



The Office of the
Committee for
Health & Social Care

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

**SUMMERLAND HOUSE
NURSING HOME**

INSPECTION REPORT

DATE: 6th August 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: **Summerland House Nursing Home**

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

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

Name of Registered Manager: **Mrs S. Browning (Matron)**

CATEGORY	NUMBER OF REGISTERED BEDS
Nursing	55

Date of most recent inspection: 06/03/25 – Unannounced
Date of inspection upon which this report is based – 06/08/25
Category of inspection – Announced
Vanessa Penney - Registration and Inspection Officer (Quality & Patient Safety Team) Health & Social Care

SUMMARY OF FINDINGS

Summerland House Nursing Home provides nursing care for up to 55 people who have a range of health conditions: including dementia. On the day of inspection, there were 49 people living in the home. Although the home is not purpose-built it has been adapted to provide a safe environment for people who live there and work there.

The accommodation is a combination of period style and modern and is over 3 floors which are serviced by lifts. There is a large terrace to the back of the home for people to sit out when the weather is fine and large surrounding gardens for people to take exercise. There is parking to the front of the home for visitors.

The home is kept well-maintained internally and externally and provides a clean, comfortable and homely environment.

People receive good information to help with their decision-making when choosing a care home. They are encouraged to visit to view the home, so they can ask any questions, prior to making their final decision and signing a contract.

A pre-assessment is undertaken before a person moves into the care home so the care team can gain an understanding of the person's background, care needs and choices. This information is then used to develop a care plan to enable staff to understand the person's preferences and any chosen routine.

Care plans show that referrals are made to specialist services in a timely and co-ordinated way, for example dietician, speech and language therapist (SALT) and tissue viability nurses. They can then support the team and share information to benefit the person's ongoing care.

The management of medication is in line with current protocols with safe systems in place for the ordering, storage, administration and disposal of medication that is no longer required. The registered nurses (RNs) know their residents well and residents confirmed medication is administered in line with their preferences. Both formal and informal audits are completed. The outcome is shared with the RNs to further improve practice in the required areas.

People are supported to eat and drink enough to maintain a balanced diet. People have choices at mealtimes and their preferences are known by staff. People's dietary needs are assessed, and people are weighed regularly for ongoing monitoring (where possible). Where there is a concern, advice is sought from the person's GP and /or dietician. Where a person requires a modified diet and / or fluids, the level of modification is recorded in the person's care plan using the International Dysphagia Diet Standardisation Initiative (IDDSI) framework.

People are supported to maintain and develop relationships with people who are important to them to prevent social isolation. The activity team provide people with a good range of activities that are of relevance and interest to them and encourage gentle exercise to maintain mobility and balance to minimise the risk of a fall. Activities are both provided in-house and out within the community. People said they are not pressured to join in if they chose not to, preferring to do their own past times in their room.

Systems and processes are in place to protect people from abuse. Staff are trained to recognise signs of possible abuse and how to report concerns to the appropriate person. Residents said they feel safe living at Summerland House; there were no reports of rough handling or of being spoken to in a disrespectful manner.

People know who to contact if they want to make a complaint. People said they would feel comfortable to do so if needed and feel they will be listened to, and the complaint would be taken seriously and actioned sensitively and appropriately. Nobody had any concerns to raise at this time.

People are protected from the risk of infection through ongoing staff training and good hygiene practices in the home. There is a link with the infection prevention and control (IPAC) team within Health & Social Care (HSC) for advice and guidance when needed. Personal protective equipment (PPE) such as gloves, aprons and hand sanitiser are available throughout the home.

There are enough staff to keep people safe and to provide a good level of care, which was confirmed on duty rotas and in discussions with individual residents. A dependency tool is also used to guide the calculation of staff on each shift. Communal lounges were observed to be staffed during several walkthroughs of the home. People said call bells are answered promptly, and they did not feel rushed when being assisted with care. This was also observed on the day of inspection.

A robust system is in place to show that people are recruited using a thorough process to prevent avoidable harm to people. Police checks and written references are requested for all new employees to include employment history.

All new employees have a period of supervised induction. Staff spoken to understand their role and responsibilities and what is expected of them. There is a good programme of ongoing training and supervision, and individual performance reviews are carried out.

Staff handovers on each shift, and staff meetings, provide opportunity for staff discussion and to resolve issues, formal team meetings are documented.

Lessons are learned when things go wrong, and accidents and incidents are documented and managed appropriately to minimise the risk of re-occurrence.

Feedback received from external healthcare professionals and audits are accepted constructively and remain positive.

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 – Discussion with matron, website, residents guide.
Marketing Brochure (optional)		√		
There is a Statement of Purpose that sets out the:				<p>People receive the information they require through the home's website and the residents' guide. People are also advised to visit to have a look around so they can ask any questions. This enables them to make an informed decision as to whether Summerland House is the right home for them.</p> <p>Standard Met.</p>
Philosophy of care, aims and objectives	√			
Terms and conditions of the home	√			
Updated at least annually or when changes to services and home occur	√			
There is a Service Users Guide/Resident's Handbook with the following:				
Prospective and current residents are provided with/have access to a copy	√			
Written in the appropriate language and format for intended service user	√			
Brief description of accommodation & services provided	√			
Detailed description of individual and communal space	√			
Qualifications and experience of registered provider, manager, and staff	√			
Number of residents registered for	√			
Special needs & interests catered for e.g. diets, activities etc	√			
How to access a copy of most recent inspection report	√			
Procedure for making a complaint	√			
Service users' views of the home	√			
Summary of fees payable and any extras payable e.g. newspapers, incontinence products & toiletries etc	√			
The home's policy for alcohol	√			
The smoking policy	√			
The home's policy for pets	√			

A statement that service users can expect choice in the gender of those who provide basic care whenever possible	✓			
Insurance – what is and is not covered (does resident need to take out personal insurance for personal items e.g. valuables, money, antiques, false teeth, spectacles, and hearing aids etc)	✓			
The contact for HSC is displayed in the resident's handbook or is visible on the home notice board.	✓			

Standard 2: Contract Outcome – Each service user has a written contract/statement of terms and conditions with the home.	YES	NO	In part	COMMENTS
Contract provided on admission	✓			Evidence – Discussion with matron, relative's information leaflet, conditions of admission / 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	✓			Each person receives a condition of admission / contract when they move into the care home. This is read in conjunction with the resident's guide.
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	✓			Both the home representative and the resident / Next of Kin (NOK) sign the condition of admission / contract, and both parties keep a copy of the signed agreement. This process is managed by the home's administrative team.
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 matron, pre-admission assessment form.
Involvement of others; relatives, GP other allied health professionals	√			A pre-assessment form is commenced when an enquiry is made.
Assessment for all admissions covers the following:				<p>If a person wishes to proceed with a move into the care home, a more detailed care assessment is undertaken either in hospital or the person's own home etc. This is to ensure the care team have the skills and equipment to manage the person's care needs, prior to offering a place at the home.</p> <p>Standard Met.</p>
• 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.	YES	NO	In part	COMMENTS
Registered person can demonstrate the home's capacity to meet people's assessed needs	√			Evidence – Discussion with matron, certificate of registration, risk assessments and care plans.
The services of specialised personnel are sought to meet people's care needs	√			Summerland House is registered for nursing care, therefore there are always RNs on duty. Referrals are made to external healthcare
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>professionals if the team require additional guidance.</p> <p>The certificate of registration is on display in the home.</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	✓			Evidence – Discussion with matron, condition of admission / contract.
Residents or their representative are encouraged to visit the home before deciding	✓			There is a one-month trial, which is included in the information in the condition of admission / contract.
Provision for a trial before final decision made to move into home	✓			
Emergency admissions to the home are accepted?	✓			Residents spoken to said their NOK had viewed the home on their behalf as they had transferred to the home from hospital. They have settled in and are happy living there.
Information process in standards 2-4 is in place within 5 working days.	✓			<p>An emergency admission is accepted if there is a vacancy at the time needed. However, matron would prefer planned admissions so they can have things ready and can spend time settling the person in and talking through things with them and / or their NOK to minimise anxiety.</p> <p>Standard Met.</p>

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 matron.</p> <p>It is optional for care homes to provide respite or intermediate care. The home is not required to retain beds dedicated to this service.</p> <p>However, a person is accepted for respite or for intermediate care if there is a vacancy at the time needed; a person is moving into the home for this service next week.</p> <p>Additional support is sought from external healthcare professionals as needed e.g. physiotherapist. At the end of a respite period / intermediate care, a person can remain in the home for long term care if the person is unable to return home, subject to a vacancy and re-assessment for a long-term care 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 – Discussion with matron, dependency scores, risk assessments and care plans, key nurse and carer allocation list.</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 	✓			

• Skin condition & Pressure sore prevention	✓			Where a person is unable to provide information about themselves, a person's NOK is provided with a document 'about me' so they can provide care and social information to assist the RNs with the development of the person's care plan. Unfortunately, these are not always completed and returned, which is a shame.
• Other	✓			
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	✓			Risk assessments and care plans show care is planned and delivered in response to identified needs.
All entries on documentation are legible, dated and signed.	✓			
				Relevant people are involved in reviewing and updating care changes e.g. NOK, external healthcare professionals. Changes in care needs are communicated promptly to staff on handovers throughout each shift.
				Care plans are reviewed and updated regularly. All care plans 3-monthly with elements of care reviewed sooner if a change is required before this time and this is documented.
				Each person has a key nurse and carer displayed in their room, so relatives know who to speak to.
				There is a whiteboard in each person's room to show moving and handling needs.
				Care plan audits are completed. An action plan is developed for ongoing improvement, which is communicated to all staff who have

				responsibility as the key nurse for groups of people. Standard Met.
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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	✓			Evidence – Discussion with matron and individual residents, risk assessments and care plans.
Access is provided to specialist health services e.g. medical, nursing, dental, pharmaceutical chiropody and therapeutic services and care from hospitals and community services according to need	✓			Care plans reflect the care people said they need support with. People are encouraged and supported to maintain independence with the activities of daily living where they can. Care plans show where support from staff is required.
Care staff maintain the personal and oral care of each person and wherever possible support the person's independence	✓			Dependency levels are reviewed 3-monthly, and an annual report is produced.
People are assessed by a person who is trained to do so, to identify those people who have developed, or are at risk of developing a pressure injury. Appropriate intervention is recorded in the plan of care	✓			Equipment is in place to minimise the risk of the development of a pressure injury e.g. pressure relieving mattresses and cushions.
People are free of pressure injuries		✓		If a person develops a pressure injury, this is managed by the nurses in the home with support from the tissue viability nurses from within HSC as needed and a record of this is available in care plans.
The incidence of pressure injuries, their treatment and outcome are recorded in the person's care plan	✓			Referrals are made to external healthcare professionals as needed, e.g. urology nurses, older adult mental health team, SALT, dietician etc.
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	✓			Residents who were spoken to are content living at Summerland House and with the care they receive. Nobody had any issues to raise. Standard Met.
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 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 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	✓			Evidence – Discussion with matron, MARS, CD register. There are protocols and guidance in place for nurses who administer prescribed medication to people. When a new nurse commences at the home, they have a 4-week period of induction to shadow a nurse
NMC guidance and BNF (within 6-month date) available (now online access).	✓			
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	✓			undertaking medication administration.
Records for:				Carers act as a witness when a controlled drug is administered at night when there is only 1 RN on duty. These staff have completed training prior to undertaking this responsibility. An audit of CD stock is completed weekly.
• Meds received	✓			
• Meds administered	✓			
• Meds leaving the home	✓			
• Meds disposed of	✓			
• Medication Administration Record (MAR) in place	✓			
• Photo of service user (consent)	✓			There is a checklist when topical patches are prescribed.
If medication is required to be administered covertly, this is in the care plan, consent from GP and from resident's next of kin	✓			Medication errors are reported to the relevant people e.g. person's GP and NOK. The team are transparent and have acted promptly to minimise further risk, which they document.
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	✓			Where medication is administered covertly, the necessary authorisations are in place (3 currently).
Medicines, including controlled drugs, (except those for self-administration) for people receiving nursing care, are administered by a medical practitioner or registered nurse	✓			No residents are currently self-medicating.
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	N/A			A medication inspection was undertaken by the deputy chief pharmacist from within HSC in November 2023 where the medication system was found to be well-managed. No recommendations were made. A repeat audit is due later this year.
Competency assessment in place for Carers (residential home) for the administration of medication and this is reviewed at least annually, which is recorded	N/A			
Pharmacist advice used regarding medicines policies within the home and medicines dispensed for individuals in the home	✓			A monthly informal audit of medication management is undertaken on the changeover of the medication cycle.
Each person's medication is reviewed regularly by a GP. Any concern with a person's	✓			

condition because of change in medication, must be reported to the GP immediately				Formal audits are completed 3-monthly. This is followed by a meeting with the RNs to discuss the outcome and action points for improvement.
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	✓			Matron said a new medication system is being introduced by the home's pharmacy provider in September.
Audit of MARs in place.	✓			
				Standard Met.

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 individual residents, care plans, observation of resident and staff interactions during the day.
Bedrooms are shared only by the choice of service users e.g. couples, siblings	✓			
Screens are available in shared rooms	✓			
Examinations, consultations legal/financial advisors, visits from relatives are provided with privacy	✓			People were observed to be spoken to respectfully. People spoken to reported that staff are kind and caring and this was what was observed during the inspection.
Entering bedrooms/toilets - staff knock and wait for a reply before entering	✓			
Wear own clothing	✓			
Laundry undertaken in house	✓			Policy for privacy and dignity are included within the staff induction programme.
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	✓			Where it is not appropriate for a person to have a telephone in their room due to advancing dementia, access to a telephone is provided with support from staff for a resident to make or receive a call.
Treated with respect – verbally	✓			
Privacy and dignity are included in staff induction	✓			
There is easy access to a telephone	✓			Standard Met.

Telephone adaptations are available to meet the needs of service users e.g. large buttons, amplifier.	✓			
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Standard 11: Death and Dying Outcome: Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity, and respect.	YES	NO	In part	COMMENTS
Resident given comfort and attention in privacy	✓			Evidence – Discussion with matron.
Current nutritional needs are met	✓			<p>There are policies and procedures in place for end-of-life care (EOLC).</p> <p>The RNs lead the team when a person requires EOLC. Matron said when accepting a person from hospital for EOLC a medication form is completed prior to the person transferring to the care home. The home has a palliative care nurse link who they liaise with and includes the person's GP. Palliative care nurses also speak with the person's NOK, which is working well.</p> <p>The RNs can make a referral to the community nurses or to the palliative care team for a person already living in the home requiring EOLC.</p> <p>EOLC training is provided through the home's e-learning training site and individually with the person receiving EOLC to ensure it remains person-centred. Training has also been provided with a consultant from Wessex University.</p> <p>Standard Met.</p>
Pain relief/palliative care - where the home has RNs syringe pump training is available and practice is current. For a residential home support is sought from the Community/Palliative Care Team	✓			
Suitable equipment available	✓			
Family involvement & needs met - provision to stay with relative and involvement in care	✓			
Service user's wishes are respected (including after death)	✓			
Religious/cultural needs met	✓			
Changing care needs met	✓			
Dignity of possessions after death	✓			
Staff training – includes supporting dying person and their family	✓			
Bereavement counselling is offered to staff if needed (palliative care nurses can support if needed)	✓			
Resuscitation status documented for each person	✓			
Notification of death reported to Medical Officer & Inspection Officer	✓			
Policies in place for end-of-life care and following death and for resuscitation.	✓			

Standard 12: Social Contact and Activities Outcome: Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious, and recreational interests and needs.	YES	NO	In part	COMMENTS
Social interests and hobbies are recorded	✓			Evidence – Discussion with matron and individual residents, photo board on display, activity programme.
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	✓			There is an activity co-ordinator and 2 activity assistants in the team.
Involved in normal household chores if wanted attending to garden, collecting dishes etc	✓			Residents were happy to discuss the activities that take place both within the home and within the community. The activity programme and photo boards also provide evidence of the range of activities offered.
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>As people become frailer and are unable to go into the communal lounges, activities are provided for these residents by the activity team on a one-to-one basis.</p> <p>External entertainers visit the home frequently for singing and music sessions and for pet therapy.</p> <p>There are regular weekly outings on the home's minibus, subject to weather conditions.</p> <p>A summer fete was held in July and the residents took part in this, which everyone enjoyed.</p> <p>Residents said they do not join in with every activity, only the ones that are meaningful for them. They do not feel pressured to join in when they do not want to.</p>
Evidence of activities e.g. photo boards, albums, social media site, conversations with residents.	✓			

				<p>A record is kept showing the activities people have joined in with and when refused. This is used for future planning of activities to support people to have a fulfilling life and to focus on light exercise to help with maintaining mobility and overall health.</p> <p>Matron said when a person has died, the person's NOK is provided with a memory book, which includes pictures of their loved one undertaking various activities, which is a nice touch.</p> <p>Standard Met.</p>
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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 matron and individual residents, visitors' book.
Is there a visitors' book in place?	✓			
Privacy when receiving visitors	✓			
Choice of whom visits respected and documented as necessary	✓			There is an open visiting policy. Residents said they can receive and go out with family and friends 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	✓			Matron said if there is an outbreak in the home, e.g. Covid, Norovirus etc, she has contact with all resident's NOK to inform them via a message group, which commenced during lockdown. This also works well if other general information is required to be cascaded to a person's NOK e.g. date of summer fete etc.
Residents inform staff when going out and returning.	✓			

				<p>Staff support residents to maintain contact with people who are important to them. Several have Ipads or mobile phones etc.</p> <p>Monthly communion held in the home for those who choose to attend.</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 – Walk through the home, discussion with matron and individual residents.
Service users are encouraged to bring personal possessions into the home e.g. small furniture, pictures & ornaments etc	✓			<p>People have brought in some of their personal possessions to make their room homely and comfortable. Residents spoken to said they are happy with their room and have the things they want around them.</p> <p>Residents manage their financial affairs where they can. Support is provided by the person's NOK / representative where needed.</p> <p>Each resident and / or their NOK, as appropriate, are kept up to date with changes in care needs. However, should a resident and /or their NOK want to go through the care plan in more detail, this is accessible by speaking to matron.</p> <p>Standard Met.</p>
Service users are encouraged to manage own financial and other affairs if they have capacity to do so	✓			
Service users and their relatives and friends are informed of how to contact external agents (e.g. advocates) who will act in the person's best interests	✓			
Access to personal records in accordance with the current local data protection legislation, is facilitated.	✓			

Standard 15: Meals and Mealtimes Outcome: Service users receive a wholesome, appealing, balanced diet in pleasing surroundings at times convenient to them.	YES	NO	In part	COMMENTS
The registered person ensures that people receive a varied, appealing, wholesome, and nutritious diet, which is suited to individual assessed and recorded requirements and a reasonable choice is available as to when and where residents eat their meal	✓			<p>Evidence – Discussion with individual residents, care plans, menus.</p> <p>A nutritional assessment is completed on admission, which is followed by ongoing monitoring e.g. regular weight monitoring.</p> <p>Where a concern arises, referral is made to the appropriate healthcare professional, e.g. GP, dietician, diabetic nurse or SALT.</p> <p>The nurses understand the IDDSI framework for the preparation of foods and fluids for people who require a modified diet due to swallowing difficulties. There are several posters displayed around the home. Carers also undertake training provided by the RNs.</p> <p>Residents said they enjoy their meals. If there is something they do not like on the menu the catering team are very accommodating. Residents have regular direct contact with the chefs for feedback so that menus can be altered to meet people's preferences.</p> <p>The chefs have completed food hygiene training at level 3 and the kitchen assistants at level 2.</p> <p>A food hygiene inspection was completed by an environmental</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	✓			
The food is nutritious	✓			
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	✓			health officer in January 2025 where the home retained their 5-star rating, which is excellent. Standard Met.
Mealtimes are unhurried	✓			
Staff assist residents as needed	✓			
The dignity of those needing help is supported	✓			
Staff attitude is satisfactory	✓			
There is reasonable choice as to when & where meals are eaten	✓			
Food covers are used to transport food to rooms	✓			
Table settings are pleasant	✓			
Crockery, cutlery, glassware, and napery are suitable	✓			
General ambience and comfort are satisfactory	✓			
Temperature satisfactory	✓			
Lighting satisfactory	✓			
Flooring satisfactory	✓			
Cleanliness satisfactory	✓			
Odour control (no unpleasant odour should be present)	✓			
Furnishings are satisfactory	✓			
Décor is pleasant	✓			
Safer Food, Better Business manual is completed	✓			
Food preparation areas are clean	✓			
Waste disposal – there is a foot operated bin	✓			
Kitchen & dining room hygiene is satisfactory	✓			
Staff hand washing facilities are available	✓			
Food Hygiene rating available.	✓			

Standard 16: Complaints Outcome: Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously, and acted upon.	YES	NO	In part	COMMENTS
There is a complaints procedure which is clear and simple, stating how complaints can be made	✓			Evidence – Discussion with matron and individual residents, complaints policy, resident's contract.
The procedure is accessible e.g. reception notice board, resident's handbook	✓			

Are there timescales for the process?	✓			<p>There is a complaints policy in place, which is referred to in the resident contract.</p> <p>Most complaints received are minor and can be resolved at the time.</p> <p>A formal complaint is rare. However, should a formal complaint be received, this is responded to in writing and / or a face-to-face meeting at the home to ensure a satisfactory outcome.</p> <p>If a complaint cannot be resolved by the management of the home, an external contact is available by contacting the inspection officer from within HSC. Details are displayed on the home's notice board.</p> <p>No resident spoken to had anything to raise on this occasion. There was a poster on display to advertise the inspection was taking place, with contact details, but the inspection officer received no feedback prior to the inspection.</p> <p>Standard Met.</p>
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 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 matron, staff induction programme.
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	✓			Consent for photographs for social activities, care plans and wound management are sought during the admission process. Data protection and confidentiality policies are included within an employee's induction handbook. Residents took part in the recent local voting of deputies, if they wanted to, either independently or with support from their NOK. 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 – Discussion with matron and individual staff and residents.
• Physical abuse	✓			Training is provided through the home's e-learning programme and staff complete the level for the role they hold within the team.
• Sexual abuse	✓			
• Inappropriate restraint	✓			
• Psychological abuse	✓			
• Financial or material abuse	✓			Staff spoken to confirmed they have completed safeguarding and were able to give examples to show their understanding.
• Neglect	✓			
• Discrimination	✓			
• Whistleblowing	✓			
• Safe storage of money & valuables	✓			Residents said they feel safe living at Summerland. They said staff are kind and friendly and speak to them respectfully.
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	✓			There were no reports of rough handling when asked or being spoken to in a threatening or condescending manner.
Staff undertake regular training for safeguarding.	✓			

				Standard Met.
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Standard 19: Premises Outcome: Service users live in a safe, well-maintained environment.	YES	NO	In part	COMMENTS
Facilities within the home are safely accessible	✓			Evidence – Discussion with matron, walk through the home.
Restricted entry/exit to the home is appropriate	✓			
The home is free of trip hazards	✓			The home was clean throughout.
Facilities in the grounds are safe and accessible for varying abilities e.g. wheelchair	✓			
Routine maintenance programmes with records kept	✓			The gardens are kept well-maintained for people to sit out in or to take exercise when they choose.
Routine renewal of fabric and decoration with records kept	✓			
The building is safe, homely, and comfortable	✓			Matron said management do an annual walkthrough the home to plan for larger work projects required. Otherwise, there is an ongoing programme for replacement of furniture, furnishings and equipment and for re-decoration when needed. The home's maintenance team keep on top of works needed, for which a log is kept and is signed off once completed.
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	✓			A formal 6-monthly audit is completed and is documented.
Environmental audit undertaken.	✓			
				Standard Met.

Standard 20: Shared Facilities (communal areas) Outcome: Service users have access to safe and comfortable indoor and outdoor communal facilities.	YES	NO	In part	COMMENTS
Recreational area is provided	✓			Evidence – Walk through the home.
Private area is provided	✓			
Lighting is domestic and is flexible for different needs/activities	✓			There are several communal areas for various social activities and the

Furnishings are non-institutional, in good order and suitable for client group	✓			<p>areas are bright and pleasantly set out.</p> <p>On the day of inspection, the 3 lounge areas on the ground floor were occupied. Some residents were doing various activities with individual carers. Others were sat out on the patio in the fine weather and some were sitting reading, knitting, doing crosswords, listening to music, watching TV or chatting in small groups. People appeared happy and relaxed. It was noted that there was always at least one member of staff walking around these areas to check everyone was ok, offer a drink, toilet etc.</p> <p>Standard Met.</p>
Odour control	✓			
Cleanliness is satisfactory	✓			
Good quality flooring	✓			
General ambience is good	✓			
Ventilation is good	✓			
Smoking Policy in place.	✓			

Standard 21: Lavatories and Washing Facilities Outcome: Service users have sufficient and suitable lavatories and washing facilities.	YES	NO	In part	COMMENTS
The toilets near to the lounge and dining areas are clearly marked	✓			Evidence – Walk through the home.
There is clear access	✓			
Doors can be locked	✓			
Lighting is suitable	✓			All bar one room is ensuite. For this one room there is a bathroom facility within proximity.
There is adequate ventilation	✓			
Temperature is suitable	✓			As well as ensuite facilities, there are communal bath and shower facilities available on each floor.
Staff hand washing provision - e.g. soap and paper towel dispenser and foot operated bin are available	✓			
Aids and adaptations are in place as required	✓			Standard Met.
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 matron, pre-inspection equipment list provided, walk through the home.
Handrails/grab rails where appropriate	✓			
Passenger lift x 3	✓			
Stair chair lift		✓		Records show equipment is regularly serviced and inspected e.g. hoists within Lifting Operations and Lifting Equipment Regulations (LOLER).
Aids, hoists etc. for individual needs	✓			
Assisted toilets & baths to meet needs	✓			
Doorways (800mm wheelchair user – new builds)	✓			Care plans include risk assessments to minimise the risk of an accident and the equipment to be used.
Signs and communication systems to meet needs (as and where necessary)	✓			
Storage for aids, hoists & equipment	✓			
Call bell in every room	✓			<p>Most rooms have sensor mats in place to reduce the risk of a fall (following assessment). One resident wears a call bell pendant as they like to go outside frequently. Cushion sensors and mattress sensors are also used where needed.</p> <p>All staff have completed moving and handling training and have a regular update with the homes 2 Ergocoaches.</p> <p>A regular audit is completed for pressure and air mattresses, hoists, and slings.</p> <p>Plan to upgrade call bell system this year.</p> <p>Standard Met.</p>
If bed rails are used is there a risk assessment in place and evidence of a regular review.	✓			

Standard 23: Individual Accommodation: Space Requirements Outcome: Service users own rooms suit their needs.	YES	NO	In part	COMMENTS
Adequate size for user's needs and any equipment used: sizes pre-June 30 th , 2002, at least the same size now <ul style="list-style-type: none"> new build and extensions single rooms 12m² (16m² some nursing beds) 22m² shared residential rooms 24m² shared nursing rooms 	✓			Evidence – Discussion with matron, walkthrough the home. Most rooms are single occupancy, however, there are 9 shared rooms available in the home. Standard Met.
Room layout suitable considering fire safety and limitations due to mobility	✓			
Shared rooms by choice e.g. couples 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 – Walk through the home, discussion with matron and individual residents.
Bed height is suitable (residential)	N/A			
Adjustable height (nursing)	✓			
Bed linen, towel and flannels are changed frequently	✓			Rooms are clean and have been personalised to ensure each person's comfort and familiarity.
Furniture is in satisfactory a condition	✓			
Adequate number of chairs in room	✓			
Décor is satisfactory	✓			All beds in the home are profile beds, which assist with mobility and support independence where able. Profile beds also support good moving and handling practices for staff.
Flooring-carpet/hard flooring is in good condition	✓			
Lockable drawer or safe available	✓			
Door able to be locked and resident has key if wanted	✓			Matron said some beds have bedrails with mesh sides to prevent entrapment of limbs and they lower
Adequate drawers & hanging space	✓			
Table & bedside table available	✓			
Accessibility satisfactory	✓			
Safety within room	✓			
Privacy (screening if appropriate.)	✓			

Telephone point	✓			to the floor to further minimise the risk of falls. Following an audit, the plan is to replace all profile beds with this type, as the beds require replacing. Residents spoken to are happy with their room, no issues were raised. 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 Water and Outcome: People live in safe, comfortable surroundings.	YES	NO	In part	COMMENTS
There is natural ventilation	✓			Evidence – Discussion with matron and individual staff and residents, 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	✓			There were no reports of interruption of services e.g. heating, lighting, or water.
Adequate & suitable lighting	✓			
There is emergency lighting throughout the home	✓			
Water temperature is set at a maximum of 43°C and this is checked regularly	✓			Matron confirmed that housekeeping staff and maintenance staff work within a plan for preventing and monitoring legionella and have completed training.
Control of Legionella - maintenance & regular monitoring;				
Water storage of at least 60°C, distributed at a minimum of 50°C	✓			
Weekly run off all taps of those not used regularly	✓			Emergency lighting is installed throughout the home, should this be needed in a power cut.
Hot water at least 60°C in kitchen	✓			
Shower heads are cleaned quarterly	✓			
Legionella control contract in place with records.	✓			Lighting throughout the home is bright to support people with visual impairment. Standard Met.

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 matron and individual staff, training records, walk through the home.
Odour control	✓			
Laundry is located away from the food area	✓			
There is segregation of clean and 'dirty' laundry	✓			Staff confirmed they have completed training for IPAC and undertake regular updates.
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	✓			The home was clean and free of unnecessary clutter. Staff have access to adequate supplies of PPE to use when needed.
Disposal of clinical waste:				
Storage bin is in an appropriate area	✓			
There is appropriate disposal of clinical waste	✓			There are policies and procedures in place for IPAC e.g. outbreak of infection such as Covid or Norovirus etc. Staff have a link to the IPAC team within HSC for guidance as needed.
Suicing disinfectant available (Nursing)	✓			
Suicing 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	✓			The home's most recent IPAC audit completed by the IPAC team from within HSC was in May 2024. A score of 98% was achieved, which demonstrates the team have a good understanding of IPAC within a care home environment.
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)	✓			Standard Met.
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 matron and individual staff and residents, duty rota.
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	✓			The staffing levels are satisfactory to meet the care needs of the current residents and the layout of the building. Matron said there has been a recent increase of staff on morning shifts due to a rise in dependency level and the number of people requiring 2 staff to assist with care.
Adequate number of housekeeping staff	✓			
Adequate number of catering staff	✓			
Access to maintenance person when required	✓			
Are bank or agency staff used to cover staff sickness and annual leave periods, or do existing staff provide this cover.	✓			<p>Staff are allocated specific areas of the home to manage for their shift and there is a key RN and key carer system in place. Staff said they do help each other and work as a team in other areas when needed.</p> <p>Additional staff are rostered on duty when needed e.g. outings, increased workload at certain times of the day.</p> <p>Residents said there always seemed to be someone around when they needed assistance, and they didn't have to wait for an unreasonable length of time for their call bell to be answered.</p> <p>Staff said there are sufficient staff on each shift if there is a full complement. When there is absence due to sickness, this can be challenging. However, the person in charge always tries to cover the shift but this not always possible at short notice.</p> <p>Standard Met.</p>

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	✓			Evidence – Discussion with matron.

<p>award or other equivalent in health & Social Care at level 2 trained, on each shift.</p>			<p>The team is led by the RNs. One RN is currently undertaking a Masters in dementia care.</p> <p>Two staff have completed the Assessor's award – Training, Assessing & Quality Assurance (TAQA). Matron said this is supported by the College of Further Education (CofFE) and they receive good support.</p> <p>Two associate practitioners have completed the necessary training and paperwork and now have their personal identification numbers (PIN) and are working as RNs, registered with the Nursing & Midwifery Council (NMC) in the UK.</p> <p>Six carers have an NVQ / VQ award at level 3 in Health & Social Care and another 7 carers are currently undertaking this award.</p> <p>Two carers have a B-Tech award at level 2 and are currently working towards level 3.</p> <p>One carer has completed the care certificate (no previous care experience).</p> <p>There is always at least 2 RNs on duty during the day and 1 overnight.</p> <p>Standard Met.</p>
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Standard 29: Recruitment Outcome: Service users are supported and protected by the home's recruitment policy and practices.	YES	NO	In part	COMMENTS
Recruitment procedure includes the following:				Evidence – Discussion with matron and individual staff.
Equal opportunities policy in place	√			Matron discussed the process for the recruitment of new staff. A HR manager works alongside management to ensure processes are in place to enable them to make safe decisions when recruiting staff to protect residents from a risk of abuse. The HR manager also maintains staff records throughout their employment at the home. A new employee is provided with a job description, contract of employment and a staff handbook containing relevant policies. There are 3 volunteers working in the home in the activities team.
Compliance with local laws – right to work document, housing licence (as appropriate)	√			
2 written references required; one of which is from applicant's present or most recent employer	√			
Employment gaps are explored	√			
Appropriate level of Police check (DBS) is undertaken for role within the home	√			
NMC register check for all RNs prior to employment, followed by ongoing support for Revalidation once employed	√			
Health declaration requested where necessary/relevant	√			
Staff personal records/files kept locked away	√			
All staff have a job description	√			
Staff receive written terms and conditions within 4 weeks of employment and have a signed contract	√			
Is a police check undertaken for all volunteers working in the home?	√			Standard Met.
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 matron and individual staff, training records, induction programme.
<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 	√			A new RN has a 3-month induction where they work alongside a RN who is familiar with the home, residents, policies and processes. Matron meets with the RN monthly during these 3 months to monitor progress and resolve any issues.
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:				A new carer is offered a trial shift to see if they feel they might like to do caring work. Following this the person has a two-week period of induction where they work with experienced staff and commence the care certificate if they have never done caring work before. For an experienced carer the period of induction is flexible.
<ul style="list-style-type: none"> Fire & emergency 	√			
<ul style="list-style-type: none"> Moving & Handling 	√			
<ul style="list-style-type: none"> Health and Safety awareness 	√			
<ul style="list-style-type: none"> Basic first aid 	√			
<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 	√			An interview takes place with HR after 2 weeks to see how the person is doing. Another interview takes place after 6 weeks and then after 2 months and then 6 months. A new employee is provided with an induction programme for their role.
Further/ongoing training:				
<ul style="list-style-type: none"> Care planning 	√			Ongoing training is provided through various sources, e.g. e-learning, in house, external health care professionals visiting the home, staff
<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 	√			
<ul style="list-style-type: none"> Infection control 	√			
<ul style="list-style-type: none"> Pressure area care 	√			

• End of life care	✓			attending training sessions at the CofFE and Institute of Health & Social Care (IHSC) and opportunistic learning while working day to day.
• 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	✓			There are several qualified first aiders in the team, including for mental health to support colleagues.
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.	✓			
				VQ and B-tech awards etc are well supported by the management – see standard 28.
				The home also provides placements for student nurses from the IHSC. Feedback from student nurses regarding their placement at the home continues to be very positive.
				Standard Met.

Standard 31: Staff Supervision Outcome: Staff are appropriately supervised.	YES	NO	In part	COMMENTS
Written induction programme in place	✓			Evidence – Discussion with matron and individual staff, induction programme, individual performance reviews (IPRs).
Training opportunities of both formal and informal training	✓			
Supervision covers:				
• All aspects of practice	✓			All new staff have a supervised period of induction – see standard 30.
• Philosophy of care	✓			
• Career/personal development - appraisal system in place	✓			
Other staff supervised as needed as part of management process	✓			Matron has a monthly meeting with HR to discuss feedback from new employees during their probation period.
Supervision, support, and training for volunteers	✓			
Return to work interview to assess additional support/supervision required	✓			
Are records kept for supervision sessions?	✓			The frequency of formal IPRs varies. For a person who has been working at the home for a significant time, their appraisals are 5-yearly. The

				<p>remaining staff have an annual appraisal.</p> <p>However, matron said she has regular informal meetings with individual staff and a person can speak to her at any time as she has an open-door policy. A person can also request an IPR or access to a training session before this time.</p> <p>Within a month, each carer will work with a RN for informal supervision.</p> <p>Standard Met.</p>
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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 their responsibilities fully.	YES	NO	In part	COMMENTS
Registered Care Manager has a job description	✓			<p>Evidence – Discussion with matron.</p> <p>The director of nursing is a RN.</p> <p>Matron who is responsible for the day to day running of the care home is also a RN. She has a district nursing certificate and a nurse prescriber qualification. She also has a qualification for leadership and management.</p> <p>Matron undertakes the relevant training for her role and reports to the director of nursing.</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	N/A			
Nursing home RN with management qualification	✓			
Periodic training/updating for registered manager (relevant to manager and client group needs)	✓			
Knowledge of older people; disease process, ageing etc	✓			
Line of accountability (Care Manager reports to).	✓			

Standard 33: ETHOS 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 matron, minutes of meetings.</p> <p>Staff know what is expected of them in their role and have access to their manager and colleagues for support as needed.</p> <p>Matron has regular meetings with groups of staff, which are documented – RNs 3- monthly meetings and carers 6-9 monthly meetings. A monthly meeting is held with the housekeeper and informal meetings are held with the catering team as needed.</p> <p>A resource file remains in place to support people who are new to the island to support them to access social groups, financial and health support, and other resources on island, which as an excellent initiative.</p> <p>Standard Met.</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 34: Quality Assurance Outcome: Service users can be sure that the home is responsive to their wishes and is run in their best interests.	YES	NO	In part	COMMENTS
Regular reviews and planning to meet the needs of the service users	✓			<p>Evidence – Discussion with matron and individual staff and residents, results of audits and external inspections.</p>
How does Care Manager monitor own performance?	✓			

Commitment demonstrated to meets service user needs through the implementation of their care plan and meeting their goals	✓			Residents provided very positive feedback about life and care at Summerland House. A questionnaire was completed in 2024 by residents to include activities and menus. As a result, both have been reviewed to provide more choices and residents are satisfied – no further issues raised.
Feedback actively sought & acted upon	✓			
Other 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 3 years)	✓			Staff were experiencing moving & handling issues with some of the hoists used. As a result, this was reviewed, and new hoists have been purchased that are easier to push and pull – all staff have been trained to use them.
Action progressed on agreed implementation of statutory/good practice requirements (progress from last inspection)	✓			
Auditing to improve care, services, environment.	✓			<p>Wheelchairs have been changed to improve the quality of the equipment.</p> <p>Bed audit – see standard 24.</p> <p>Audits undertaken by external healthcare professionals e.g. medication, IPAC, food hygiene and student placements also provide very positive feedback.</p> <p>Matron has regular contact with residents’ NOK to ensure they are kept up to date with information.</p> <p>There is a monthly newsletter for residents and their relatives to read, so they know what is happening in the home and any upcoming events etc, which they really look forward to receiving.</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 matron.
Insurance in place to cover loss or damage to the assets of the business (is there a business continuity plan in place?)	✓			Employment and Social Security receive the home's accounts annually.
Legal liabilities for service users and staff – The insurance certificate on display and in date.	✓			A business plan is in place for the interruption of business e.g. flood, fire and pandemic and also for large project works required. Standard Met.

Standard 36: Service Users Money Outcome: Service user's financial interests are safeguarded.	YES	NO	In part	COMMENTS
Residents control own money & have access to a secure facility in which to store it e.g. locked drawer/safe	✓			Evidence – Discussion with matron.
Safeguards are in place if managed by home e.g. records kept for safe keeping of valuables and/or money, secure storage.	✓			Where a resident is unable to manage their affairs, their NOK / representative supports them. Some residents have Guardianship or Lasting Power of Attorney (LPA) in place. Valuables a person brings into the home on admission are listed. However, people are advised not to bring valuables or large sums of money into the home and to give to them to their relatives for safekeeping, where appropriate. Money held by the home for safekeeping is signed in and out and a record is kept.

				Standard Met.
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Standard 37: Record Keeping Outcome: Service user's rights and best interests are safeguarded by the home's record keeping policies and procedures.	YES	NO	In part	COMMENTS
Admission & Discharge Register in place	√			<p>Evidence – Discussion with matron, policies, and procedures.</p> <p>Care records are held electronically and are password protected for data protection and confidentiality.</p> <p>Access to care record (for appropriate person) by speaking to matron.</p> <p>Standard Met.</p>
Records kept are up to date and in good order (resident information)	√			
Records secure	√			
Data protection and confidentiality compliance – policy in place	√			
Service users have access to their record.	√			

Standard 38: Safe Working Practices in Place Outcome: The health, safety and welfare of service users and staff are promoted and protected.	YES	NO	In part	COMMENTS
Safe moving and handling practices are in place	√			<p>Evidence – Discussion with matron, pre-inspection information provided, training records.</p> <p>Staff have a good induction to prepare them for their role within the team and have access to a good level of training throughout their employment at the home.</p> <p>There are 2 Ergo coaches in the team who provide training and supervision for moving and handling practices. A RN is due to commence this training in September.</p>
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	√			
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)	✓			There are first aiders and fire marshals in the team.
Regular servicing of boilers & heating systems	✓			Matron is the safeguard lead for the home and there are link nurses for IPAC, continence management and quality assurance.
Maintenance of electrical systems & equipment	✓			
Regulation of water temperature (Legionella control – plan in place with records kept	✓			
Radiator protection, low surface heaters	✓			A Control Of Substances Hazardous to Health (COSHH) file is in place.
Risk assessment and use of window restrictors	✓			
Maintenance of safe environment & equipment:				Accidents / incidents are monitored for trends, e.g. same person fall, same area of home or time of day etc. These are discussed at handovers and reflected on so that measures can be put in place to minimise the risk of re-occurrence. Matron said a falls audit completed recently has shown the number of falls in the home has reduced.
• Kitchen	✓			
• Laundry	✓			
• Outdoor steps and pathways	✓			
• Staircases	✓			
• Lifts	✓			
• Flooring	✓			
• Garden furniture	✓			
Security of service users & premises – doors locked at night, outdoor lighting, security of fire doors	✓			Where needed accidents / incidents are reported to the inspection officer, e.g. where a resident has an accident in the home and is transferred to the PEH for assessment / treatment.
Compliance with legislation. • 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	✓			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.		There were no concerns on this inspection visit.				
2.						

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 **06/08/25** 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.
August 2025