.</p> <p>Standard Met</p>

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; to include feedback from the care manager. This also covers sudden interruption of business e.g. fire, flood, and for ongoing quality improvements.</p> <p>Standard Met</p>

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>People manage their own finances with support from their NOK / representative, where needed. Small amounts of money are held short term by the home for outings, hairdresser and chiropody. Money held is logged in and out so there is an up-to-date record of activity.</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 – Care records, data protection policy, confidentiality policy.
Records kept are up to date and in good order (resident information)	✓			
Records secure	✓			
Data protection and confidentiality compliance – policy in place	✓			<p>Care plans are electronic and are password protected; therefore, only care staff who are authorised to do so can access a person's care plan.</p> <p>There is a data protection policy and a confidentiality policy in place. Both are included within the employee induction programme.</p> <p>Standard Met</p>
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, information provided pre-inspection.
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 understand first aid and there is a named first aider	√			Training is ongoing and staff have a good induction with a clear programme of ongoing training for their role within the team.
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	√			Saumarez Park Manor is clean and well- maintained throughout, which provides a safe environment for people who live and work there and for visitors to the home.
Safeguard training	√			
Housekeeping undertake training for the safe storage and disposal of hazardous substances (COSHH)	√			
Regular servicing of boilers & heating systems	√			Equipment is maintained and inspected as required within regulations.
Maintenance of electrical systems & equipment	√			
Regulation of water temperature (Legionella control – plan in place with records kept	√			
Radiator protection, low surface heaters	√			Ergocoaches provide support to staff for safe moving & handling practices in the home.
Risk assessment and use of window restrictors	√			
Maintenance of safe environment & equipment:				
• Kitchen - new	√			A plan of the building is on display in the entrance to home (fire zones) for all staff to become familiar. Staff complete fire safety training 6-monthly and there are fire marshals in the team.
• Laundry	√			
• Outdoor steps and pathways	√			
• Staircases	√			Accidents/incidents are recorded and are reported to the inspection officer as appropriate.
• Lifts - chair	√			
• Flooring	√			
• Garden furniture	√			Accidents/incidents are used as an opportunity for further learning to minimise the risk of re-occurrence.
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) 	√			Care manager monitors for trends e.g. same person falls, same area of home, same time of day etc. Appropriate action is then taken for referral to GP to review medication or to introduce equipment and this is recorded in the person's care record.
Written statement for Health and Safety is displayed in the home	√			Standard Met
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.	ongoing	Provider & Care Manager	Unannounced inspection in 2025	
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 **15/05/25** and any factual inaccuracies:

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

I _____ 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.

May 2025