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: 24th April 2025

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

INTRODUCTION

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

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

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

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

Name of Establishment: **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 **Residential**	**20** **21**

Date of most recent inspection: 07/11/24 – Unannounced
Date of inspection upon which this report is based –24/04/25
Category of inspection – Announced
Vanessa Penney **Registration & Inspection Officer** **Quality & Patient Safety Team** **HSC**

SUMMARY OF FINDINGS

Blanchelande Park Nursing Home is a dual registered care home providing nursing care for up to 20 people and residential care for up to 21 people. Some people are living with the effects of dementia. On the day of inspection there were 32 people living in the home.

The home is set out over 5 floors, which are serviced by a spacious passenger lift. The home and gardens are kept very well maintained and there is plenty of parking for visitors.

The home is clean, comfortable and homely throughout. There is a variety of communal lounges to suit individual taste – those who prefer activity and more social engagement and areas that are more peaceful for people to sit and read.

People's care needs are assessed prior to moving into the care home. This is to ensure staff can meet their needs and understand their expectations of what a care home can offer.

There is an uplifting and friendly atmosphere where people are supported to go about their daily activities as they choose. The team generally promote a good quality of life for residents', encouraging independence where possible and using the least restrictive measures where people require a higher level of care.

Risk assessments and care plans show staff know people well and support them to receive their care how they prefer. Care records evidence that referrals are made to healthcare professionals appropriately to ensure people receive timely care when needed.

People are supported to eat and drink enough to maintain a balanced diet and to keep hydrated. They spoke very favourably in relation to the catering in the home and confirmed they have choices to ensure their likes and disliked are catered for.

People said they are treated with kindness and respect, which was also observed throughout the day. There is good opportunity for exercise and social engagement, which is organised with the activity team. People are supported to maintain relationships that are important to them, with family and friends and social network groups within the community.

People receive their medication safely and as prescribed by the registered nurses (RNs). Systems are in place to ensure time critical medications are administered when they should be. An informal monthly audit is undertaken on the changeover of the monthly medication cycle. A more formal documented audit is completed every 3 months. An external audit is completed 1-2 yearly by the deputy chief pharmacist from within HSC as an additional quality control.

A safe recruitment process is in place to minimise the risk of abuse of people who may be vulnerable. The process includes obtaining an enhanced police check and references. One of the references from a person's most recent employer.

All new staff have a period of supervised induction to prepare them for their role within the team. This includes the values of the organisation, policies and procedures and practical assessments. An ongoing programme of training and updates are in place throughout the person's employment at the home. This includes access to the VQ, B-Tech and Care Certificate programmes.

The staffing level in the home is satisfactory taking in to account the current resident dependencies and the layout of the home, which is over 5 floors. Residents said they did not have to wait for long periods when they call for assistance and staff are supportive and respectful and did not rush them. Staff said if everyone is there for their shift it is fine. Absence due to sickness that cannot be covered at short notice, adds pressure on the staff with managing their workload.

The care manager is clear about her role, and understands quality performance, managing risks and regulatory requirements. Both staff and residents spoke highly of the care manager and her management of the care home. Both said her approachable and manner make them feel listened to and comfortable to raise any concerns or to make any suggestions.

The care manager is open and honest when things go wrong. Accidents and incidents are reported and recorded and are communicated to the appropriate person externally. The care manager monitors accidents and incidents to look for patterns or trends e.g. same person fall, same area of home, same time of day etc. This is used to discuss risks within the team so that additional equipment and/or supervision can be put in place to minimise the risk of re-occurrence.

Systems are in place to share information with staff and residents, which affect them. This includes through meetings, questionnaires and audits etc, for continued improvements in the care and services of the home.

Residents said they feel safe in the home and like living there, which is a positive reflection on the care manager and her team.

GUERNSEY STANDARDS FOR CARE HOMES AUDIT

Standard 1: Information **Outcome – Prospective service users have the information they need to make an informed choice about where to live**	**YES**	**NO**	**In Part**	**COMMENTS**
Website (optional)	√			Evidence – Discussion with care manager, service user guide, care home website. A combination of the above information enables a person to decide whether Blanchelande Park is the right home to meet their care needs. A person and/or their NOK are advised to visit the home to have a look around so they can ask any questions prior to making their final decision. **Standard Met**
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	√			
Number of residents registered for	√			
Special needs & interests catered for e.g. diets, activities etc	√			
How to access a copy of most recent inspection report	√			
Procedure for making a complaint	√			
Service users' views of the home	√			
Summary of fees payable and any extras payable e.g. newspapers, incontinence products & toiletries etc	√			
The home's policy for alcohol	√			
The smoking policy	√			
The home's policy for pets	√			

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

Standard 2: Contract **Outcome – Each service user has a written contract/statement of terms and conditions with the home**	**YES**	**NO**	**In part**	**COMMENTS**
Contract provided on admission	√			Evidence - Discussion with care manager, copy of contract. The resident's contract is reviewed annually when there is an increase in the care home fees. Prior to signing the contract, the care manager or the administrator meet with the person/NOK so they can go through the contract together. Once agreement is reached and the contract is signed, both parties keep a copy of the signed contract for their records. **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 into the home without having had his/her needs assessed and been assured that these will be met**	**YES**	**NO**	**In part**	**COMMENTS**
Pre-admission assessment prior to moving into the care home	√			Evidence – Discussion with care manager, pre-admission assessments. A pre-admission assessment is completed for all new admissions and involves the person and/or their NOK. This is to ensure the care team have the necessary knowledge and skills to meet the individual's care needs and have, or can obtain, any necessary equipment needed. Healthcare professionals who are involved with the person's care also provide any relevant information e.g. community nurses, hospital ward staff, GP etc. **Standard Met**
Involvement of others; relatives, GP other allied health professionals	√			
Assessment for all admissions covers the following:				
• Personal care & physical well-being	√			
• Mental state & cognition	√			
• Diet & weight	√			
• Food likes and dislikes	√			
• Sight, hearing & communication	√			
• Oral health	√			
• Mobility & history/risk of falls	√			
• Continence and skin integrity	√			
• Medication usage	√			
• Social interests, hobbies, religious & cultural needs	√			
• Personal safety & risk	√			
• Carer, family, other involvement/relationships	√			
Care plan developed from the outcome of the assessment	√			

Standard 4: Meeting Needs **Outcome - Service users and their representatives know that the home they enter will meet their needs**		**NO**	**In part**	**COMMENTS**
Registered person can demonstrate the home's capacity to meet people's assessed needs	√			Evidence – Discussion with care manager, certificate of registration, care plans. Care home has dual registration, and the certificate is displayed in the entrance to the care home.
The services of specialised personnel are sought to meet people's care needs	√			
Social/cultural needs are met to the preference and needs of the person and are understood by the people caring for them	√			

Policies for discrimination & Equality (equal access to services)	√			As the home also provides nursing care, at least one registered nurse (RN) is always on duty. Referrals are made to external healthcare professionals as needed for support with more specialist areas of care, which is evidenced in individual care plans. **Standard Met**

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. As part of a trial a person can receive day care to see how they feel, or to stay overnight if a bed is available. Nobody is attending the home for day care currently. Two people spoken to had visited the care home with their NOK to have a look around. Another two people said their NOK had visited to have a look around on their behalf as one person moved into the home from hospital, and another from a different residential home as they now require nursing care. All people said they have settled in well and are happy with the choice they made. An emergency admission is accepted if there is a vacancy at the time it is needed.
Residents or their representative are encouraged to visit the home before deciding	√			
Provision for a trial before final decision made to move into home	√			
Emergency admissions to the home are accepted?	√			
Information process in standards 2-4 is in place within 5 working days	√			

				Standard Met

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. There is no dedicated bed for intermediate or respite care, which is optional for care homes to provide. However, the care manager said they regularly take intermediate care if a person isn't quite ready to go straight home from hospital and requires slightly more rehabilitation prior to returning home. A referral is made to the relevant external healthcare professional where the team may need additional support e.g. physiotherapy, occupational therapy etc. Respite is also provided if the home has a vacancy at the time required. At the end of the period of intermediate or respite care, if the person is unable to return home, the person can remain in the home for a longer period or can stay for long-term care (LTC) subject to reassessment for a LTC certificate and affordability for the vacant room. **Standard Met**
Specialised facilities, therapies, treatment and equipment are available to promote activities of daily living and mobility	**√**			
Are staff qualified in techniques for rehabilitation and promotion of programmes to re-establish community living?	**√**			
Is there appropriate supervision of staff by specialists from relevant professions to meet the assessed needs of the service-user	**√**			
If a person is unable to return home the person can remain living at the care home	**√**			

Standard 7: Service User Plan Outcome: The service user's health and personal and social care needs are set out in an individual plan of care	YES	NO	In part	COMMENTS
Care plan is in place and is based on assessment	√			Evidence – Discussion with care manager, deputy care manager and 2 RNs on duty, risk assessments and care plans. Care plans are developed and stored electronically. Information gathered in the assessment is used to develop care plans to meet people's care needs and to action identified risks. Involvement of others in the development of the care plan is evidenced. Although care plans are formally reviewed every 3 months, it was evident that elements of care for an individual have been updated where changes in care have been needed sooner. Handovers are detailed and provide staff with updates in changes of care or any concerns that have arisen during the shift. **Standard Met**
Risk assessments in place for:				
• Moving & handling, mobility & risk of falls	√			
• Nutrition	√			
• Skin condition & Pressure sore prevention				
• Other dementia				
Minimum of 3-monthly review of care plan, or as needs change if before review date	√			
Evidence of user/relative involvement	√			
Restrictions on choice & freedom are agreed and documented (Mental Health, Dementia)	√			
Format of care plan is acceptable	√			
Handover discussions: verbal, written on changeover of each shift	√			
All entries on documentation are legible, dated and signed	√			

Standard 8: Health Care Needs Outcome: Service user's health care needs are fully met	YES	NO	In part	COMMENTS
Service users are supported and facilitated to take control and manage own healthcare wherever possible; staff assist where needed	√			Evidence – Discussion with care manager and individual residents, risk assessments and care plans.

Access is provided to specialist health services e.g. medical, nursing, dental, pharmaceutical chiropody and therapeutic services and care from hospitals and community services according to need	√			Following discussion with individual residents and examination of their risk assessments and care plans, it was evident that the care team know residents well and how best to support them with their care. It was noted that independence is encouraged to be maintained where possible and equipment required is documented in the person's care plan. Several residents said they didn't think they would receive better care anywhere else, which is a positive. Residents said they are treated with respect and dignity and had no issues to raise. Two people have a pressure injury. Further investigation suggests complex health conditions are contributing challenges to maintaining good skin integrity. Measures are in place to minimise the risk of pressure damage with relevant preventative equipment and regular repositioning in place. The tissue viability specialist nurses from within HSC are kept informed of any deterioration, so they can provide further guidance to the RNs who are managing this. People are referred for reassessment for an uplift in care where required. In most cases the person can remain in the care home as it has dual
Care staff maintain the personal and oral care of each person and wherever possible support the person's independence	√			
People are assessed by a person who is trained to do so, to identify those people who have developed, or are risk of developing a pressure injury. Appropriate intervention is recorded in the plan of care	√			
People are free of pressure injuries		√		
The incidence of pressure injuries, their treatment and outcome are recorded in the person's care plan	√			
There are preventative strategies for health care: link nurses, equipment etc	√			
The registered person ensures that professional advice about the promotion of continence is sought and acted upon and the necessary aids and equipment are provided	√			
A person's psychological health is monitored regularly, and preventative and restorative care is sought as deemed necessary	√			
Opportunities are given for appropriate exercise and physical activity; appropriate interventions are carried out for individuals identified as at risk of falling	√			
Results from appointments, treatments and problems and from health care professionals are recorded in care plan and are acted upon	√			
Nutritional assessment completed on admission and reviewed regularly thereafter (weight recorded). Identified problems are documented and are acted upon	√			
Regular night checks are in place	√			
Service users, relatives and/or advocates can discuss service users' wishes on their care with an informed member of staff	√			

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

Standard 9: Medication **Outcome: Service users, where appropriate, are responsible for their own medication and are protected by the home's policies and procedures for dealing with medicines**	**YES**	**NO**	**In part**	**COMMENTS**
There are policies for the receipt, recording, storage, handling, administration, disposal, self-medication, errors, re-ordering, homely remedies and for administration during a pandemic	√			Evidence – Discussion with care manager and individual residents, policies and procedures, CD register, selection of medication administration records (MARS). RNs dispense and administer medication to residents. Carers act as a witness for administration of CDs when there is not two RNs on duty – training provided prior to taking on this task. Where a person is self-medicating, there is a risk assessment in place, which is followed on with regular ongoing reviews to identify concerns. Nobody is currently receiving medication covertly. However, should this be required, there is a policy in place to guide staff with
NMC guidance and BNF (within 6-month date) available	√			
There is a self-medication assessment completed for each resident if person wanting to continue with this process and this is reviewed regularly	√			
There is safe storage within a person's room to store the medication to which suitable trained staff have access with the person's permission	√			
Records for:				
• Meds received	√			
• Meds administered	√			
• Meds leaving the home	√			
• Meds disposed of	√			
• Medication Administration Record (MAR) in place	√			

• Photo of service user (consent)	√			obtaining the necessary authorisations. Medication is stored securely within current regulations. CDs are regularly stock checked, which is recorded. The deputy chief pharmacist from within HSC completed an inspection in August 2023. The medication system was found to be well managed. No recommendations were made. A formal audit is completed quarterly. However, residents' Mars are informally checked on the changeover of the monthly medication cycle. The outcome of both checks is discussed with the RNs as a further learning opportunity to continue to provide best practice. **Standard Met**
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 because of a change in medication must be reported to the GP immediately	√			
Has a Medication Inspection been undertaken by HSC's Pharmacist	√			
Are flu vaccinations offered to residents, staff annually	√			
Medications are kept in the home for a minimum of 7 days or after burial or cremation following a death	√			
Audit of MARs in place	√			

Standard 10: Privacy and Dignity Outcome: Service users feel they are treated with respect and their right to privacy is upheld	YES	NO	In part	COMMENTS
Privacy and dignity are provided when assisting a resident with washing, bathing, dressing etc	√			Evidence – Discussion with care manager and individual residents. Residents spoken to said staff are helpful, polite and respectful. Nobody had any concerns to raise. **Standard Met**
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	√			Evidence – Discussion with care manager.
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	√			Nobody was receiving end-of-life care at this current time. Staff complete end-of-life training online with further guidance from the RNs for individual care for a person at the time. RNs lead the team and can do a referral to the palliative care team for further guidance and support as needed. The RNs attended a training session earlier this year with an admiral nurse from within HSC for providing end-of-life care for a person with dementia, which they found beneficial to further improve practice in this area. **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, activity co-ordinator and individual residents. There are two activity co-ordinators in the team who provide both group and one-to-one activities both within the home and within the wider community.
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	√			People's interests are recorded in their care plan. Residents have a copy of the activity programme in their room so they can choose what they would like to do each day. Relatives can also join in if they wish when visiting. External entertainers visit the home weekly for music and singing sessions, pet therapy and exercise sessions. Residents spoke about how they spend their day and the activities they enjoy. They particularly like crosswords and quizzes, arts and crafts, singing and music sessions, exercises to music, pet therapy, outings in the community and walking around the care home grounds. Residents are currently taking part in the Dolphin charity painting for the Dolphin trail, which several residents will be visiting next month. **Standard Met**
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	√			

Standard 13: Community Contact **Outcome: Service users maintain contact with family/friends/representatives and the local community as they wish**	**YES**	**NO**	**In part**	**COMMENTS**
There is a written visiting policy, which is flexible	√			Evidence – Discussion with care manager, activity co-ordinator and individual residents. Residents are supported to attend their social networks, for example
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	√			Age Concern, Parkinson's group meetings. The activity co-ordinator receives invitations for community events taking place and organises for those who wish to attend. The 'Boogie in the Bar' event is popular, which is held at a local hotel. Several residents spoke about outings with family and friends. There didn't appear to be any restrictions if people were well enough and safe to go out. The home has a small vehicle that can accommodate a wheelchair, which relatives are able to book to take their relative on outings. **Standard Met**
Supported to maintain social networks in the community	√			
Residents inform staff when going out and returning	√			

Standard 14: Autonomy and Choice **Outcome: Service users are helped to exercise choice and control over their lives**	**YES**	**NO**	**In part**	**COMMENTS**
The registered person conducts the home to maximise service users' capacity to exercise personal autonomy and choice	√			Evidence – Discussion with care manager and individual residents. Residents spoken to said they have choices and can make their own decisions as much as they are able to. Some people require support from staff or from their NOK. Residents manage their own finances where able. If this is not possible a person's NOK/representative supports them with this. **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 if they have capacity to do so	√			
Service users and their relatives and friends are informed of how to contact external agents (e.g. advocates) who will act in the person's best interests	√			
Access to personal records in accordance with the current local data protection legislation, is facilitated	√			

Standard 15: Meals and Mealtimes **Outcome: Service users receive a wholesome, appealing, balanced diet in pleasing surroundings at times convenient to them**	**YES**	**NO**	**In part**	**COMMENTS**
The registered person ensures that people receive a varied, appealing, wholesome and nutritious diet, which is suited to individual assessed and recorded requirements and a reasonable choice is available as to when and where residents eat their meal	√			Evidence – Discussion with care manager and individual residents, menus and care plans. Care plans and risk assessments include special dietary requirements and risks e.g. choking risk and likes and dislikes. Modified diets and fluids required for a person with a swallowing difficulty follow the IDDSI framework and all RNs and several carers have completed training. The IDDSI type is documented within the person's care plan and the chef is made aware. Residents said they enjoy their meals. They have plenty of choice for each meal and the food is good quality. One person said the home has a good chef who is very accommodating if they fancy something that isn't on the menu. Residents are encouraged to have their meals in the dining room but can eat in their room if they need/prefer. A food hygiene inspection was completed by an environmental health officer in August 2024 and the home retained their 5-star rating, which is excellent.
Each person is offered 3 full meals each day (at least 1 of which must be cooked) at intervals of not more than five hours	√			
The menu is varied and is changed regularly	√			
The food reflects popular choice	√			
The food is appealing and is served in an attractive manner	√			
Service user's nutritional needs are assessed, regularly monitored and reviewed including factors associated with malnutrition and obesity	√			
Fresh fruit and vegetables are served/offered regularly	√			
There is a choice available at each mealtime	√			
Individual likes/dislikes are met	√			
Hot and cold drinks and snacks are always available and are offered regularly	√			
A snack available in the evening/night	√			
Special therapeutic meals are provided if advised e.g. diabetic, pureed, gluten free etc	√			
Swallowing problems/risk of choking identified in risk assessment and is incorporated into the care plan	√			
Aware of International Dysphagia Diet Standardisation Initiative (IDDSI) – training, information	√			
Person has Percutaneous Endoscopic Gastrostomy (PEG)	N/A			
Supplements are prescribed if needed	√			
Religious and cultural needs are met	√			

The menu is written or displayed e.g. in dining room or on notice board	√			Chef has completed food hygiene training at level 3 and kitchen staff at level 2. **Standard Met**
Mealtimes are unhurried	√			
Staff assist residents if needed	√			
The dignity of those needing help is supported	√			
Staff attitude is satisfactory	√			
Food covers are used to transport food to rooms	√			
Table settings are pleasant	√			
Crockery, cutlery, glassware and napery are suitable	√			
General ambience and comfort are satisfactory	√			
Temperature satisfactory	√			
Lighting satisfactory	√			
Flooring satisfactory	√			
Cleanliness satisfactory	√			
Odour control (no unpleasant odour should be present)	√			
Furnishings are satisfactory	√			
Décor is pleasant	√			
Safer Food, Better Business manual is completed	√			
Food preparation areas are clean	√			
Waste disposal – there is a foot operated bin	√			
Kitchen & dining room hygiene is satisfactory	√			
Staff hand washing facilities are available	√			
Food Hygiene rating available	√			

Standard 16: Complaints **Outcome: Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon**	**YES**	**NO**	**In part**	**COMMENTS**
There is a complaints procedure which is clear and simple, stating how complaints can be made	√			Evidence – Discussion with care manager and individual residents, complaints policy. No formal complaints have been received by the care manager or the inspection officer.
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	√			Residents said they have no concerns to raise but feel comfortable to speak to the care manager or RN in charge at the time. They said they feel confident that they will be taken seriously, and the complaint will be managed sensitively and appropriately. There is a feedback box at the entrance to the home if a person would rather give feedback or make a complaint anonymously. The care manager has an open-door policy where residents and their relatives can speak to her at any time, or she can respond via a telephone call or email. **Standard Met**
There is a duty of Candour – transparent and honest	√			
Details of investigations and any action taken is recorded	√			
There is written information available, clearly displayed, in an accessible place, for referring a complaint to the HSC	√			

Standard 17: Rights **Outcome: Service users' legal rights are protected. Service users know that information about them is handled appropriately and that their confidences are kept**	**YES**	**NO**	**In part**	**COMMENTS**
The home facilitates access to available advocacy services	√			Evidence – Discussion with care manager and individual residents. Residents said they are confident that information held about them is kept confidential and is only shared with their consent, for example, with other healthcare professionals who are involved in their care, NOK. Consent/refusal for photographs is discussed on admission.
The home facilitates the individual's right to participate in the local political process	√			
There are written policies are in place for Data Protection (Bailiwick of Guernsey) Law, 2018 and for confidentiality	√			
Prior consent is obtained for any photographs taken	√			

				Several residents have been supported to sign up to vote in the upcoming election for local deputies. **Standard Met**

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, individual staff and residents, training records. Staff complete regular training for safeguarding at level 2. The care manager, deputy care manager and RNs in charge of the shifts should complete level 3. Residents said staff are respectful and polite. There were no reports of staff rough handling or being intimidating when being supported with care. Residents said they feel safe at Blanchelande Park and comfortable to speak to the care manager if needed, which is reassuring. Care manager has raised a safeguard alert previously when needed and is transparent throughout any investigation. **Standard Met**
• Physical abuse	√			
• Sexual abuse	√			
• Inappropriate restraint	√			
• Psychological abuse	√			
• Financial or material abuse	√			
• Neglect	√			
• Discrimination	√			
• Whistle-blowing	√			
• Safe storage of money & valuables	√			
• Staff non-involvement in resident's financial affairs or receiving of gifts	√			
Safeguard allegations are reported to the Safeguard Lead & Inspection Officer (HSC)	√			
Allegations/incidents are recorded, followed up and actioned appropriately	√			
Staff who the Care Manager considers may be unsuitable to work with vulnerable adults makes a referral to HSC	√			
Staff undertake regular training for safeguarding	√			

Standard 19: Premises **Outcome: Service users live in a safe, well-maintained environment**	**YES**	**NO**	**In part**	**COMMENTS**
Facilities within the home are safely accessible	√			

Restricted entry/exit to the home is appropriate	√			Evidence – Discussion with care manager, walk through the home, pre-inspection information provided. The home is kept clean and well-maintained both internally and externally. There is CCTV at the entrances to the home for additional protection for residents and there is a notice in place to inform people. There are extensive grounds where residents like to sit out or to walk around for exercise when the weather is suitable. All corridors have hard flooring. This makes it much easier for residents who use a walking aid and for staff when moving hoisting equipment around the home, and for cleaning. There is an ongoing programme of redecoration and refurbishment in place to ensure the home maintains their high standards. The care manager has a daily walkthrough the home. Areas that require attention are then discussed with the maintenance person and/or the providers. The care manager undertakes a more formal 6-monthly audit with the maintenance person, which is documented. **Standard Met**
The home is free of trip hazards	√			
Facilities in the grounds are safe and accessible for varying abilities e.g. wheelchair	√			
Routine maintenance programmes with records kept	√			
Routine renewal of fabric and decoration with records kept	√			
The building is safe, homely and comfortable	√			
The furniture is suited to individual needs and is in good order	√			
Décor is satisfactory	√			
Lighting, internal and external is satisfactory	√			
There is relevant fire equipment throughout the home	√			
CCTV (entrances only)	√			
Cleanliness is satisfactory	√			
Odour control	√			
Flooring satisfactory	√			
General equipment is maintained with records	√			
Insurance certificates on display and in date	√			
Environmental audit undertaken	√			

Standard 20: Shared Facilities (communal areas) Outcome: Service users have access to safe and comfortable indoor and outdoor communal facilities	YES	NO	In part	COMMENTS
Recreational area is provided	√			Evidence – Walk through the home, discussion with individual residents. There are several communal areas for residents to enjoy, some with lots of activity or TV and other quieter lounges for people to read or listen to music etc. Residents particularly like 'Tree Tops' lounge as it is bright with good views and there is always activity going on. Smoking is permitted outside of the home in a designated area only. **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 – Walk through the home. All areas meet people's needs and are well lit, clean and are pleasantly decorated. **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 – Pre-inspection information provided, walk through the home. People are supported to maintain as much independence as possible. However, there is a good library of equipment to meet people's care needs. A call bell is available in all rooms. Some people wear a neck pendent call bell. This is especially useful if a person is independently mobile around the home. They will always have their call bell within reach, for example should the person have a fall. For people who are unable to use a call bell, if the person is a high risk of a fall, a pressure sensor mat is used which alerts staff when a person is attempting to mobilise. Staff can then attend promptly to provide the assistance required. This will not necessarily prevent a person from falling but helps to minimise this risk and ensures staff can attend swiftly when it activates. **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 30th 2002 at least the same size now • new build and extensions single rooms 12m² (16m² some nursing beds) • 22m² shared residential rooms • 24m² shared nursing rooms	√			Evidence – Discussion with care manager and individual residents, walk through the home. There are 5 double rooms in the care home. Four are currently taken up as single occupancy and 1 double room is vacant. Several residents consented to me having a look at their room. Rooms are various sizes and were nicely laid out. They were uncluttered and have clear access for mobilising or if people needed to evacuate in an emergency. **Standard Met**
Room layout suitable considering 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 is 900mm (if not own bed)	√			Evidence – Discussion with care manager and individual residents, walk through the home. All rooms are ensuite and are pleasantly decorated. People have brought in items from home to make their room homely and comfortable. Each room reflects the person's personality and interests through display of pictures, photographs and ornaments etc.
Bed height is 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	√			People spoken to are very happy with their room. One resident said although her room wasn't big, she struggled with her mobility and having a smaller room has helped her to maintain her independence that bit longer. Residents commented on the high standard of cleanliness throughout the care home, which they particularly appreciated. **Standard Met**
Table & bedside table available	√			
Accessibility satisfactory	√			
Safety within room	√			
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	√			Evidence – Walk through the home, pre-inspection information provided. There were no complaints of interruption of services e.g. lack of hot water or heating etc. There is a plan in place for the management and monitoring of Legionella with records kept. **Standard Met**
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	√			Evidence – Discussion with care manager, training records. All staff complete training for infection prevention and control and undertake regular updates. An infection control audit was last completed in February 2023 by the infection prevention and control nurse from within HSC. The home achieved a score of 99%, which is excellent. The care manager is currently in the process of organising with the IPAC nurse for this to be undertaken again this year. **Standard Met**
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 60̊c for not less than 10 mins	√			
Flooring impermeable/waterproof	√			
Disposal of clinical waste:				
Storage bin is in an appropriate area	√			
There is appropriate disposal of clinical waste	√			
Sluicing disinfector 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	**√**			Evidence – Discussion with care manager, individual staff and residents, duty rotas. Staff said the staffing level in the home is about right if all staff are on duty but provided a challenge when there is sickness, although management try to find cover where possible. Residents said the staffing level appeared to be adequate. They never have to wait for an unacceptable length of time for assistance when they need it, and they are not rushed when being attended to. **Standard Met**
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 always in safe hands**	**YES**	**NO**	**In part**	**COMMENTS**
Progress towards compliance for 50% of Carers to have the minimum of an NVQ/VQ/B-Tech award or other equivalent in health & Social Care at level 2 trained on each shift	**√**			Evidence – Discussion with care manager, training records, duty rota. There is always at least one RN on duty 24/7 who leads the care team. There is one in-house assessor in the team. Seven carers have an NVQ/VQ at either level 2 or 3 and 2 carers are currently undertaking the apprenticeship award. Ten carers have completed the Care Certificate. Recruitment and retention difficulties throughout the care

				sector remain, therefore it continues to be challenging to maintain staff with the achieved skill set. **Standard Met**

Standard 29: Recruitment **Outcome: Service users are supported and protected by the home's recruitment policy and practices**	**YES**	**NO**	**In part**	**COMMENTS**
Recruitment procedure includes the following:				Evidence – Discussion with care manager, DBS records. There is a robust recruitment procedure in place to support management to make safe decisions when recruiting new staff to protect people who may be vulnerable from abuse. A DBS check is required along with references, one reference must be from the person's most recent employer. During induction a new employee is provided with the home's policies to look through. **Standard Met**
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 in 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 – Discussion with care manager, training records, selection of induction records. Staff have a period of supervised induction, which is followed by an ongoing programme of training to support the person's role within the team. Both the RN and carer induction programmes have recently been reviewed and updated following feedback from both assessors and employees. RNs undertake additional training externally with colleagues from within HSC for subjects such as wound management, catheter care and end-of-life care etc. This enables them to maintain their knowledge and skills for best practice. RNs revalidate with their governing body, Nursing and Midwifery Council (NMC) every 3 years to remain on
• Aims & values of role	√			
• Residents' rights to - privacy, independence, dignity, choice and fulfilment	√			
Job role clearly explained pre-start	√			
Induction programme is commenced on first day of induction to post, training is assessed and completed by twelfth week of employment (signed off by new employee and their supervisor/Care Manager)	√			
Policies and training included on induction:				
• Fire & emergency	√			
• Moving & Handling	√			
• Health and Safety awareness	√			
• Basic first aid	√			
• Accident procedures	√			
• Confidentiality	√			
• Safeguarding	√			
• Cultural needs	√			
• Personal hygiene	√			
• Person-centred care	√			
• Use of equipment	√			
Further/ongoing training:				
• Care planning	√			
• Handling of medicines	√			

• Risk assessment & risk management	√			the register as professional practitioners. Staff are supported to undertake the VQ awards and B-Tech awards in care. The Care Certificate is also provided for staff who are new to working in health & social care. **Standard Met**
• 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 **Outcome: Staff are appropriately supervised**	**YES**	**NO**	**In part**	**COMMENTS**
Written induction programme in place	√			Evidence – Discussion with care manager and individual staff. Most supervisions are informal as RNs work alongside care staff. Formal supervision forms part of the VQ, B-Tech and Care Certificate and where needed if additional support is required and objectives are set. Staff spoken to said they felt well prepared for their role following their induction period and have access to a good programme of training and updates.
Training opportunities of both formal and informal training	√			
Supervision covers:				
• All aspects of practice	√			
• 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	√			

				Appraisals for all staff are completed annually. **Standard Met**

Standard 32: Day to Day Operations: The Manager **Outcome: Service users live in a home which is run and managed by a person who is fit to be in charge, is of good character and can discharge her responsibilities fully**	**YES**	**NO**	**In part**	**COMMENTS**
Registered Care Manager has a job description	**√**			Evidence – Discussion with care manager, training records. Care manager is a RN with a degree in district nursing. She continues to undertake various training sessions for leadership and management, and in relation to residents' medical conditions and care needed, to enable her to maintain high standards in the home. Care manager reports to the directors, who visit the home regularly. **Standard Met**
Minimum of 2 years' experience in a senior management capacity of a relevant setting within the previous 5 years	**√**			
Qualifications of Care Manager	**√**			
From 2007 Care Manager in residential home to work towards gaining an NVQ/VQ level 4/5 or other management qualification	**N/A**			
Nursing home RN with management qualification	**√**			
Periodic training/updating for registered manager (relevant to manager and client group needs)	**√**			
Knowledge of older people; disease process, ageing etc	**√**			
Line of accountability (Care Manager reports to)	**√**			

Standard 33: ETHOS **Outcome: Service users benefit from the ethos, leadership and management approach of the home**	**YES**	**NO**	**In part**	**COMMENTS**
Management approach creates an open, positive and inclusive atmosphere	**√**			Evidence – Discussion with residents and staff, minutes of staff and resident meetings. Residents gave very positive feedback regarding the culture of the home. They said the care
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	√			manager is always visible around the home whenever she is on duty and always stops to talk to them to see how they are. Staff said the care manager is approachable and fair, and they know what is expected of them in their role. Care manager said a weekly meeting is held with the heads of departments. Three-monthly meetings are held for RNs and carers which is followed by an all-staff meeting. Three-monthly meetings are also held with residents. Minutes are recorded for all meetings. **Standard Met**
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	√			Evidence – Discussion with care manager, selection of audits, discussion with residents and staff. Various audits both internally and externally are undertaken for quality assurance and for ongoing development of care and services. "We are listening" feedback forms are available in reception and the care manager has an 'open-door' policy.
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	√			
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)	**N/A**			A resident questionnaire was completed in February covering topics such as care, catering and activities etc. Care manager said the feedback was very positive. Issues raised were minor and have been actioned, which will be fed back to residents at their next meeting. The home also subscribes to an independent care home review site www.carehome.co.uk where people can see and write a review about the home. **Standard Met**
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. Directors and care manager manage the business planning for the home to include ongoing improvements to services and interruption of business e.g.in case of flood, fire, no heating or hot water etc. Employment and Social Security receive the home's accounts annually. **Standard Met**
Insurance in place to cover loss or damage to the assets of the business (is there a business continuity plan in place?)	**√**			
Legal liabilities for service users and staff – Is the insurance certificate on display and in date?	**√**			

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. Residents manage their own finances with support from their NOK/representative where needed. People are invoiced if needing to pay for anything, the home does not hold money for residents. **Standard Met**
Safeguards are in place if managed by home e.g. records kept for safe keeping of valuables and/or money, secure storage	**N/A**			

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 – Discussion with care manager, policies for data protection & confidentiality. Care records are held electronically and are password protected. This is to ensure that only staff who are authorised have access to people's care records. Records are detailed, up to date and are in good order. **Standard Met**
Records kept are up to date and in good order (resident information)	**√**			
Records secure	**√**			
Data protection and confidentiality compliance – policy in place	**√**			
Service users have access to their record	**√**			

Standard 38: Safe Working Practices in Place Outcome: The health, safety and welfare of service users and staff are promoted and protected	YES	NO	In part	COMMENTS
Safe moving and handling practices are in place	√			Evidence – Discussion with care manager, training records, accident/incidents recorded. Training records evidence the training staff have completed. Equipment is serviced and inspected as needed for regulation e.g. LOLER (moving and handling equipment). There is 1 Ergocoach in the home who provides staff with initial training and regular updates. A second Ergocoach is currently in the process of completed training. Risk assessments are in place for safe working practice and for monitoring a safe home environment - daily walk through and 6-monthly formal audit with maintenance person. Accidents/incidents are recorded, actioned appropriately and are reported to the inspection officer where required. Accidents/incidents are used as an opportunity for reflection within the team to minimise further risk. Equipment is in place where a person is a high falls risk, e.g. pressure sensor mat when in room or call bell neck pendent.
Fire safety training is provided	√			
Fire equipment is kept maintained for immediate use; including the fire alarm, which is tested each week, and this is logged	√			
First Aid training – staff understand first aid and there is a named first aider	√			
There is first aid equipment in the home that is always available when needed	√			
Food hygiene – Chefs and Cooks undertake food hygiene training at level 2 level, care staff at level 1	√			
Infection control – staff undertake training for infection control	√			
Safeguard training	√			
Housekeeping undertake training for the safe storage and disposal of hazardous substances (COSHH)	√			
Regular servicing of boilers & heating systems	√			
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:				
• Kitchen - new	√			
• Laundry	√			
• Outdoor steps and pathways	√			
• Staircases	√			
• Lifts - chair	√			
• 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)	√ √ √			There is restricted exit to the home to prevent a person leaving the home unsupervised if not safe to do so. One person has a wanderguard alarm in place as an additional measure for their safety. There are several fire marshals in the home. Fire drills are carried out and areas identified where action is required and has been actioned, are documented. Each person has a PEEP in place in the event of evacuation required in an emergency e.g. fire. A fire inspection was completed in March by Guernsey Fire Service and the feedback was very positive. **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

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 **24/04/25** and any factual inaccuracies:

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

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

Or

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

Signature:
Position:
Date:
Note:
In instances where there is a profound difference of view between the inspector and the registered person both views will be reported. Please attach any extra pages, as applicable.
April 2025