



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

**BLANCHELANDE PARK  
NURSING HOME**

**INSPECTION REPORT**

**DATE: 12/05/21**

**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**

<b>CATEGORY</b>	<b>NUMBER OF REGISTERED BEDS</b>
<b>Nursing</b>	<b>20</b>
<b>Residential</b>	<b>21</b>

<b>Date of most recent inspections: 30/06/2020</b>
<b>Date of inspection upon which this report is based – 12/05/21</b>
<b>Category of inspection – Unannounced</b>
<b>Vanessa Penney - Registration and Inspection Officer (Quality &amp; Safety - HSC) Genialda Ventura – Clinical Audit Nurse (Quality &amp; Safety - HSC)</b>

## **Background**

Blanchelande Park is a dual registered care home in the parish of St Martins. The home has large well-maintained gardens and there is plenty of parking. The bus stop to go in to the town is outside of Les Douvres Hotel which is a short walk away through the lanes.

The home is registered to provide care and support for up to 41 people, 20 places for people who require nursing care and 21 places for people who require residential care. Places for a person with early stage dementia (residential EMI) is considered and is dependent on the level of care and supervision required. As the home provides nursing care there is at least 1 registered Nurse on duty 24/7.

The home has a Care Manager who is registered with Health & Social Care, which is a legal requirement for care homes. The Care Manager is also a Registered Nurse.

This inspection was an unannounced inspection which took place on 12/05/21 from 10.15 am – 15.30pm. On the day of inspection there were 35 people living in the home. The people undertaking the inspection were the Registration & Inspection Officer who is a Registered Nurse with a background of working with older people and the Clinical Audit Nurse who has a background of Community Nursing and Quality Improvement through audit. Both nurses work in the Quality & Safety Team within HSC.

On the day of inspection, 5 residents and 1 relative were spoken to with their consent and the following staff were also spoken to: Registered Care Manager, 4 RNs, 2 Carers, Administration Assistant and Activity Assistant.

Four care plans were examined along with Medication Administration Records (MARs), accident/incident reports, most recent employee's pre-employment checks enhanced DBS and references, induction programme, preparedness plan in the event of a pandemic, policies and procedures and audits that have been completed in-house.

## **SUMMARY OF FINDINGS**

Recommendations made at the previous inspection visit through an improvement plan, have all been actioned.

The environment of the home is clean and well-maintained. People who were spoken to said they feel safe and were complimentary in relation to the relationship they have with all of the staff who they described as kind and caring. Interactions observed during the day were positive and supported these views.

People's care plans provide good information for the care team to follow, which includes people's routines and preferences and how to manage identified risks. People feel involved in their care, and support is sought from healthcare professionals from outside of the home when needed. Medication is managed safely, Registered Nurses only administer medication.

People said call bells are answered promptly – slightly less so during busy periods but the timeframe was not unreasonable. People said they have freedom to go out when they choose providing they are able and safe to do so. Measures are in place to minimise risk for a person who may wander away from the home unsupervised.

People said they enjoy the meals in the home and there is good choice. People's nutritional status is monitored regularly, which is recorded and concerns are forwarded to the person's GP or a Dietician.

There is a good programme of activities in the home, which includes activities both in-house and within the wider community and as a group or on a one-to-one basis. The Care Manager said people with dementia often benefit from more one-to-one time.

There is a robust process in place for the recruitment of staff to keep people safe and staff have a supervised period of induction. There is a training programme in place for staff throughout their employment at the home, led by an enthusiastic trainer, which motivates the engagement of the staff for learning and development.

To account for the higher dependency of the residents moving in to the home and the home layout over 5 floors, the staffing level of both Registered Nurses and Carers has been increased since the previous inspection.

The Care Manager has a preparedness process in place for staff to follow during a pandemic and the information file is updated as information changes or is added in and staff are kept informed.

The Care Manager has regular weekly meetings with the Heads of Departments for cascading information to the rest of the team (during lockdown this took place daily with all staff).

Quality assurance is undertaken in the home and the attending Clinical Audit Nurse was able to offer advice for 'getting the best' out of undertaking an audit, which was really useful.

Recommendations for improvement are documented in the improvement plan at the end of this report.

## GUERNSEY STANDARDS FOR CARE HOMES AUDIT

Is the service safe?	YES	NO	In Part	COMMENTS
The care home environment is safe e.g. free of unnecessary clutter, fire exits have clear access and clear signage?	√			
The home is clean, free of unpleasant odours and is kept well maintained?	√			Two tiles noted to be missing in the medication room on the previous inspection have been replaced
Flooring is in good state of repair – no trip hazards?	√			
Lighting is adequate throughout the home to reduce the risk of trips and falls?	√			
Fire equipment is regularly checked and maintained?	√			All the equipment had stickers with annual checks' dates recorded, last one in January/ 2021. This was confirmed by the Home Manager and Admin Team who mentioned the Home Maintenance Team kept a record of this process which they were not aware where it was archived. Advised to keep this kind of documentation accessible to relevant staff
Fire alarm is tested each week and this is logged?	√			
A call bell is available in every room?	√			Pressure sensor mats in place where needed if person unable to call for assistance but is a high falls risk. Some residents were neck pendant style call bells

Checks for water storage etc. for the prevention of Legionella are undertaken by a trained person e.g. Contractor, Home Maintenance Team?	√			This is managed by an outside contractor and there is documented evidence available on this
Staff have an understanding of the Control Of Substances Hazardous to Health (COSHH)?	√			Housekeeping staff undertake a standalone unit for COSHH. Remaining staff there is an element in the Health & Safety training
There is a preparedness plan in place to manage the home in the case of a pandemic e.g. good stocks of PPE?	√			The Care Manager is continuing to update as further information is provided or changes with information occur
Recruitment checks are undertaken prior to the employment of staff (DBS, references)?	√			The Administration Team keep an updated record on staff's DBS enhanced checks, some of which are quite recent therefore have not yet been completed. Two references are sought for new employees which are properly archived. Documented evidence was provided at the time of the audit
The staffing levels are adequate to meet the care needs of the people living in the home?	√			There has been an increase in staffing level since the previous inspection to take account of the layout of the building, which is over 5 floors and the additional workload for the RNs due to increased resident dependency levels. Extra staff are available in the dining room at supper time to enable the carers to assist residents who are in their rooms
People feel safe and well cared for?	√			Residents spoken to said the care they receive

				meets their needs and expectations and said staff are kind and caring
People's identified risks are recorded in their care plan?	√			Care plans detail people's care needs, preferences, risks and how they are to be managed
People's medication is ordered, stored, administered and disposed of in line with current regulations?	√			Policies and procedures are in place, which are reviewed regularly or changes made when new information is received. Some resident photographs are absent from their MAR. Advised to action promptly
Medication no longer in use, is not stockpiled and is returned to pharmacy?	√			A RN confirmed this process is run effectively apparently with no issues or unnecessary stocks being held at the Care Home
Staff who administer medication have completed training?	√			RNs only administer medication in the home
Accidents and incidents that occur in the home are recorded?	√			Electronic record in person's care record
Accidents/incidents include remedial measures to minimise further risk?	√			Pressure sensor mats are in place where needed. OT assessments organised where needed. Residents are transferred to a ground level room when a vacancy occurs if appropriate. Wanderguard in place for some residents, which is documented in the person's care plan
The Registration & Inspection Officer is informed if a person is transferred to hospital for review or treatment as a result of an accident/incident in the home?	√			Since highlighted in the previous inspection the RNs are now doing this



Staff have undertaken training for safeguarding?	√			Training records available
Safeguard alerts are raised when necessary?	√			Has done so previously and advised to continue as necessary
Where dementia care is provided training has been provided for staff?	√			Training records available. One member of staff where this was discussed appeared to have a good understanding of the emotional support needed for people with dementia

<b>Is the service effective?</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Care plans are person centred?	√			In-depth information provided to include preferences and routines chosen by the resident
A person (NOK where appropriate) are able to discuss their care with the person in charge at any time?	√			The Care Manager is on duty from Mon-Fri during office hours and a RN is on duty 24/7 to speak to any person who is visiting as needed
Staff interactions with people are positive?	√			Residents always appeared happy to see staff and appeared relaxed when interacting with them
Decisions are made for a person who does not have capacity with the relevant person/people?	√			Some residents have guardianship in place. For those who do not, a best interest decision is made with the care home nurses, resident's GP, NOK and other people within the multi-disciplinary team who have been providing care or support to the resident

Access is made available to other healthcare professions to benefit the person's care?	√			GP, OT, Physiotherapist, Chiropodist, Continence Specialist Nurses, Tissue Viability Specialist Nurse, Dietician, Mental Health Team and Parkinson's Specialist Nurse etc.
People are able to move around the home freely if safe and able to do so?	√			
People are able to go out independently or with family & friends if well enough and safe to do so?	√			Confirmed in conversation with residents and 2 visitors to the home
People choose when they want to get up and go to bed?	√			Confirmed in conversation with residents
Meals, snacks and beverages are provided throughout the day?	√			Observed during the day
There is access to a snack or beverage during the night?	√			Confirmed by 1 resident who said if she wakes and calls for assistance she is offered a drink before she settles again
People are satisfied with the meal choices in the home?	√			Residents confirmed the meal choices are very good. We had lunch in the home, which was excellent
All new employees have an induction programme?	√			This is clearly documented and records for the induction programmes run for new employees are kept by the Admin Team
There is adequate supervision for all staff?	√			
All staff undertake regular training for their role throughout their employment in the home?	√			Regular training has been provided for all staff in many different areas as follows: Medication, safeguarding adults, dementia care, moving & handling, fire

				safety, duty of care, food hygiene, fluid and nutrition care, person centred care, COVID-19, infection control, Care Certificates and NVQ. The RN leading the staff training processes appeared to be really enthusiastic, promoting relevant training to all members of staff and motivating their engagement
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<b>Is the service caring?</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Do people appear well cared for?	√			Conversations with residents suggested they are very happy living at Blanchelande Park
Do people feel that they are involved in decisions about their care?	√			Confirmed in conversation with residents. Some residents said their NOK are also included (where relevant)
Do people have a choice of where to eat their meals?	√			Dining room encouraged but some people prefer to eat in their room and this is upheld
Do people appear relaxed in the company of staff?	√			Appeared very relaxed and engaging when approached by staff
Is the atmosphere of the home warm and friendly?	√			
Do staff appear polite, kind and respectful?	√			Observed during the day and also confirmed in conversation with residents
Do staff knock on a person's door and wait to be invited in before entering?	√			Observed and confirmed in conversation with residents

Are visitors made to feel welcome e.g. offered a cup of tea or have somewhere to make a drink?	√			Confirmed in conversation with residents
Records are stored securely for confidentiality and data protection?	√			Electronic records are password protected

<b>Is the service responsive?</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Call bells are answered promptly?	√			Observed during the day and confirmed in conversation with residents. Some residents said it took a bit longer during busy periods such as first thing in the morning when everyone is getting ready for the day but further questioning suggested this is within an acceptable time span
Care plans are up to date and are reviewed regularly?	√			
Care plans show an understanding of a person's chosen routine, preferences, managed risks?	√			
Changing needs are documented and additional support is sought to manage these needs where needed?	√			Evidence of support and guidance from other healthcare professionals from within the multi-disciplinary team is documented in individual care plans
People's nutritional status is regularly monitored? E.g. person weighed regularly and a record is maintained	√			Weighed more frequently where there is a concern and this is documented. For one resident who is at risk of choking this is clearly documented in the person's care plan and the modified diet type using the IDDSI framework is recorded (action completed from previous inspection)

Where there is a concern in relation to a person's weight this is raised with the appropriate person? E.g. Doctor, Dietician	√			Supplements are prescribed on a person's MAR as needed
Restrictions are kept to a minimum, recorded and discontinued as soon as appropriate?	√			The home has an open door policy. However for a person who may look to leave the building unsupervised a Wanderguard is in place with consent from NOK and/or GP, social worker and this is recorded in the person's care plan (action completed from previous inspection)
Herbert Protocol in place for a person who has dementia and is at risk of exiting the home unsupervised?	√			In place as needed (2 people currently have in place)
A person or their NOK (where appropriate) are involved with care reviews?	√			Care discussed regularly with resident if able and/or NOK either in person or via telephone
Staff are observed being responsive to people's needs?	√			Staff were attentive when assistance was required
Where dementia care is provided staff have an understanding of behaviour changes? E.g. Sundowning	√			RN who organises training sessions includes in dementia care training
People have access to other services as needed e.g. Dentist, Doctor, Optician etc?	√			
The team seek appropriate support when a person is receiving end of life care?	√			Palliative Care Team and Community Nurses provide additional support to the RNs where needed
A Hospital Passport or similar information is kept updated for a person who needs to be transferred to hospital?	√			Transfer form in place, which can be downloaded with information from the electronic record accompanies each person if transferred to hospital

Does the home provide time for social stimulation and activity?	✓			2 Activity Co-ordinators in the team who organise a varied programme of activities both within the home and within the wider community
Are the activities appropriate and take in to account people's hobbies and interests?	✓			Examples were given of some of the activities individual residents enjoy and how they are organised
Activities are available which specifically support people with dementia? E.g. Tovertafel	✓			Activities for people with dementia are included – many enjoy the music and singing sessions and the Activity Co-ordinators also undertake 1-1 activities with individuals if preferred/beneficial
Does the home provide outings away from the home e.g. bus trips or one-to-one outings?	✓			Weekly bus trip plus individual outings organised for small groups or individuals in the company's smaller vehicle
Are people supported to maintain their social networks within the wider community e.g. Age Concern, WRVS?	✓			Transport organised to attend as needed with relevant service
Are relatives made aware that they are able to take their relative on outings?	✓			Discussed during admission process
Is provision made for outside entertainers to visit the home?	✓			Pet therapy, singing and music entertainers
Is there a selection of activities for people to do in-house for those people who are unable to go out or choose not to go out?	✓			Quizzes, arts and crafts, puzzles, listening to music, 1-1 reading sessions and 1-1 time for conversation and looking through photographs or newspaper and magazines

<b>Is the service well-led?</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
There is a complaints policy and procedure in place?	√			
People know where to locate the complaint policy?	√			
Policies and procedures are in place for staff to follow and these are regularly reviewed?	√			There is a very effective policies and procedures management process in place which are regularly updated and very well documented
The home appears to be well-run?	√			Various departments appeared well-organised and operating smoothly
Does the culture of the home enable people to voice their views and suggestions?	√			Care Manager said she speaks to most residents every day. It was observed that residents are able to approach her at any time as she has an open door policy
People's views and suggestions are sought? E.g. resident meetings, relatives' meetings, questionnaires, suggestion box	√			Relatives are able to speak to the Care Manager or to any of the RN or the rest of the team at any time. There is a suggestion box in the entrance to the dining room
People feel their views and suggestions are listened to and are acted upon?	√			Staff demonstrate high levels of satisfaction with their work environment and support provided by their team and Home Manager
Regular staff meetings are held?	√			Heads of departments meeting is held every Monday – this increased to daily during the pandemic lockdown period. Individuals have

				access to the Care Manager at any time
Staff have an annual appraisal?	√			
Does the Care Manager monitor quality assurance in the care home?			√	Internal audits are undertaken for care records, MARS and hand hygiene. However, there was no clear documented evidence of these audits benefits nor the actions planned and improvements implemented as a result of this quality assurance process
Recommendations as a result of audits/inspections undertaken by outside organisations are actioned promptly? E.g. Medication Management, Food Hygiene, Infection Control	√			Medication inspection by Deputy Chief Pharmacist from within HSC – April 2021 – no further recommendations made. Actions from previous inspection had been rectified Infection Control audit undertaken by the Infection Control Specialist Nurse from within HSC – Aug 2020 – 99% achieved Food Hygiene inspection by an Environmental Health Officer – Oct 2018 – 5 stars retained



## Improvement Plan

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

Action No.	Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led?	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.	<b>Safe</b>	<ul style="list-style-type: none"> <li>Advised to add a photograph of the resident to their MAR chart for those that are currently not in place (with consent of resident/NOK)</li> </ul>	2 weeks	Care Manager	Telephone in 2 weeks and check on next inspection visit (TBC)	
2.	<b>Safe</b>	<ul style="list-style-type: none"> <li>Care Manager to ensure she is aware of where records are kept for the relevant departments and that she can access them if needed when a person is on leave e.g. Maintenance Manager</li> </ul>	As soon as possible (for Maintenance Manager when he returns from leave)	Care Manager	Date of next inspection TBC	
3.	<b>Well-led</b>	<ul style="list-style-type: none"> <li>When undertaking quality assurance audits in the home, remember to document clear evidence of how the issues are to be resolved, the action taken and how this was of benefit to improve practice</li> </ul>	By next inspection	Care Manager	Date of next inspection TBC	

<b>HOME MANAGER/PROVIDERS RESPONSE</b>
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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 **12/05/21** 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. May 2021**