



The Office of the
Committee for
Health & Social Care

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

**BLANCHELANDE PARK
NURSING HOME**

INSPECTION REPORT

DATE: 30 June 2020

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

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

INTRODUCTION

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

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

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

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

Name of Establishment: **Blanchelande Park Nursing Home**

Address: **La Rocher Road, St Martins, GY4 6EN**

Name of Registered Provider: **BCH Holding Ltd**

Name of Registered Manager: **Mrs Rosalind Rix (RGN) – Care Manager**

CATEGORY	NUMBER OF REGISTERED BEDS
Nursing	20
Residential	21

Date of most recent inspections: 13/03/19 – Announced 20/11/19 – Unannounced
Date of inspection upon which this report is based - 30/06/20
Category of inspection – Announced
Vanessa Penney - Registration and Inspection Officer (HSC) Steve Winterflood – Head of Quality & Safety (HSC)

SUMMARY OF FINDINGS

Good information is available to support people with making a choice of care home and there is opportunity for people to visit the home to have a look around.

Pre-admission assessments are thorough and people said they are involved in the decisions about their care for the development of their person-centred care plan. The care plans suggest that staff have a good understanding of people's care needs, routines and preferences, and the care plans promote choice, independence and inclusion.

Risk assessments are undertaken to support people to take positive risks in the least restrictive way, to maintain their safety and independence and to minimise accidents and incidents.

People enjoy the social activities offered by the home, which are varied and people said they have plenty to do if they want to join in, which also includes bus trips and attendance at their social networks within the wider community.

People's nutrition and hydration needs are met and people spoke very positively about the catering service in the home.

The environment of the home is kept well-maintained and was clean and uncluttered throughout. People have personalised their rooms, which reflects their personality and interests.

There is a robust system in place for the recruitment of staff to help the employer to make safer decisions to safeguard people. All staff have a supervised period of induction and a programme of training and annual appraisal is in place to support personal and professional development. The staffing level in the home is satisfactory for the number of people who are currently living in the home and their care need dependency level and this is monitored regularly.

A quality monitoring process is in place to enable the home to continue to develop through seeking the views of residents, relatives and staff and through the use of audits.

The home is well-led and staff feel well supported by their manager. People who were spoken to said they feel safe living in the home with several offering that they hoped they would never have to move from Blanchelande Park, which is a positive reflection on the Care Manager and her team.

Recommendations made on this inspection are included in the improvement plan, which follows on from the audit.

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)	✓			Good information to help with decision-making process in conjunction with the resident handbook information
Marketing Brochure (optional)	✓			
There is a Statement of Purpose that sets out the:				
Philosophy of care, aims and objectives	✓			
Terms and conditions of the home	✓			
Updated at least annually or when changes to services and home occur	✓			
There is a Service Users Guide/Resident's Handbook				
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	✓			Photographs of staff on display in reception Uniform identity discussed in handbook assists people with knowing who is who
Number of residents registered for	✓			Nursing 20 & Residential 21 (Currently there are 35 people living in the home)
Special needs & interests catered for e.g. diets, activities etc	✓			
How to access a copy of most recent inspection report	✓			Report displayed on notice board and access discussed in handbook
Procedure for making a complaint	✓			Displayed on notice board in reception and also in handbook
Service users views of the home	✓			Positive posts on website, suggestion box available at entrance to home

Summary of fees payable and any extras payable e.g. newspapers, incontinence products & toiletries etc	✓			Explained in detail prior to signing contract of residence
The home's policy for alcohol	✓			
The smoking policy	✓			Outside in designated area only
The home's policy for pets	✓			Visiting pets welcome and also visits for pet therapy
A statement that service users can expect choice in the gender of those who provide basic care whenever possible	✓			If a person has a preference they will need to make this known before moving in to the home as a male Carer may not be available on all shifts
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	✓			Report displayed on notice board and access discussed in handbook

Standard 2: Contract	YES	NO	In part	COMMENTS
Outcome – Each service user has a written contract/statement of terms and conditions with the home				
Contract provided on admission	✓			
Identifies room to be occupied	✓			
Care and services covered (including food)	✓			
Additional items and services listed to be paid for including food, equipment, insurance, medical expenses and SJA	✓			
Fees payable and by whom (service user, long term care benefit scheme, relative/ other)	✓			
Rights and obligations listed and liability if breach of contact	✓			
Terms and conditions of occupancy e.g. including period of notice	✓			
Charges during hospital stays or holidays	✓			
Charge for room following death (social Security pay 3 days only following death)	✓			Discussed in more detail before contract is signed
The contract is signed by the service user or named representative and the registered person for the home	✓			Both parties keep a copy of the signed agreement

Standard 3: Assessment Outcome - No service user moves in to the home without having had his/her needs assessed and been assured that these will be met	YES	NO	In part	COMMENTS
Pre-admission assessment prior to moving in to the care home	✓			Care Manager visits the hospital, other care home or person's own home prior to agreeing admission to the home
Involvement of others; relatives, GP other allied health professionals	✓			GP provides medical history summary to the registered person with the service user/ representative' consent Needs Assessment Panel (NAP) summary is provided to the Care Manager
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	✓			Person-centred care plans have been developed, which are based on the information gathered during the assessment from all parties involved

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	✓			Care home is registered to provide care for nursing, residential and for early to moderate stage dementia care (EMI). If a person requires a

				higher level of care for dementia management, a home that specialises solely on dementia care is sought through a referral for a re-assessment of the person's care needs
The services of specialised personnel are sought to meet people's care needs	✓			The Mental Health Specialist Nurses and the Psychiatrist visit the home to provide guidance for people with dementia. Other services who provide support and guidance for individual people are; Continence Specialist Nurse, Palliative Care Nurses, Dietician, Diabetic Specialist Nurse, Social Worker and Occupational Therapists etc
Social/cultural needs are met to the preference and needs of the person and are understood by the people caring for them	✓			Specific choices in care plan for all staff to follow
Policies for discrimination & Equality (equal access to services)	✓			

Standard 5: Trial Visits Outcome – Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home	YES	NO	In part	COMMENTS
Provision for staff to meet a service user in their own home or other place of residence	✓			Care Manager or a Registered Nurse (RN) visits a person in hospital or in another place of residence if necessary, for example another care home or if the person is currently living with NOK
Residents or their representative are encouraged to visit the home before making a decision	✓			A prospective resident or their NOK are encouraged to visit the home to have a look around and to talk to some of the residents and staff. The offer to stay for a cup of tea or for the day to get a feel for the home is made
Is there provision for a trial before final decision made to move into home	✓			21 day trial period
Does the home take emergency admissions	✓			If there is a vacant room at the time that it is needed
Information process in standards 2-4 is in place within 5 working days	✓			

Standard 6: Intermediate or Respite 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		✓		Accepted if there is a vacant room at time of need
Specialised facilities, therapies, treatment and equipment are available to promote activities of daily living and mobility	✓			Equipment for everyday daily living is available to support a person to maintain their level of independence or to improve on it – more specialist pieces of equipment for an individual service user is obtained from the specialist service as needed
Are staff qualified in techniques for rehabilitation and promotion of programmes to re-establish community living?	✓			Staff have knowledge and experience in general day to day living requirements – specific techniques required for an individual service user is supported by the specialist at the time
Is there appropriate supervision of staff by specialists from relevant professions to meet the assessed needs of the service-user	✓			Regular visits are put in place if for example a person is receiving additional support from an Occupational Therapist
Ensure appropriate equipment available prior to agreeing for person to move in to the home	✓			Care Manager or RN organises equipment to be at the home ready for when the person moves in
If a person is unable to return home the person is able to remain living at the care home	✓			A person who is unable to return home is referred back to the Social Worker for a re-assessment. If the appropriate certificate is issued the person can remain in the home subject to availability of a suitable room

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	✓			A person-centred care plan is developed using the assessment information obtained when the person first moves in to the home. The care plan is then regularly updated as the team work with the resident and become more familiar with their routine, preferences, care needs and family relationships

Risk assessments in place for:			
<ul style="list-style-type: none"> Moving & handling & mobility & risk of falls 	✓		<p>Some people were observed to require various pieces of equipment to assist them with their mobility and the equipment was in good order. Equipment is also in place where needed for people who are a high risk of falls. The equipment being used was not always documented in the care plan, which was discussed with the Care Manager and her deputy on the day. It was however evident that a review had taken place as documentation was available in the daily care communication to inform staff that this item of equipment had been discontinued as the person was no longer at risk (wander guard to minimise unsupervised exit of the building)</p>
<ul style="list-style-type: none"> Nutrition 	✓		<p>Peoples like and dislikes were documented and the level of support that is required by staff at meal time. One care plan observed identified the modified diet required using the International Dysphagia Diet Standardisation Initiative (IDDSI) framework but it was not clearly documented that there was a risk of the person having a choking episode or the action staff need to take if a choking episode occurs. This was also discussed with the Care Manager and her deputy on the day</p>
<ul style="list-style-type: none"> Skin condition & Pressure sore prevention 	✓		<p>Braden score in place to assess skin integrity and to put measures in place to reduce the risk of a pressure injury – pressure mattresses and pressure cushions are in place for people who currently require them</p>
<ul style="list-style-type: none"> Other 			
<p>Minimum of 3-monthly review of care plan, or as needs change if before review date</p>	✓		<p>Care plans have been reviewed within the 3-monthly period. Care plans examined had elements of care reviewed and updated more</p>

				frequently as the person's care needs had changed if before the 3 month review
Evidence of user/relative involvement	✓			Residents spoken to were aware of their care plan but no one had wanted to see it. Reason given is they are satisfied with the care they receive and thought this was unnecessary as they are kept updated as their care or treatment alters
Restrictions on choice & freedom are agreed and documented (Mental Health, Dementia)	✓			
Format of care plan	✓			Electronic – password protected
Handover discussions: verbal, written on changeover of each shift	✓			
All entries on documentation 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	✓			Some people attend GP surgery for appointments if able, rather than the home having a 'blanket' policy for home visits for all residents, which is favourable and less costly for the resident
Specialist health services used, dietician, tissue viability, continence, falls clinic etc where needed; including referral for uplift of care certificate when needed	✓			
People are free of pressure injuries	✓			Braden score used to assess risk, appropriate equipment in place where risk identified. Body maps in place where skin damage noted e.g. bruise, scratch and wound chart in place for a person who has a wound, which is not pressure related, to monitor progress. Tissue Viability Nurse from within HSC had been informed and is providing guidance as necessary
Preventative strategies for health care: link nurses, equipment etc	✓			RNs act as link nurses for the team

Results from appointments, treatments and problems and from health care professionals are recorded in care plan and acted upon	✓			
Nutritional assessment completed on admission and reviewed regularly thereafter (weight recorded)	✓			Regular monthly weights are recorded – more frequently where there is a concern
Regular night checks in place	✓			Recorded in care record
Is there a named key-worker/carer	✓			Key RN and key Carer for each person
Service users, relatives and/or advocates have the opportunity to discuss service users' wishes on their care with an informed member of staff.	✓			At any time; there is no need to make an appointment unless this is preferred by a resident or their NOK. Residents and 1 relative said the staff in the home supported relatives and residents with their communication with each other during the recent lockdown period for COVID 19 and this was good
The support service needs of each resident are assessed and access provided. Support services may include: advocate; 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	✓			Able to remain in the home following an uplift in care certificate in most cases. This could prove more difficult if the person required more specialist dementia care. In this case it may be necessary for the person to transfer to a specialist dementia care home (discussion between NOK, Care Manager, GP and Social Worker) prior to further action being taken

Standard 9: Medication Outcome: Service user's, where appropriate, are responsible for their own medication and are protected by the home's policies and procedures for dealing with medicines	YES	NO	In part	COMMENTS
Policies: for receipt, recording, storage, handling, administration, disposal, self-medication, errors, re-ordering, homely remedies and for administration during a pandemic	✓			

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 including safe storage within person's room	✓			Person who wishes to continue to self-medicate is risk-assessed to ensure safety prior to continuing – continued safety is reviewed regularly and the person has a secure place of storage within their room
Records for:				
<ul style="list-style-type: none"> • Meds received 	✓			
<ul style="list-style-type: none"> • Meds administered 	✓			No gaps in signing, medication stopped is signed and dated
<ul style="list-style-type: none"> • Meds leaving the home 	✓			Returns book for pharmacy for medication returned which is no longer in use to prevent hoarding – was requested by GP not to return some medications during the initial COVID period but these have now been returned to pharmacy
<ul style="list-style-type: none"> • Meds disposed of 	✓			Appropriate disposal of medication as per current guidelines
<ul style="list-style-type: none"> • Medication Administration Record (MAR) in place 	✓			Contains necessary information e.g. name of person, DOB, GP, allergies
<ul style="list-style-type: none"> • Photo of service user (consent) 	✓			
If medication is required to be administered covertly, this in care plan, consent from GP and from resident's next of kin	✓			Care Manager and RN aware but none currently in place
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	✓			
Daily check of medication fridge, which is documented, to ensure remains 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 training at level 3	✓			RNs only administer medication in the home and keep up to date with best practice for their revalidation of their nurse registration
Competency for Carers (residential home) for the administration of medication is reviewed at least annually and this is recorded	N/A			Only RNs administer medication as it is a dual registered home
Pharmacist advice used	✓			
Frequency of medication reviews by GP (minimum 3-6 monthly)	✓			More frequently for several people who are unwell
Has a Medication Inspection been undertaken by HSCs Pharmacist	✓			Most recent inspection in April 2019 – medication found to be well-

				managed, no further recommendations were made
Flu vaccinations offered to residents, staff annually	✓			
Medications kept in the home for minimum of 7 days or after burial or cremation following a death	✓			Care Manager and RNs aware of policy
Audit of MARs	✓			Last completed in March 2020

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 is provided when assisting a resident with washing, bathing, dressing etc	✓			Observed during day and confirmed by residents spoken to
Bedrooms are shared only by the choice of service users e.g. married couples, siblings	✓			
Screens are available in shared rooms	✓			Not provided generally as all rooms are en-suite but would be put in place if requested
Door to room able to be locked	✓			
Examinations, consultations legal/financial advisors, visits from relatives with privacy	✓			
Entering bedrooms/toilets - staff knock and wait for a reply before entering	✓			Observed during day and confirmed by residents spoken to
Wear own clothing	✓			Confirmed by residents spoken to
Laundry undertaken in house	✓			Relatives are asked to take laundry home if requires dry cleaning or has special washing instructions e.g. cannot go in a commercial washing programme
Mail is only opened by staff when instructed to do so	✓			Mail is generally forwarded to person's NOK unless home asked to open e.g. person's birthday, awaiting an appointment
Preferred term of address in consultation with resident & this is documented in person's care plan	✓			
Wishes respected and views taken into account	✓			Residents said staff are caring and kind and know their routines, preferences, likes and dislikes well
Treated with respect - verbally	✓			Observed during day and confirmed by residents spoken to
Privacy and dignity is included in staff induction training	✓			Home has a policies in place for both
Service users are protected from the undesirable action of others (staffing levels)	✓			Satisfactory staffing levels and good activity provision for social

				stimulation, includes one to one activities for a person with dementia for distraction when needed
Information about service users imparted to members of staff is treated with respect and confidentiality	✓			Home has policy in place for maintaining confidentiality
There is easy access to a telephone	✓			Each room has a telephone point
Telephone adaptations are available to meet the needs of service users e.g. large buttons, amplifier	✓			Organised as needed. Several residents were noted to have large button telephones in their room

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	✓			
Nutritional needs 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	✓			RNs undertake training periodically to refresh their skills with the team at Les Bourg's Hospice
Suitable equipment available	✓			
Family involvement & needs met-provision to stay with relative	✓			
Service users wishes respected (including after death)	✓			Known wishes actioned as prior request
Religious/cultural needs met	✓			
Changing needs met	✓			Services of healthcare professionals sought as relevant and NOK kept updated
Dignity of possessions after death	✓			Room is locked until NOK return to pack up room
Staff training – induction, specialist nurses	✓			Staff are provided with basic practice information during induction and receive individual training at the time by a RN to ensure the individual's care needs and wishes are implemented. Debriefing sessions for staff/individuals are provided by the RNs in the home or by the Palliative Care Nurses
Resuscitation status for each person	✓			Documented in care plan
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
'This is me' NOK to complete with resident	✓			This is given out to a person's NOK to complete for a person who has dementia
Flexibility and choice of daily living routines e.g. no restriction for getting up or going to bed	✓			Confirmed in conversation with residents
Able to go out independently or with friends & relatives freely	✓			Confirmed in conversation with residents and also observed during the day
Involved in day-day running (if wanted) e.g. attending to garden, collecting dishes etc	✓			Care Manager said this is offered but few people choose to do and some people are unable to do
Choice of leisure, social & cultural activities	✓			Confirmed by residents spoken to and the programme of activities/social time is displayed at various points around the home to keep people informed
Are religious/cultural choices acknowledged?	✓			
Are interests/hobbies recorded in the care plan?	✓			
Social activity profile kept- person engagement in activity	✓			
Is there an Activity Co-ordinator or do staff facilitate activities with residents	✓			One currently in post with a second Activity Co-ordinator due to start within the next couple of weeks. Staff also support residents with individual activities during the day
Photo boards around home of activities	✓			In Treetops communal/social lounge

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	✓			Open visiting – visitors are asked to avoid mealtimes unless having a meal with their relative or assisting them with their meal
Visitors' book in place	✓			

Privacy when receiving visitors	✓			
Choice of whom visits respected and documented as necessary	✓			
Hospitality for visitors e.g. offered a drink, can book to have a meal with their relative	✓			
Supported to maintain social networks in the community	✓			Residents are able to continue to maintain their social networks within the community. The Care Manager said 1 resident attends the Parkinson's group meetings and really missed this contact during the COVID period of isolation. This has recommenced now
In & out board for residents	✓			

Standard 14: Autonomy and Choice Outcome: Service users are helped to exercise choice and control over their lives	YES	NO	In part	COMMENTS
Service users are encouraged to bring personal possessions into the home e.g. small furniture, pictures & ornaments etc	✓			Rooms personalised and reflected people's personality and interests
Residents have access make their own drinks or prepare food if they wish	✓			Dining area has kitchen area within it for residents or their relatives to make drinks and snacks
Service users encouraged to manage own financial and other affairs. If there are no appropriate relatives to do so on their behalf independent advocacy is sought	✓			
There a secure lockable cupboard, safe or drawer for personal valuables/money in person's room	✓			
Is there secure storage and record keeping for residents unable to look after own day to day personal spending	✓			Encouraged to give to NOK, where appropriate for safekeeping. Where needed this can be kept securely within the home and records are kept
There is access to personal records e.g. person's care plan is kept in their own room	✓			Access to care plan at any time by asking the Care Manager or RN. Residents spoken to said they were aware of their care plan but did not wish to see it as they are happy with the care they currently receive

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 menu is varied and changed regularly	✓			4 week rotation. Conversation with residents confirmed menus are altered in relation to their feedback
The food reflects popular choice	✓			Several choices at each meal time
The food is appealing and is served in an attractive manner	✓			Observed at lunch time
Is the food nutritious	✓			
Service user's nutritional needs are assessed and regularly monitored and reviewed including factors associated with malnutrition and obesity	✓			Nutritional assessment on admission and is regularly monitored. Food diary and fluid chart in place for an individual as needed
Fresh fruit and vegetables are served/offered regularly	✓			
Is there choice available at each mealtime	✓			Several choices
Individual likes/dislikes are met	✓			Confirmed by residents who were spoken to
Three full meals a day are offered with at least 1 a cooked meal	✓			
Hot and cold drinks and snacks available at all times and offered regularly	✓			Observed during the day
A snack available in the evening/night	✓			
Special therapeutic meals are provided if advised e.g. diabetic, pureed, gluten free etc	✓			Three people have a diabetic diet and 3 people have a modified diet for a risk of choking.
Swallowing problems/risk of choking identified in risk assessment and incorporated into the care plan			✓	Although there is reference to a risk of choking in the care plan, further information is required on the steps needed to be taken to prevent choking e.g. texture of diet using IDDSI rating and also what action needs to be taken if a person has a choking episode
Aware of International Dysphagia Diet Standardisation Initiative (IDDSI) – training, information	✓			The Care Manager, Deputy Care Manager, RNs and 2 Chefs have undertaken formal training. The Deputy Care Manager has cascaded this information down to all of the Carers
Person has Percutaneous Endoscopic Gastrostomy (PEG)	N/A			No person currently has a PEG
Supplements prescribed	✓			When advised by GP or Dietician and documented on the person's MAR

Religious and cultural needs are met?	✓			
The menu is written or displayed e.g. in dining room or resident notice board	✓			Resident has written menu delivered to their room each day. For those unable to make choices or complete the menu assistance is provided
Mealtimes are unhurried	✓			Observed at lunch time
Staff offer assistance to residents if needed	✓			Observed at lunchtime
The dignity of those needing help supported	✓			Carers assisting were patient and created a quiet and relaxed environment
Staff attitude satisfactory	✓			
There is reasonable choice as to when & where meals are eaten	✓			Dining room encouraged but some people eat in their room
Food covers used to transport food to rooms, is hot trolley used?	✓			
Table settings pleasant	✓			
Crockery, cutlery, glassware and napery suitable	✓			
General ambience and comfort	✓			
Temperature satisfactory	✓			
Lighting satisfactory	✓			
Flooring satisfactory	✓			
Cleanliness satisfactory	✓			
Odour control	✓			
Furnishings satisfactory	✓			
Décor pleasant	✓			
Safer Food, Better Business manual completed	✓			
Food preparation (areas clean)	✓			
Waste disposal – foot operated bin	✓			
Kitchen & dining room hygiene	✓			Good
Staff hand washing facilities	✓			
Date of most recent Environmental Health food hygiene inspection	✓			October 2018 – 5 star rating maintained

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	✓			
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	✓			

Duty of Candour – transparent and honest	✓			
Details of investigations and any action taken is recorded	✓			
There is written information available, clearly displayed, in an accessible place, for referring a complaint to the HSC	✓			Notice board and in resident's guide

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	✓			
The home facilitate the individual's right to participate in the local political process	✓			
Written policies are in place for Data Protection (Bailiwick Of Guernsey) Law, 2018 and for confidentiality	✓			
Prior consent obtained for any photographs taken	✓			Verbal consent obtained from resident or NOK where appropriate

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:				
• 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 residents financial affairs or receiving of gifts	✓			
Safeguard allegations reported to Safeguard Advisor & Inspection Officer	✓			Has done so previously
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	✓			E-learning followed by discussion/supervision to assess understanding
---	---	--	--	---

Standard 19: Premises Outcome: Service users live in a safe, well-maintained environment	YES	NO	In part	COMMENTS
Facilities within home safely accessible	✓			All floors serviced by a passenger lift, 1 room serviced by a stair chair lift
Is entry/exit to home restricted			✓	Enter by pressing a button. Exit by also pressing a button but this is in a more discreet area to prevent a person from wandering away from the building unsupervised if not safe to do so. A Wander Guard alarm is also in place for a person who has dementia and likes to walk around the home
The home was free of trip hazards	✓			
Facilities in grounds safe and accessible for varying abilities e.g. wheelchair	✓			Large grounds
Routine maintenance programmes with records kept	✓			
Routine renewal of fabric and decoration with records kept	✓			
The building is safe, homely and comfortable	✓			
The furniture is suited to individual needs and is in good order	✓			
Décor satisfactory	✓			
Lighting, internal and external satisfactory	✓			
Relevant fire equipment throughout the home	✓			
CCTV (entrances only)	✓			
Cleanliness satisfactory	✓			
Odour control	✓			
Flooring satisfactory	✓			
General equipment maintained with records	✓			
Insurance certificates on display and in date	✓			It was pointed out to the Care Manager that the certificate on display was out of date, however, she had the new certificate and replaced it immediately
Environmental audit undertaken	✓			Not using formal audit tool, although the Estates Manager undertakes a regular walkthrough with the Care Manager and items that require

				repair or replacement are noted and actioned promptly. Two tiles from the suspended ceiling in the treatment room were observed to be missing. This was reported to the Care Manager
--	--	--	--	--

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 provided	✓			Treetops social activity lounge, several small lounges and large accessible gardens
Private area provided	✓			
Lighting- domestic and flexible for different needs/activities	✓			
Furnishings non-institutional, in good order and suitable for client group	✓			
Odour control	✓			
Cleanliness satisfactory	✓			
Good quality flooring	✓			
General ambience good	✓			
Ventilation good	✓			
Smoking Policy	✓			Smoking outside in a designated area only

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	✓			Those near to the entrance also have a privacy curtain inside the door so that people cannot see in when walking past
Clear access	✓			
Can the doors be locked	✓			
Lighting suitable	✓			
Adequate ventilation	✓			
Suitable temperature	✓			
Staff hand washing provision e.g. soap and paper towel dispenser and foot operated bin available	✓			

Aids and adaptations as required	✓			Grab rails where needed and a frame around toilets to assist person to stand
Odour control	✓			
Call bell available	✓			
Décor satisfactory	✓			
Flooring suitable	✓			
Cleaning schedule in place	✓			Housekeeping supervisor who organises and oversees housekeeping practices and has a cleaning schedule in place for her staff to follow

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	✓			
Handrails/grab rails where appropriate	✓			
Passenger lift	✓			
Stair chair lift	✓			For one area of the home
Aids, hoists etc. for individual needs	✓			
Assisted toilets & baths to meet needs	✓			All rooms are en-suite and there are several communal toilets and assisted bathrooms
Doorways (800mm wheelchair user – new builds)	N/A			Not a new build
Signs and communication systems to meet needs (as and where necessary)	✓			Toilets, bathrooms, numbers on residents doors, floor levels, fire exits
Storage for aids, hoists & equipment	✓			
Call bell in every room	✓			
If bed rails are used is there a risk assessment in place and evidence of a regular review	✓			2 risk assessments examined, both had recently been reviewed

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) 	✓			A couple of rooms which are pre 2002 and are smaller and are used mainly for short stay respite care. These rooms were kept vacant during the COVID lockdown for staff sleep in if needed

<ul style="list-style-type: none"> • 22m² shared residential rooms • 24m² shared nursing rooms 				
Room layout suitable taking in to account fire safety and limitations due to mobility	✓			
Shared rooms by choice e.g. married couple or siblings	✓			
Choice to move from shared room when single vacant (may be subject to finances)	✓			

Standard 24: Individual Accommodation: Furniture and Fittings Outcome: Service users live in safe, comfortable bedrooms with their possessions around them	YES	NO	In part	COMMENTS
Bed width 900mm (if not own bed)	✓			
Bed height suitable (residential)	✓			
Adjustable height (nursing)	✓			
Bed linen, towel and flannels are changed frequently	✓			
Furniture is in satisfactory a condition	✓			
Adequate number of chairs in room	✓			
Décor is satisfactory	✓			
Flooring-carpet/hard flooring is in good condition	✓			
Lockable drawer or safe available	✓			
Door able to be locked and resident has key if wanted	✓			
Adequate drawers & hanging space	✓			
Table & bedside table available	✓			
Accessibility satisfactory	✓			
Safety within room	✓			
Privacy (screening if appropriate.)	✓			Rooms en-suite but can put in place if needed
Telephone point	✓			Some people have their own mobile telephone
Television point	✓			
Overhead and bedside lighting	✓			
Accessible sockets	✓			
Evidence of personalisation	✓			
Wash hand basin if no en-suite	✓			All rooms en-suite
Mirror	✓			
Call bell	✓			Some people have a pressure sensor mat if unable to use a call bell and some people wear a pendant style

				call bell around their neck or keep the pendant in their pocket
Soap & paper towel dispenser and foot operated rubbish bin in room or en-suite	✓			
Odour control	✓			No unpleasant odour noted the rooms viewed
Cleanliness satisfactory	✓			

Standard 25: Heating, Lighting Water and Outcome: People live in safe, comfortable surroundings	YES	NO	In part	COMMENTS
There is natural ventilation	✓			
Adequate hot water is available at all times of the day	✓			Confirmed by residents spoken to
Individually controllable heating	✓			All rooms have air conditioning
Guarded pipes & radiators or low surface temperature type or under floor heating	✓			As above
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	✓			Estates Manager checks and keeps records
Control of Legionella - maintenance & regular monitoring				
Water storage of at least 60 °C, distributed at a minimum of 50°C	✓			
Weekly run off of all taps of those not used regularly	✓			
Hot water at least 60°C in kitchen	✓			
Shower heads are cleaned quarterly	✓			
Legionella control contract in place with records	✓			

Standard 26: Hygiene and Control of Infection Outcome: The home is clean, pleasant and hygienic	YES	NO	In part	COMMENTS
The Housekeeping Team have cleaning schedules in place	✓			
Odour control	✓			
Laundry is located away from the food area	✓			
There is segregation of clean and 'dirty' laundry	✓			
Hand washing facilities are available near to or in the laundry area	✓			PPE available, soap and paper towels
Foul laundry wash requirements; minimum 60°C for not less than 10 mins	✓			Laundry staff aware

Flooring impermeable/waterproof	✓			
Disposal of clinical waste:				
Storage bin is located in an appropriate area	✓			Outside - locked
Clinical waste is collected weekly for disposal	✓			
Sluicing disinfectant available (Nursing)	✓			
Sluicing facility available	✓			
Policies and procedures for the control of infection include: safe handling and disposal of clinical waste, dealing with spillages, provision of protective equipment, hand washing	✓			
Staff undertake regular training for infection control	✓			e-learning
Infection control audit undertaken by the Infection Control Nurse from within HSC	✓			Most recent audit in Nov 2018 - 97 % achieved
Infection Control Nurse and Inspection Officer from within HSC to be informed when outbreak of infection (2 cases)	✓			Has done so as necessary previously
Preparedness plan in place in the case of a pandemic (recent COVID outbreak). Prepare in case of a second wave	✓			Continuing with the development of the plan as information received from various sources. Further information was given to the Care Manager to support her with this

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	✓			
Recorded rota with person in-charge on each shift	✓			
Adequate 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	✓			This was discussed with both residents and staff and in their opinion the staffing level is satisfactory at this current time. Staff and resident interaction did not appear to be rushed and staff had time to stop and talk to residents and visitors to the home as they went about their work
Nursing & Carer numbers	✓			satisfactory
Housekeeping staff numbers	✓			
Catering staff numbers	✓			
Maintenance staff numbers	✓			
Bank or agency staff are used to cover staff sickness and annual leave periods	✓			Have 2 RN bank staff who also work for HSC

Standard 28: Qualifications Outcome: Service users are in safe hands at all times	YES	NO	In part	COMMENTS
Progress towards compliance for 50% of Carers to have the minimum of an NVQ/VQ/B-Tech award or other equivalent in health & Social Care at level 2 trained on each shift	✓			7 Carers have an NVQ/VQ at level 2 2 Carers are currently undertaking the B-Tech award at level 3 RNs support the Carer on each shift

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:				
Equal opportunities	✓			
Compliance with local laws – right to work document, housing licence (as appropriate)	✓			
2 written references; 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 where necessary/relevant	✓			
Staff personal records/files kept locked away	✓			
All staff have a job description	✓			
Staff receive written terms and conditions within 4 weeks of employment and have a signed contract	✓			
Is a police check undertaken for all volunteers working in the home	✓			The Care Manager said all staff who work in the home have a check undertaken
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	✓			

<ul style="list-style-type: none"> Action if any abuse suspected or witnessed 	✓			
<ul style="list-style-type: none"> Use of mobile phone while on duty and non-use of social network sites to discuss home/residents (confidentiality & data protection) 	✓			

Standard 30: Staff Training Outcome: Staff are trained and competent to do their jobs	YES	NO	In part	COMMENTS
Core values pre-employment:				
<ul style="list-style-type: none"> Aims & values of role 	✓			
<ul style="list-style-type: none"> Residents rights to - privacy, independence, dignity, choice and fulfilment 	✓			
Job role clearly explained pre-start	✓			Confirmed by 2 Carers spoken to
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)	✓			2 induction programmes viewed
Policies and training included on induction:				
<ul style="list-style-type: none"> Fire & emergency 	✓			
<ul style="list-style-type: none"> Moving & Handling 	✓			With Ergocoaches in-house
<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 	✓			Hoists and moving & handling equipment in-house with Ergocoaches
Further/ongoing training:				
<ul style="list-style-type: none"> Care planning 	✓			RNs
<ul style="list-style-type: none"> Handling of medicines 	✓			RNs
<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 	✓			Chefs are up to date with food hygiene level 2

				On-going programme of updating for RNs and Carers at level 1- e-learning
• Infection control	✓			
• Pressure area care	✓			
• End of life care	✓			
• Restraint	✓			
• Caring for people with dementia	✓			
• Other training required for providing care for the medical conditions, wellbeing of client group	✓			RNs for diabetes management, wound management, end of life care, catheterisation, Parkinson's Disease etc
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	✓			Records provided to view

Standard 31: Staff Supervision Outcome: Staff are appropriately supervised	YES	NO	In part	COMMENTS
Written induction programme in place	✓			
Training opportunities of both formal and informal training	✓			Staff spoken to had undertaken training at varying locations – PEH, Les Bourg's Hospice, in-house, e-learning
Supervision covers:				
• All aspects of practice	✓			
• Philosophy of care	✓			
• Career/personal development - appraisal system in place	✓			All staff have an annual appraisal – 4 viewed
Other staff supervised as needed as part of management process	✓			
Supervision, support and training for volunteers	✓			Volunteers are in addition to paid staff if working in the home
Return to work interview to assess additional support/supervision required	✓			Care Manager undertakes to ensure person is fit to resume normal duties, or to plan a support programme to work towards this
Records kept for supervision sessions	✓			RNs for revalidation Carers working on NVQ/VQ/B-Tech awards Carers following e-learning and assessing understanding

Standard 32: Day to Day Operations: The Manager Outcome: Service users live in a home which is run and managed by a person who is fit to be in charge, is of good character and is able to discharge her responsibilities fully	YES	NO	In part	COMMENTS
Registered Care Manager has a job description	✓			
Minimum of 2 years' experience in a senior management capacity of a relevant setting within the previous 5 years	✓			Care Manager has been the Care Manager of the home for 4 years
Qualifications of Care Manager	✓			RN with a degree in District Nursing
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	✓			Care Manager has undertaken training for essential management skills for managing staff
Periodic training/updating for registered manager (relevant to manager and client group needs)	✓			Undertakes training sessions along with her staff + management training as noted above
Knowledge of older people; disease process, ageing etc	✓			
Line of accountability – Care Manager reports to?	✓			Reports to Providers who take an active role in the operation of the home and on-going development

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	✓			
Leadership-clear direction	✓			Staff work with a sense of purpose, knowing what is required of them by their manager
Strategies enable staff, service users and stakeholders to contribute to the way the service is delivered	✓			Staff meetings take place Regular meetings with Providers Care Manager has meetings with residents and any relatives who want to attend – coffee with the Care Manager session every other month
Frequency of staff meetings	✓			Informally with groups of staff regularly throughout the week

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	✓			
How does Care Manager monitor own performance	✓			Reflection on feedback from residents, relatives, visitors to the home, visits and audits undertaken by healthcare professionals from within other departments e.g. HSC, EH
Commitment demonstrated to meets service user needs through the implementation of their care plan and meeting their goals	✓			Residents spoken to are happy with the level of care they currently receive and said their needs are being met well
Feedback actively sought & acted upon	✓			Examples observed in relation to increasing choice, improving safety within the home and in further development of activities to meet people's social needs
Others views sought e.g. questionnaires for relatives or relatives meetings	✓			Suggestion box in entrance of home for people to make suggestions for the ongoing development of the home, or to raise a concern
Planned inspections advertised	✓			Notice that an inspection is taking place was on display in the entrance to the home and on the resident's notice board
Views of service users made available	✓			On home's website and cards and letters of thanks in reception
Policies and procedures are reviewed and are updated in line with registration (minimum of every 2 years)	✓			
Action progressed on agreed implementation of statutory/good practice requirements (progress from last inspection)	✓			Training programme ongoing Use of dependency tool directed an increase in staff at certain times, which was actioned
Auditing to improve care, services, environment	✓			Auditing in place for medication management and MARS, food

				hygiene, fire safety, care plans and for environmental safety around the home
--	--	--	--	---

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 and business continuity plans - ability to trade.	✓			Confirmed by Care Manager but not included in this inspection because Employment & Social Security receive the home's accounts annually
Insurance in place to cover loss or damage to the assets of the business (Business Continuity plan in place).			✓	Business continuity plan is in progress of being developed. This is especially important in relation to the threat for care homes of COVID 19 and will be a valuable tool to help in the case of any interruption of business
Legal liabilities for service users and staff – Is the insurance certificate on display and in date	✓			Insurance certificate was observed to have expired. This was communicated to the Care Manager who rectified it immediately as she had a copy of the new certificate to change over

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	✓			
Safeguards are in place if managed by home e.g. records kept for safe keeping of valuables and/or money, secure storage	✓			Secure storage of money and valuables if needed and records are kept. However, this is discouraged with NOK advised to take for safekeeping (where appropriate)

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	✓			
Records kept are up to date and in good order (resident information)	✓			
Records secure	✓			Password protected electronically
Data protection and confidentiality compliance – policy in place	✓			
Service users have access to their record	✓			Can ask Care Manager or the RNs at any time

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	✓			Staff receive regular training in-house with an Ergocoach (3 Ergocoaches in the home) to update their skills. Staff do not use hoists and other moving and handling equipment unsupervised until safe to do so
Fire safety training is provided	✓			Fire safety training is undertaken during induction and staff receive updates throughout their employment in the home
Fire equipment is kept maintained for immediate use; including the fire alarm, which is tested each week and this is logged	✓			Fire drills are carried out with staff annually and the actions required for further development are logged and the necessary action is taken
First Aid training – staff have an understanding of first aid and there is a named first aider	✓			There is a RN on all shifts and the RN in charge is the named first aider. Carers also undertake training to enable them to support the RNs if there is an emergency situation
There is first aid equipment in the home that is always available when needed	✓			Available in Kitchen and treatment room
Food hygiene – Chefs and Cooks undertake food hygiene training at level 2 level, care staff at level 1	✓			e-learning courses Chefs complete 'Safer Food, Better Business' documentation which they are required to do for examination by the Environmental Health Department at their food hygiene inspection which is unannounced

Infection control – staff undertake training for infection control	✓			Part of induction and then updates provided throughout employment in the home Audits undertaken by the Infection Controls Specialist Nurse from within HSC every 2 years
Safeguard training	✓			e-learning
Housekeeping undertake training for the safe storage and disposal of hazardous substances (COSHH)	✓			e-learning The Housekeeping Supervisor maintains a file of COSHH risk assessments
Regular servicing of boilers & heating systems	✓			Dates provided
Maintenance of electrical systems & equipment	✓			Dates provided
Regulation of water temperature (Legionella control – plan in place with records kept	✓			
Radiator protection, low surface heaters	✓			Air conditioning
Risk assessment and use of window restrictors	✓			
Maintenance of safe environment & equipment:				
• Kitchen	✓			
• Laundry	✓			
• Outdoor steps and pathways	✓			
• Staircases	✓			
• Lifts	✓			Regular maintenance and inspection programme in place as required by insurer
• Flooring	✓			
• Garden furniture	✓			
Security of service users & premises – doors locked at night, outdoor lighting, security of fire doors	✓			
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	✓			
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	✓			Evidence observed in induction programmes which were viewed

Improvement Plan

Completion of the actions in the improvement plan are the overall responsibility of the Home's Care Manager

Action No.	Standard No.	Action	Date action to be achieved	Person/s Responsible for completion of the action	Compliance check date:	Through addressing the actions, has this raised any issues that require further action
1.	7 – The service user's health & personal and social care needs are set out in an individual plan of care	Equipment in use to support people, for example Wander Guard needs to be documented in the person's care plan	03/07/20	Care Manager and allocated RN	05/08/20 – visit to the home	No
		More detail in care plan for person who is at risk of choking to include type of diet required using the IDDSI framework and the action staff need to take if the person has a choking episode	01/07/20	Care Manager and allocated RN	05/08/20 – visit to the home	No
2.	26 – The home is clean, pleasant and hygienic	Two tiles missing from the suspended ceiling in the treatment room need replacing to minimise infection control risk	14/07/20	Care Manager and Estate Manager	05/08/20 – visit to the home	No
		Preparedness plan for COVID 19 commenced and information is continuing to be added as received	ongoing	Care Manager and Providers	05/08/20 – visit to the home	
3.	38 – The health, safety and welfare of service users and staff are promoted and protected	The Registration & Inspection Officer from within HSC must be informed when a person is transferred to hospital following an accident/incident in the home	immediate	Care Manager and all RNs	Ongoing – visit to the home on 05/08/20	No

HOME MANAGER/PROVIDERS RESPONSE

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
1.	7/ Wander Guard to be added to care plan. More detail in the care plan for those at risk of choking	Those who require a wander guard have had this documented in their care plans. Those at risk of choking have had more detail added to their care plan to include the type of diet they are taking using the IDSSI framework. The action staff need to take if the person has a choking episode has been included.	1 st July 2020 1st July 2020
2.	26/ Two tiles missing from the suspended ceiling in the treatment room. Preparedness continued.	Two tiles were immediately replaced in the treatment room. Preparedness plan continues and requires regular updating.	30 th June 2020 Ongoing
3.	38/ The Registration & Inspection Officer from within HSC must be informed when a person is transferred to hospital following an accident/incident in the home.	All registered nurses were individually reminded via their inbox on Fusion. This should ensure all new nurses are also aware. So if management are away or on holiday the nurse in charge can inform the Registration & Inspection Officer should a resident be transferred to hospital following an accident/ incident in the home.	5 th August 2020.

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.

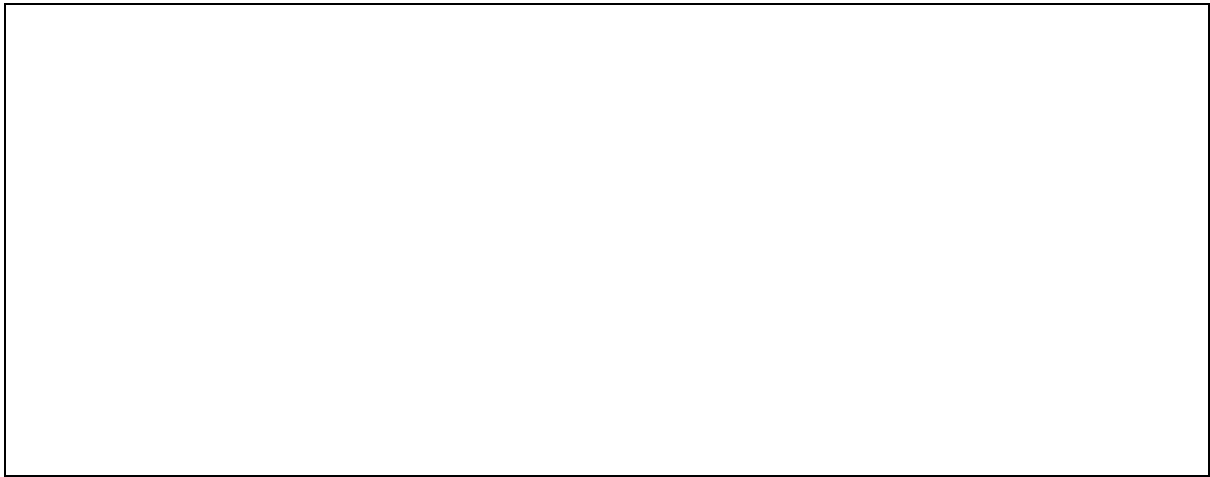
We would welcome comments on the content of this report relating to the inspection conducted on **30/06/20** and any factual inaccuracies:

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

I Rosalind Rix of Blanchelande Park 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: Care Manager/Director

Date: 18/08/20

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.
June 2020**