



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: 27th September 2023

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

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

INTRODUCTION

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

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

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

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

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

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

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

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

CATEGORY	NUMBER OF REGISTERED BEDS
Nursing	20
Residential	21

Date of most recent inspection: 30/11/22 – Unannounced
Date of inspection upon which this report is based – 27/09/23
Category of inspection – Announced
Vanessa Penney - Registration and Inspection Officer (Quality & Patient Safety Team - HSC)

SUMMARY OF FINDINGS

Blanchelande Park Nursing Home provides both nursing care for up to 20 people and residential care for up to 21 people. Some people are living with the effects of dementia.

The home is over 5 floors and a large passenger lift services these areas. Both the interior and exterior of the home and large gardens are kept well-maintained and there is plenty of parking for visitors.

There is a warm and welcoming atmosphere when entering the home and it is clean, comfortable and homely throughout. There are a number of pleasant communal areas for people who like to socialise; with more quieter areas for those who like to read or listen to music.

Prior to moving in to the home, each person is assessed by the Care Manager or a Registered Nurse (RN), to ensure the team are able to meet the person's care needs and the person's expectations of the care home and those of next of kin (NOK). Information to inform this decision is collected from the resident, NOK (where appropriate), GP, Needs Assessment Panel (NAP) and also from other healthcare professionals who are involved with the person's care.

Using this information, a care plan is developed. Care plans explored are person-centred and provide detailed information for staff to assist people with their activities of daily living, likes, dislikes and preferences. Referrals are made to external healthcare professionals where further expertise or guidance is required.

There is an excellent programme of activities, which promotes the overall well-being of people. Activities are provided in-house as well as out in the community and the programme is developed with feedback from residents and what they enjoy.

People's medication is managed safely and people receive their medication in line with instructions on their medication record and how they like to receive it. Medication is stored, administered and disposed of in line with best practice guidelines. Only RNs dispense and administer medication.

There is a robust process in place for the recruitment of staff; to support keeping people safe to minimise the risk of abuse. This includes obtaining references and a DBS (police record check).

All new staff have a period of induction where they are supervised by a more senior member of the team. The Care Certificate now forms part of the induction programme. This is overseen by the Practice Development Nurse who is a RN. On successful completion of induction, a person is provided with regular training sessions throughout their employment at the home, to ensure they maintain their knowledge and skills for providing care to their client group.

The staffing level in the home is currently adequate taking in to account the dependency level of the current residents and the layout of the home. Residents said they did not have

to wait for long periods of time when they ring for assistance. Staff said at times it was challenging when a person was absent through sickness; sometimes this could not be covered with existing staff doing extra hours or bank staff weren't available at short notice. However, they did not think that this compromised the quality of care they provided.

The Care Manager and her staff are clear about their roles and responsibilities. There is a positive culture of openness and being honest when things go wrong. Accidents and incidents that occur in the home are seen as an opportunity for further learning and are discussed amongst the team for solutions to further minimise the risk of a re-occurrence.

There are governance systems in place to support the quality and safety of the service; for example; internal and external audits, seeking the views of residents, visitors and staff and taking prompt action where shortfalls are found.

Positive feedback was received from residents who were spoken to, who said, they are very happy living at Blanchelande Park and the staff really can't do enough for them. This is a positive reflection on the Care Manager and her team.

GUERNSEY STANDARDS FOR CARE HOMES AUDIT

Standard 1: Information	YES	NO	In Part	COMMENTS
Outcome – Prospective service users have the information they need to make an informed choice about where to live				
Website (optional)	√			Evidence – Resident’s handbook, website, discussion with Care Manager.
Marketing Brochure (optional)	√			
There is a Statement of Purpose that sets out the:				Information provided enables a person to make an informed decision as to whether the care home is the right place for them.
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				Standard Met
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 - Contract, discussion with Care Manager. Face to face meeting to discuss contract and for a person’s NOK or the person him/herself if able, to ask any questions. Both the home and the resident/NOK keep a copy of the signed agreement. Standard Met
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)	√			
The contract is signed by the service user or named representative, and the registered person for the home	√			

Standard 3: Assessment Outcome - No service user moves in to the home without having had his/her needs assessed and been assured that these will be met	YES	NO	In part	COMMENTS
Pre-admission assessment prior to moving in to the care home	√			Evidence – Discussion with Care Manager.
Involvement of others; relatives, GP other allied health professionals	√			Pre-admission assessment form completed prior to admission.
Assessment for all admissions covers the following:				Involvement of other healthcare professionals who are providing support with care are consulted to ensure all care needs can be met. Standard Met
• Personal care & physical well-being	√			
• Mental state & cognition	√			
• Diet & weight	√			
• Food likes and dislikes	√			
• Sight, hearing & communication	√			
• Oral health	√			
• Mobility & history/risk of falls	√			
• Continence and skin integrity	√			
• Medication usage	√			
• Social interests, hobbies, religious & cultural needs	√			
• Personal safety & risk	√			
• Carer, family, other involvement/relationships	√			
Care plan developed from the outcome of the assessment	√			

Standard 4: Meeting Needs Outcome - Service users and their representatives know that the home they enter will meet their needs		NO	In part	COMMENTS
Registered person can demonstrate the home's capacity to meet people's assessed needs	√			Evidence – Discussion with Care Manager, care plans.
The services of specialised personnel are sought to meet people's care needs	√			Dual registration.
Social/cultural needs are met to the preference and needs of the person and are understood by the people caring for them	√			Nurses on duty 24/7. Staff have a good level of training and supervision to ensure competent in

Policies for discrimination & Equality (equal access to services)	√			role within the team. The Practice Development Nurse (PDN) monitors this. Standard Met
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Standard 5: Trial Visits Outcome – Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home	YES	NO	In part	COMMENTS
Provision for staff to meet a service user in their own home or other place of residence	√			Evidence – Discussion with Care Manager and individual residents, handbook and contract. People are encouraged to visit the home to have a look around and to speak to staff and residents when making their final decision as to whether they feel Blanchelande Park is the right home for them. Emergency admissions are accepted if there is a vacancy at the time needed. However, the staff prefer an admission to be planned so that they have time to organise equipment or additional supplies needed. Standard Met
Residents or their representative are encouraged to visit the home before making a decision	√			
Provision for a trial before final decision made to move into home	√			
Emergency admissions to the home are accepted?	√			
Information process in standards 2-4 is in place within 5 working days	√			

Standard 6: Intermediate Care Outcome: Service users assessed and referred for intermediate care are helped to maximise their independence and return home	YES	NO	In part	COMMENTS
Dedicated accommodation available		√		Evidence – Discussion with Care Manager.
Specialised facilities, therapies, treatment and equipment are available to promote activities of daily living and mobility	√			

Are staff qualified in techniques for rehabilitation and promotion of programmes to re-establish community living?	√			The home does not have a dedicated respite bed. However, if there is a vacancy at the time needed, this is accommodated. Standard Met
Is there appropriate supervision of staff by specialists from relevant professions to meet the assessed needs of the service-user	√			
If a person is unable to return home the person is able to remain living at the care home	√			

Standard 7: Service User Plan Outcome: The service user's health and personal and social care needs are set out in an individual plan of care	YES	NO	In part	COMMENTS
Care plan is in place and is based on assessment	√			Evidence – Care plans, discussion with Care Manager, Deputy Care Manager and Practice Development Nurse.
Risk assessments in place for:				
• Moving & handling, mobility & risk of falls	√			Care plans are electronic and provide information the care team require to provide a good level of care to residents.
• Nutrition	√			
• Skin condition & Pressure sore prevention				
• Other dementia				A person's NOK is involved with a person's care, where appropriate, and this is evident in care plans. Standard Met
Minimum of 3-monthly review of care plan, or as needs change if before review date	√			
Evidence of user/relative involvement	√			
Restrictions on choice & freedom are agreed and documented (Mental Health, Dementia)	√			
Format of care plan is acceptable	√			
Handover discussions: verbal, written on changeover of each shift	√			
All entries on documentation are legible, dated and signed	√			

Standard 8: Health Care Needs 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 Care Manager and with individual residents. Two residents were able

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	√			to discuss their day in the home; the support they require with their activities of daily living and how they spend their day.
Care staff maintain the personal and oral care of each person and wherever possible support the person's independence	√			Residents expressed they receive a good level of care and said staff are kind and respectful.
People are assessed by a person who is trained to do so, to identify those people who have developed, or are risk of developing a pressure injury. Appropriate intervention is recorded in the plan of care	√			There were no reports of rough handling when being assisted with care.
People are free of pressure injuries	√			There is opportunity for exercise; either independently or with supervision. Some residents like to go out and walk around the grounds of the home; others require supervision, which time is made for.
The incidence of pressure injuries, their treatment and outcome are recorded in the person's care plan	N/A			
There are preventative strategies for health care: link nurses, equipment etc	√			Standard Met
The registered person ensures that professional advice about the promotion of continence is sought and acted upon and the necessary aids and equipment are provided	√			
A person's psychological health is monitored regularly and preventative and restorative care is sought as deemed necessary	√			
Opportunities are given for appropriate exercise and physical activity; appropriate interventions are carried out for individuals identified as at risk of falling	√			
Results from appointments, treatments and problems and from health care professionals are recorded in care plan and are acted upon	√			
Nutritional assessment completed on admission and reviewed regularly thereafter (weight recorded). Identified problems are documented and are acted upon	√			
Regular night checks are in place	√			
Service users, relatives and/or advocates have the opportunity to discuss service users' wishes on their care with an informed member of staff	√			

The support service needs of each resident are assessed and access provided – choice of own GP, advocacy services; alternative therapy; social worker; bereavement councillor; specialist nurses; dentist; audiologist; spiritual advisor; optician etc	✓			
Residents are referred for reassessment at appropriate time if this becomes necessary e.g. residential to nursing care needs or EMI	✓			
The registered person ensures that peoples' entitlements to Health & Social Care services are upheld by providing information about entitlements and ensuring access to advice	✓			

Standard 9: Medication Outcome: Service user's, where appropriate, are responsible for their own medication and are protected by the home's policies and procedures for dealing with medicines	YES	NO	In part	COMMENTS
There are policies for the receipt, recording, storage, handling, administration, disposal, self-medication, errors, re-ordering, homely remedies and for administration during a pandemic	✓			Evidence – MARS, policies and procedures, discussion with Care Manager.
NMC guidance and BNF (within 6-month date) available	✓			Two people self-medicate and assessments are in place and are reviewed.
There is a self-medication assessment completed for each resident if person wanting to continue with this process and this is reviewed regularly	✓			Only RNs dispense and administer medications.
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	✓			All residents have a photograph with their MAR.
Records for:				All medications are managed within current guidelines and regulations.
• Meds received	✓			No residents receive medication covertly.
• Meds administered	✓			
• Meds leaving the home	✓			
• Meds disposed of	✓			
• Medication Administration Record (MAR) in place	✓			A medication inspection was completed in August by the Deputy

• Photo of service user (consent)	✓			<p>Chief Pharmacist from within HSC.</p> <p>No recommendations were made.</p> <p>There was a good process in place for safe practices.</p> <p>MARS are audited regularly and are discussed with the RNS to action identified issues – this is recorded.</p> <p>Standard Met</p>
If medication is required to be administered covertly, this is in the care plan, consent from GP and from resident's next of kin	N/A			
Controlled drugs (CDs) are stored in line with current regulations	✓			
Register in place to monitor CD usage and stocks	✓			
Compliance with current law and codes of practice	✓			
Medicines, including controlled drugs, (except those for self-administration) for people receiving nursing care, are administered by a medical practitioner or registered nurse	✓			
Daily check of medication fridge, which is documented, to ensure remains within advised range (between 2-8°C)	✓			
Staff training programme in place for residential homes where Carer administering medication e.g. VQ standalone unit for the administration of medication or other accredited training at level 3	N/A			
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	✓			
Each person's medication is reviewed regularly by a GP. Any concern in a person's condition as a result of a change in medication must be reported to the GP immediately	✓			
Has a Medication Inspection been undertaken by HSC's Pharmacist	✓			
Are flu vaccinations offered to residents, staff annually	✓			
Medications are kept in the home for a minimum of 7 days or after burial or cremation following a death	✓			
Audit of MARs in place	✓			

Standard 10: Privacy and Dignity Outcome: Service users feel they are treated with respect and their right to privacy is upheld	YES	NO	In part	COMMENTS
Privacy and dignity is provided when assisting a resident with washing, bathing, dressing etc	√			<p>Evidence – Discussion with individual residents.</p> <p>Staff were observed to be respectful when supporting people with their care. This was confirmed in conversation with individual residents who said staff can't do enough for them and are always very obliging and professional.</p> <p>Residents views can also be seen by accessing an independent website carehome.co.uk – Blanchelande Park.</p> <p>Standard Met</p>
Bedrooms are shared only by the choice of service users e.g. married couples, siblings	√			
Screens are available in shared rooms	N/A			
Examinations, consultations legal/financial advisors, visits from relatives are provided with privacy				
Entering bedrooms/toilets - staff knock and wait for a reply before entering	√			
Wear own clothing	√			
Laundry undertaken in house	√			
Mail is only opened by staff when instructed to do so	√			
Preferred term of address in consultation with resident & this is documented in person's care plan	√			
Wishes respected and views considered	√			
Treated with respect - verbally	√			
Privacy and dignity are included in staff induction	√			
There is easy access to a telephone	√			
Telephone adaptations are available to meet the needs of service users e.g. large buttons, amplifier	√			

Standard 11: Death and Dying Outcome: Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect	YES	NO	In part	COMMENTS
Resident given comfort and attention in privacy	√			<p>Evidence – Discussion with Care Manager, Deputy Care Manager and PDN.</p> <p>Training update with Palliative Care Lead Nurse taking place tomorrow</p>
Current nutritional needs are met	√			
Pain relief/palliative care - where the home has RNs syringe pump training is available and practice is current. For a residential home	√			

support is sought from the Community/Palliative Care Team				(RNs). RNs manage end of life care with support from the Community Nurse and Palliative Care teams as needed. Standard Met
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 Care Manager and Activity Co-ordinator. There are two Activity Co-ordinators in the team. On the day of inspection residents were doing a quiz, which I observed for a period of time, much fun was had by all. The Activity Co-ordinators are very passionate in relation to ensuring
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	√			
Involved in normal household chores if wanted attending to garden, collecting dishes etc	√			
There is a choice of leisure and social activities	√			
Religious/cultural choices are acknowledged	√			
Level of engagement in activities is recorded	√			
Does the home have an Activity Co-ordinator	√			

Evidence of activities e.g. photo boards, albums, social media site, conversations with residents	✓			<p>people are kept active with activities that stimulate their interests and make the most of their ability. This includes outings for community engagement.</p> <p>One-to-one activities are provided where beneficial, e.g. a person with dementia who finds group activities overwhelming.</p> <p>Residents spoken to, showed me they had an activity programme in their room so they could choose which activities they would like to join in with.</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	✓			<p>Evidence – Discussion with Care Manager and Activity Co-ordinator.</p> <p>Visitors are made welcome. There is a drinks station where visitors can make a drink. People are also able to invite friends or relatives to have a meal with them if they wish.</p> <p>Residents are supported with outings within the community. Some residents attend the Russels Day Centre, Parkinson’s group meetings and dementia group activities.</p> <p>The home also has a wheelchair vehicle that relatives can use to take their relative on outings, which is frequently used.</p>
Is there a 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 inform staff when going out and returning	✓			

				Standard Met
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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 so as to maximise service users' capacity to exercise personal autonomy and choice	√			Evidence – Discussion with Care Manager and individual residents. Residents spoken to said as far as they are aware there were no restrictions. They are able to go out with friends and relatives when they want to, get up and go to bed when they choose, and join in activities that are of interest to them. Standard Met
Service users are encouraged to bring personal possessions into the home e.g. small furniture, pictures & ornaments etc	√			
Service users encouraged to manage own financial and other affairs as long as 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	√			Evidence – Menus provided pre-inspection, risk assessments, care plans, discussion with individual residents. Dining room set up to restaurant standards and good choices for meals. Menus altered as necessary as a result of feedback from residents.
Each person is offered 3 full meals each day (at least 1 of which must be cooked) at intervals of not more than five hours	√			
The menu is varied and is changed regularly	√			
The food reflects popular choice	√			
The food is appealing and is served in an attractive manner	√			

Service user's nutritional needs are assessed, regularly monitored and reviewed including factors associated with malnutrition and obesity	✓			Residents have a nutritional assessment on admission, which is reviewed regularly throughout the person's stay in the home.
Fresh fruit and vegetables are served/offered regularly	✓			
There is a choice available at each mealtime	✓			Modified diets and thickened fluids needed for people at risk of choking are recorded in a person's care plan using the IDDSI framework.
Individual likes/dislikes are met	✓			
Hot and cold drinks and snacks are available at all times and are offered regularly	✓			A food hygiene inspection which was completed at the home by the Environmental Health Department in April 2022 enabled the home to retain their 5-star rating which is excellent.
A snack available in the evening/night	✓			
Special therapeutic meals are provided if advised e.g. diabetic, pureed, gluten free etc	✓			Standard Met
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)	✓			
Supplements are prescribed if needed	✓			
Religious and cultural needs are met	✓			
The menu is written or displayed e.g. in dining room or on notice board	✓			
Mealtimes are unhurried	✓			
Staff offer assistance to residents if needed	✓			
The dignity of those needing help is supported	✓			
Staff attitude is satisfactory	✓			
Food covers are used to transport food to rooms	✓			
Table settings are pleasant	✓			
Crockery, cutlery, glassware and napery are suitable	✓			
General ambience and comfort is satisfactory	✓			
Temperature satisfactory	✓			
Lighting satisfactory	✓			
Flooring satisfactory	✓			
Cleanliness satisfactory	✓			
Odour control (no unpleasant odour should be present)	✓			
Furnishings are satisfactory	✓			

Décor is pleasant	✓			
Safer Food, Better Business manual is completed	✓			
Food preparation areas are clean	✓			
Waste disposal – there is a foot operated bin	✓			
Kitchen & dining room hygiene is satisfactory	✓			
Staff hand washing facilities are available	✓			
Food Hygiene rating available	✓			

Standard 16: Complaints Outcome: Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon	YES	NO	In part	COMMENTS
There is a complaints procedure which is clear and simple, stating how complaints can be made	✓			Evidence – Policy and procedure, feedback box in entrance to home, discussion with Care Manager and individual residents.
The procedure is accessible e.g. reception notice board, resident’s handbook	✓			
Are there timescales for the process	✓			Residents said they feel comfortable to make a complaint to the Care Manager if needed – no resident had any concerns to raise at this time.
The procedure states who will deal with them	✓			
Records are kept of all formal complaints	✓			
There is a duty of Candour – transparent and honest	✓			There is a feedback box in the entrance to the home if a person prefers to give feedback/make a complaint anonymously. However, this continues to remain empty, which suggests people are conformable to speak to the Care Manager as an issue arises.
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	✓			No complaints have been received by the Inspection Officer from within HSC. Standard Met

Standard 17: Rights Outcome: Service users' legal rights are protected. Service users know that information about them is handled appropriately and that their confidences are kept	YES	NO	In part	COMMENTS
The home facilitates access to available advocacy services	√			Evidence – Discussion with Care Manager and with individual residents. Recent well-being survey provided by the States of Guernsey included residents in the home. Residents were visited individually by the external information collector if they chose to take part. Standard Met
The home facilitates the individual's right to participate in the local political process	√			
There are written policies in place for Data Protection (Bailiwick of Guernsey) Law, 2018 and for confidentiality	√			
Prior consent is obtained for any photographs taken	√			

Standard 18: Protection Outcome: Service users are protected from abuse	YES	NO	In part	COMMENTS
Polices & procedures are in place for Safeguarding Vulnerable Adults against:				Evidence – Discussion with Care Manager and IHASCO training. Regular training provided for safeguarding at level 2. Care Manager said she is confident that staff have the knowledge and skills to recognise potential abuse and who to report this to. No resident spoken to reported any suggestion of verbal or physical abuse when they are being attended to.
• Physical abuse	√			
• Sexual abuse	√			
• Inappropriate restraint	√			
• Psychological abuse	√			
• Financial or material abuse	√			
• Neglect	√			
• Discrimination	√			
• Whistle-blowing	√			
• Safe storage of money & valuables	√			
• Staff non-involvement in resident's financial affairs or receiving of gifts	√			
Safeguard allegations are reported to the Safeguard Lead & Inspection Officer (HSC)	√			
Allegations/incidents are recorded, followed up and actioned appropriately	√			

Staff who the Care Manager considers may be unsuitable to work with vulnerable adults makes a referral to HSC	√			Care Manager has reported concerns previously when needed, which is reassuring. Standard Met
Staff undertake regular training for safeguarding	√			

Standard 19: Premises Outcome: Service users live in a safe, well-maintained environment	YES	NO	In part	COMMENTS
Facilities within the home are safely accessible	√			Evidence – Walkthrough the home, information provided in the pre-inspection documentation.
Restricted entry/exit to the home is appropriate	√			
The home is free of trip hazards	√			
Facilities in the grounds are safe and accessible for varying abilities e.g. wheelchair	√			The home is well-maintained both interior and exterior.
Routine maintenance programmes with records kept	√			The grounds are extensive, well-maintained and provide good facilities for people to exercise or to sit out when the weather is fine.
Routine renewal of fabric and decoration with records kept	√			
The building is safe, homely and comfortable	√			There is CCTV in place in some of the communal areas and at the entrance to the home.
The furniture is suited to individual needs and is in good order	√			
Décor is satisfactory	√			
Lighting, internal and external is satisfactory	√			A large passenger lift services all floors.
There is relevant fire equipment throughout the home	√			
CCTV (entrances only)	√			The corridors on levels 3, 4 and 5 have been re-decorated and new handrails have been fitted, which has really brightened these areas.
Cleanliness is satisfactory	√			
Odour control	√			
Flooring satisfactory	√			
General equipment is maintained with records	√			
Insurance certificates on display and in date	√			The carpet has been replaced with hard flooring. This is to make it easier for residents to move around who require a walking aid or wheelchair, and for staff to move hoists from room to room. Hard flooring also aids infection control within a care home environment.
Environmental audit undertaken	√			

				Standard Met
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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 – Walkthrough the home, discussion with individual residents. There are a number of recreational areas for residents to enjoy, including quiet rooms. All are spacious, nicely furnished and decorated. There is a smoking area outside of the building but currently only one resident smokes and uses this facility. Standard Met
Private area is provided	√			
Lighting is domestic and is flexible for different needs/activities	√			
Furnishings are non-institutional, in good order and suitable for client group	√			
Odour control	√			
Cleanliness is satisfactory	√			
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 – walkthrough the home. All areas meet people’s needs and are clean and hygienic. Standard Met
There is clear access	√			
Doors can be locked	√			
Lighting is suitable	√			
There is adequate ventilation	√			
Temperature is suitable	√			
Staff hand washing provision - e.g. soap and paper towel dispenser and foot swing bin are available	√			
Aids and adaptations are in place as required	√			
Odour control	√			

Call bell is available	√			
Décor is satisfactory	√			
Flooring is suitable	√			
Cleaning schedule is in place	√			

Standard 22: Adaptations and Equipment Outcome: Service users have the specialist equipment they require to maximise their independence	YES	NO	In part	COMMENTS
Ramps where necessary	√			Evidence – Visual check of equipment e.g. hoists, assisted baths. Dates of servicing and inspection of equipment provided in the pre-inspection documentation. People are encouraged and supported to maintain their independence where possible. Staff assist where needed. There is signage in place to locate bathrooms and toilets and a person's room and floor level. Standard Met
Handrails/grab rails where appropriate	√			
Passenger lift	√			
Stair chair lift	N/A			
Aids, hoists etc. for individual needs	√			
Assisted toilets & baths to meet needs	√			
Doorways (800mm wheelchair user – new builds)	√			
Signs and communication systems to meet needs (as and where necessary)	√			
Storage for aids, hoists & equipment	√			
Call bell in every room	√			
If bed rails are used is there a risk assessment in place and evidence of a regular review	√			

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 – Checks of individual resident's room, discussion with Care Manager. Shared rooms are either sole occupancy or are occupied by a couple.
Room layout suitable taking in to account fire safety and limitations due to mobility	√			Standard Met

Shared rooms by choice e.g. married couple or siblings	√			
Choice to move from shared room when single vacant (may be subject to finances)	√			

Standard 24: Individual Accommodation: Furniture and Fittings Outcome: Service users live in safe, comfortable bedrooms with their possessions around them	YES	NO	In part	COMMENTS
Bed width is 900mm (if not own bed)	√			Evidence – Checks of individual resident’s rooms.
Bed height is suitable (residential)	√			
Adjustable height (nursing)	√			
Bed linen, towel and flannels are changed frequently	√			All rooms are pleasantly decorated and have been furnished with personal items which people have brought from home, e.g. pictures, ornaments and small pieces of furniture. Rooms reflect people ‘s personality and interests and provide an environment of comfort and familiarity.
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	√			Standard Met
Privacy (screening if appropriate.)	N/A			
Telephone point	√			
Television point	√			
Overhead and bedside lighting	√			
Accessible sockets	√			
Evidence of personalisation	√			
Wash hand basin if no en-suite	N/A			
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	√			<p>Evidence – checks of individual resident’s rooms, records provided pre-inspection of servicing etc.</p> <p>No complaints of any interruption of services at any time during the day or night.</p> <p>Air conditioning in place to provide adequate heating and cooling for season changes.</p> <p>Standard Met</p>
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	√			
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	√			
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 housekeeper/s have cleaning schedules in place	√			<p>Evidence – Discussion with Care Manager, observation of staff practices during the day, copy of IPACT audit report.</p> <p>All staff have completed training for infection control.</p> <p>Observation of staff practice demonstrated they understand infection prevention and control in a care home environment.</p>
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	√			
Foul laundry wash requirements; minimum 60° c for not less than 10 mins	√			
Flooring impermeable/waterproof	√			
Disposal of clinical waste:				

Storage bin is located in an appropriate area	√			<p>An audit was completed by the Infection Prevention and Control Nurse from within HSC in February 2023 and the home achieved 99%, which is excellent.</p> <p>Standard Met</p>
There is appropriate disposal of clinical waste	√			
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	√			
Infection control audit undertaken by the Infection Control Nurse from within HSC	√			
Infection Control Nurse and Inspection Officer from within HSC to be informed when outbreak of infection (2 cases)	√			
Preparedness plan in place in the case of a pandemic (recent Covid-19 outbreak)	√			

Standard 27: Staffing Outcome: The numbers and skill mix of staff meet service user's needs	YES	NO	In part	COMMENTS
Care staff minimum age 18, in charge of the care home minimum 21yrs	√			<p>Evidence – Duty rotas provided pre-inspection, discussion with individual staff and residents.</p> <p>Staff spoken to said the number of staff on each shift is currently adequate; although if sickness occurs this can be challenging if the shift cannot be covered. However, they didn't feel that care was compromised for periods of not running at full capacity of staff.</p> <p>Residents said they didn't have to wait for long periods when they ring for assistance. Residents said they did not feel rushed when being assisted with care.</p> <p>Standard Met</p>
Recorded rota with person in-charge on each shift	√			
Adequate care staff are on duty on each shift for the assessed needs of the residents taking in to account the size and layout of the building	√			
Adequate number of housekeeping staff	√			
Adequate number of catering staff	√			
Access to maintenance person when required	√			
Are bank or agency staff used to cover staff sickness and annual leave periods, or do existing staff provide this cover	√			

Standard 28: Qualifications Outcome: Service users are in safe hands at all times	YES	NO	In part	COMMENTS
Progress towards compliance for 50% of Carers to have the minimum of an NVQ/VQ/B-Tech award or other equivalent in health & Social Care at level 2 trained, on each shift	√			<p>Evidence – Discussion with Care Manager.</p> <p>Seven carers have an NVQ award at level 3. Two carers have a B-Tech award at level 2 and one carer has an NVQ award at level 2.</p> <p>The Care Certificate also forms part of a new carer's induction programme.</p> <p>Standard Met</p>

Standard 29: Recruitment Outcome: Service users are supported and protected by the home's recruitment policy and practices	YES	NO	In part	COMMENTS
Recruitment procedure includes the following:				<p>Evidence – Discussion with Care Manager, DBS records.</p> <p>Care Manager described the process for recruitment. This seems to be a robust process to protect people from abuse; by helping people to make safer decisions when recruiting.</p> <p>Standard Met</p>
Equal opportunities policy in place	√			
Compliance with local laws – right to work document, housing licence (as appropriate)	√			
2 written references required; one of which is from applicant's present or most recent employer	√			
Employment gaps are explored	√			
Appropriate level of Police check (DBS) is undertaken for role within the home	√			
NMC register check for all RNs prior to employment, followed by ongoing support for Revalidation once employed	√			
Health declaration requested where necessary/relevant	√			
Staff personal records/files kept locked away	√			
All staff have a job description	√			

Staff receive written terms and conditions within 4 weeks of employment and have a signed contract	√			
Is a police check undertaken for all volunteers working in the home	N/A			
The following policies must be included in the employee's terms and conditions or included in the staff handbook				
• Health & Safety policy	√			
• Dealing with fire & emergencies	√			
• Confidentiality policy	√			
• Whistle blowing policy	√			
• Non-receipt of gifts & non-involvement in any resident's financial affairs; witnessing wills or other documentation	√			
• Action if any abuse suspected or witnessed	√			
• Use of mobile phone while on duty and non-use of social network sites to discuss home/residents (confidentiality & data protection)	√			

Standard 30: Staff Training Outcome: Staff are trained and competent to do their jobs	YES	NO	In part	COMMENTS
Core values pre-employment:				Evidence – Training records, discussion with Care Manager.
• Aims & values of role	√			Staff have a good programme of training and development via e-learning which is monitored by the PDN.
• Residents rights to - privacy, independence, dignity, choice and fulfilment	√			
Job role clearly explained pre-start	√			The RNs undertake training externally with colleagues from within HSC in subjects such as; end of life care, wound management and catheter care etc.
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:				
• Fire & emergency	√			
• Moving & Handling	√			

• Health and Safety awareness	√			RNs revalidate with their governing body – the Nursing & Midwifery Council (NMC) every 3 years.
• Basic first aid	√			
• Accident procedures	√			
• Confidentiality	√			
• Safeguarding	√			
• Cultural needs	√			
• Personal hygiene	√			
• Person-centred care	√			
• Use of equipment	√			
Further/ongoing training:				
• Care planning	√			
• Handling of medicines	√			
• Risk assessment & risk management	√			
• Security measures	√			
• Escort duties & mobile phone usage while working	√			
• Hygiene, food handling and presentation	√			
• Infection control	√			
• Pressure area care	√			
• End of life care	√			
• Restraint	√			
• Caring for people with dementia	√			
• Other training required for providing care for the medical conditions, wellbeing of client group	√			
Frequency of training to be advised by accredited trainer	√			
A minimum of 3 days per year of training is provided for full time staff and pro rata for part-time staff	√			
Staff training profile – kept and updated throughout employment	√			

Standard 31: Staff Supervision	YES	NO	In part	COMMENTS
Outcome: Staff are appropriately supervised				
Written induction programme in place	√			Evidence - Discussion with PDN, RN on duty and carer.
Training opportunities of both formal and informal training	√			
Supervision covers:				

• All aspects of practice	✓			<p>PDN works 'on the floor' with individual staff to provide supervision and for personal development.</p> <p>Most supervision is informal and records are not kept. However, for more formal training e.g. Care Certificate, NVQ and B-Tech awards, or where an incident occurs, a formal record is kept.</p> <p>There is an annual appraisal system in place, which is ongoing.</p> <p>There are no volunteers working in the home at this current time.</p> <p>Standard Met</p>
• Philosophy of care	✓			
• Career/personal development - appraisal system in place	✓			
Other staff supervised as needed as part of management process	✓			
Supervision, support and training for volunteers	N/A			
Return to work interview to assess additional support/supervision required	✓			
Are records kept for supervision sessions	✓			

Standard 32: Day to Day Operations: The Manager Outcome: Service users live in a home which is run and managed by a person who is fit to be in charge, is of good character and is able to discharge her responsibilities fully	YES	NO	In part	COMMENTS
Registered Care Manager has a job description	✓			<p>Evidence – Discussion with Care Manager, training records.</p> <p>Care manager is a RN with a degree in district nursing. She has undertaken various training sessions for leadership and management for development in her role.</p> <p>Care Manager reports to the directors, whom visit the home regularly to monitor operational and quality standards in the home.</p> <p>Standard Met</p>
Minimum of 2 years' experience in a senior management capacity of a relevant setting within the previous 5 years	✓			
Qualifications of Care Manager	✓			
From 2007 Care Manager in residential home to work towards gaining an NVQ/VQ level 4/5 or other management qualification	✓			
Nursing home RN with management qualification	✓			
Periodic training/updating for registered manager (relevant to manager and client group needs)	✓			
Knowledge of older people; disease process, ageing etc	✓			

Line of accountability (Care Manager reports to)	√			
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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 residents and staff.</p> <p>Residents spoke very highly of the Care Manager. They described her as kind, professional, always willing to listen to people and very approachable. One resident said “I would not hesitate to talk to the Care Manager about any concerns I have, I haven’t any at the moment, but I know they would be addressed immediately if I had”.</p> <p>Staff said the Care Manager is fair, approachable, understanding and always willing to help if they were experiencing difficulties both personal and at work.</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 – Audits, discussion with Care Manager.</p> <p>A number of audits are undertaken to monitor quality of services and care in the home – care plans, MARS, catering and resident’s</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	√			

Feedback actively sought & acted upon	√			<p>rooms. An environmental audit of the home and grounds is completed 3-monthly.</p> <p>Residents meeting next week. Minutes are kept of all meetings.</p> <p>There is a suggestion box at the entrance to the home.</p> <p>Thankyou cards, provide good feedback, suggesting the team are kind and compassionate.</p> <p>Relatives and resident's views can also be found on an independent feedback site – carehome.co.uk.</p> <p>Standard Met</p>
Others views sought e.g. questionnaires for relatives or a relatives meeting	√			
Planned inspections advertised	√			
Views of service users made available	√			
Policies and procedures are reviewed and are updated in line with registration (minimum of every 2 years)	√			
Action progressed on agreed implementation of statutory/good practice requirements (progress from last inspection)	√			
Auditing to improve care, services, environment	√			

Standard 35: Financial Procedures Outcome: Service users are safeguarded by the accounting and financial procedures of the home	YES	NO	In part	COMMENTS
Financial viability, business and financial statements - ability to trade	√			Evidence – Discussion with Care Manager.
Insurance in place to cover loss or damage to the assets of the business (is there a business continuity plan in place?)	√			Care Manager confirmed the providers have a business plan in place for interruption of services.
Legal liabilities for service users and staff – Is the insurance certificate on display and in date?	√			Employment & Social Security receive the home's accounts annually.
				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 Care Manager.
Safeguards are in place if managed by home e.g. records kept for safe keeping of valuables and/or money, secure storage	√			Residents manage their own finances where they are able. Some people are assisted by their NOK. If money is kept at the home, records are kept and are audited. Standard Met

Standard 37: Record Keeping Outcome: Service user's rights and best interests are safeguarded by the home's record keeping policies and procedures	YES	NO	In part	COMMENTS
Admission & Discharge Register in place	√			Evidence – Care plans, discussion with RN and PDN on duty.
Records kept are up to date and in good order (resident information)	√			Care records are held electronically and are password protected. Records are detailed and are in good order. Standard Met
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	√			Evidence – Discussion with Care Manager, Estates Manager, records provided pre-inspection, training records, accident/incident forms.
Fire safety training is provided	√			
Fire equipment is kept maintained for immediate use; including the fire alarm, which is tested each week and this is logged	√			

First Aid training – staff have an understanding of first aid and there is a named first aider	√			Records provide evidence of staff training.
There is first aid equipment in the home that is always available when needed	√			Records provide evidence of maintenance and inspection of equipment as needed through regulation e.g. LOLER for moving and handling equipment.
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	√			Risk assessments are in place for safe working practices and for maintaining a safe environment.
Housekeeping undertake training for the safe storage and disposal of hazardous substances (COSHH)	√			
Regular servicing of boilers & heating systems	√			Accidents/incidents are recorded and are reported to the appropriate people as needed i.e. Inspection Officer (where a person is transferred to hospital for assessment / treatment).
Maintenance of electrical systems & equipment	√			
Regulation of water temperature (Legionella control – plan in place with records kept	√			
Radiator protection, low surface heaters	√			
Risk assessment and use of window restrictors	√			
Maintenance of safe environment & equipment:				Accidents / incidents are discussed amongst the team as an opportunity for further learning and to find a resolution to prevent a re-occurrence where possible.
• Kitchen - new	√			
• Laundry	√			
• Outdoor steps and pathways	√			
• Staircases	√			Equipment is in place where needed to minimise the risk of a fall e.g. pressure sensor mat, pendent call bell.
• Lifts - chair	√			
• Flooring	√			
• Garden furniture	√			
Security of service users & premises – doors locked at night, outdoor lighting, security of fire doors	√			The home also has a Wonder Guard alarm system and a restricted door exit to prevent a person from leaving the building unsupervised if not safe to do so.
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)	√			Standard Met
Written statement for Health and Safety is displayed in the home	√			

Risk assessments are undertaken as necessary and are recorded for safe working practices in the home	√			
Accidents, injuries and incidents of illness are documented and are reported to the relevant person (HSE RIDDOR) as appropriate	√			
Training is provided during induction for safe working practices and is on-going	√			

Improvement Plan - Completion of the actions in the improvement plan are the overall responsibility of the Home's Care Manager.

Action No.	Standard No.	Action	Date action to be achieved	Person/s Responsible for completion of the action	Compliance check date:	Through addressing the actions, has this raised any issues that require further action
1.		There were no concerns identified on this inspection visit				
2.						
3.						
4.						
5.						

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 **27/09/23** and any factual inaccuracies:

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

I _____ of _____ confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the requirements made and will seek to comply with these.

Or

I _____ of _____ am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

Signature:

Position:

Date:

Note:

**In instances where there is a profound difference of view between the inspector and the registered person both views will be reported. Please attach any extra pages, as applicable.
September 2023**