

Announced Inspection Report 2026

Blanchelande Park Nursing & Residential Home

Home Details:

Home Category: Nursing & Residential
Number of beds: 41 (20 nursing, 21 residential)
Registered Manager: Ros Rix/Vikki McIlroy
Registered Provider: BCH Holding Limited

Inspection Overview:

Inspection Date: 27/05/26

Inspector(s): Claire Taylor

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. 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.
- Where possible, feedback will have been given verbally to the senior person on duty at the time of the visit.

At the time of the inspection there was a period of management transition. The previous manager (Ros) was due to retire shortly after the inspection and a new manager (Vikki) had recently commenced duties but had not yet completed registration with Health & Social Care. Staff spoken with described the transition positively and expressed confidence in the incoming management arrangements.

The inspector spoke with the incoming manager, care staff, nursing staff, domestic staff, catering staff, maintenance personnel, residents and family members. Documentation, policies, care records, medication systems, training records and environmental arrangements were reviewed. Observations were also undertaken of the environment and interactions between staff and residents.

Blanchelande Park demonstrated many strengths. Residents consistently described the home as comfortable, welcoming and person-centred. Residents spoke positively about the quality of care received, the flexibility of daily routines and the opportunities available to maintain independence. Staff interactions observed throughout the inspection were respectful and caring. The home benefits from experienced staff, comprehensive admission procedures, effective healthcare support arrangements, varied activities and well-maintained accommodation.

A few areas requiring further development were identified. These included strengthening documentation regarding resident involvement in care planning, improving pressure ulcer documentation, strengthening certain medication practices, formalising staff supervision processes, ensuring health and safety governance arrangements

are fully evidenced, responding more effectively to feedback received through quality assurance systems and improving Legionella management arrangements. Whilst management demonstrated awareness of many of these areas, further work is required to ensure systems are consistently embedded and evidenced.

Overall, Blanchelande Park was found to provide a caring and responsive service with many positive outcomes for residents. Staff and management should be commended for maintaining a welcoming environment and promoting residents' independence, choice and wellbeing during a period of management transition.

Information & Admission (1-6)

Positive Practice Identified: Comprehensive information was available to prospective residents and relatives through the home's website, brochure, resident handbook and contractual documentation. Information regarding services, fees, accommodation, complaints procedures and inspection reports was readily available and accessible.

Robust admission and assessment processes were in place. Pre-admission assessments were undertaken prior to admission and considered residents' physical, cognitive, nutritional, emotional, social and cultural needs. Residents and families were encouraged to visit prior to admission and trial periods were available.

The home demonstrated a clear understanding of its admission criteria and arrangements were in place to involve healthcare professionals and family members in assessment processes when required.

Improvements and Recommendations:

- Review resident handbook information regarding smoking arrangements to ensure the information accurately reflects current practice and expectations. Whilst the handbook states that the home is a non-smoking establishment, residents were observed smoking in outdoor areas during the inspection.
- Develop a standalone written pet/animal policy to provide greater clarity for residents and visitors.

Service User Plan (7)

Positive Practice Identified: Care planning was undertaken electronically using Fusion and care plans were developed from comprehensive assessments. Appropriate risk assessments were observed covering mobility, falls prevention, nutrition, skin integrity, and personal safety.

Care plans were reviewed regularly and effective verbal and written handover systems supported continuity of care between shifts.

Improvements and Recommendations:

- Strengthen documentation demonstrating resident and/or family involvement in care planning and review processes.

Healthcare Needs (8)

Positive Practice Identified: Residents had access to a wide range of healthcare professionals including GPs, specialist nurses, dentists, opticians, mental health services, and continence services.

Nutritional monitoring arrangements were robust, residents were regularly weighed and healthcare interventions were appropriately documented. Falls prevention measures and exercise opportunities were available and residents were supported to remain as independent as possible in relation to their healthcare needs.

Improvements and Recommendations

- Ensure pressure ulcer management is supported by comprehensive care planning and documentation, including clear records of assessment, treatment interventions, ongoing review and outcome.

Medication (9)

Positive Practice Identified: Medication management arrangements were generally well organised. Appropriate policies and procedures were available covering all key aspects of medicines management. Medication storage, recording systems, controlled drug management and medication audits were operating effectively.

Residents received regular medication reviews and there was evidence of pharmacy support where required.

Improvements and Recommendations

- Ensure medications accompanying residents on outings are clearly labelled in accordance with safe medication practice.
- Provide medication competency training for senior carers who may act as second signatories for controlled drugs.

Privacy and Dignity (10)

Positive Practice Identified: Residents were treated with dignity, kindness and respect. Staff were observed knocking before entering bedrooms and residents confirmed their privacy was respected.

Residents were encouraged to personalise their bedrooms, maintain independence and make choices about daily routines. Private spaces were available for visits, healthcare appointments and confidential discussions.

No concerns were identified regarding staff interactions with residents

Death and Dying (11)

Positive Practice Identified: The home demonstrated a commitment to providing compassionate end-of-life care. Nursing staff had appropriate skills to support residents with palliative care needs and access was available to specialist services when required.

Residents' wishes, including resuscitation decisions, were documented and families were supported throughout the end-of-life process.

Improvements and Recommendations

- Consider strengthening end-of-life care training provision for staff, as this was identified by staff as a desired area for further development.

Activities & Wellbeing (12-13)

Positive Practice Identified: Residents were provided with opportunities to participate in a variety of social and recreational activities supported by dedicated activity coordinators. Activities reflected residents' interests and preferences and participation was recorded.

The home promoted family involvement, maintained flexible visiting arrangements and supported residents to maintain links with the wider community. Residents were encouraged to continue social relationships and community contacts.

Residents spoken with reported they enjoyed the activities available and felt able to exercise choice regarding participation.

Choice, Nutrition & Dysphagia (14-15)

Positive Practice Identified: Residents were supported to exercise choice and control over their daily lives. Bedrooms were personalised and residents could bring personal possessions into the home.

Meal provision was observed to be of a good standard. Residents were offered choice at mealtimes and nutritional needs were assessed and monitored. Kitchen staff demonstrated awareness of dietary requirements, allergies and IDDSI guidance. Appropriate arrangements were in place for residents requiring specialist diets and nutritional supplements.

The dining environment was welcoming, clean and comfortable

Complaints, Rights & Protection (16-18)

Positive Practice Identified: Complaints procedures were accessible and clearly displayed. Records were maintained and management demonstrated awareness of responsibilities regarding complaints handling and duty of candour.

Residents had access to advocacy and support services and policies relating to confidentiality, safeguarding and rights were in place.

Safeguarding procedures were well established and staff training records demonstrated good compliance in this area. Staff spoken with demonstrated understanding of safeguarding responsibilities and reporting pathways

Environment (19-26)

Positive Practice Identified: The home was clean, comfortable and homely throughout. Residents had access to a range of communal and private areas and accommodation was personalised and well maintained.

Appropriate equipment and adaptations were available to support residents' mobility and independence. The environment appeared safe and accessible, with suitable furnishings, lighting and infection prevention measures in place.

Domestic systems, cleaning schedules and infection prevention arrangements appeared effective.

Improvements and Recommendations

- Strengthen Legionella management systems, including risk assessments, temperature monitoring, flushing schedules, shower head cleaning schedules and maintenance records.
- Ensure a formal Legionella control programme is fully implemented and monitored.
- Further develop health and safety risk assessments relating to environmental and operational risks.

Governance, Staffing & Management (27-38)

Positive Practice Identified: Staffing levels appeared sufficient to meet residents' assessed needs and residents consistently spoke positively about staff availability and responsiveness.

Recruitment arrangements were generally robust and there was evidence of staff training, induction and ongoing professional development. Management demonstrated a commitment to quality improvement and a range of audits and monitoring systems were already in place.

Staff described management (both current and future) as approachable and supportive and appeared committed to providing good quality care.

Improvements and Recommendations

- Introduce and document a formal staff supervision programme.
- Implement return-to-work interviews following periods of staff absence.
- Ensure the new manager has an updated job description reflecting their role and responsibilities.
- Strengthen processes for reviewing, responding to and evidencing actions arising from feedback received through surveys and quality assurance activities. A relative reported concerns regarding the lack of call bell coverage within the garden area, which they had previously raised without receiving feedback.

Recommendations Summary:

Standard	Issue	Recommendation
1-6	Information & Admission	• Review resident handbook information regarding smoking arrangements to ensure the information accurately reflects current practice and expectations. Whilst the handbook states that the home is a non-smoking establishment, residents were observed smoking in outdoor areas during the inspection • Develop a standalone written pet/animal policy to provide greater clarity for residents and visitors.
7	Service User Plan	• Strengthen documentation demonstrating resident and/or family involvement in care planning and review processes.
8	Healthcare Needs	• Ensure pressure ulcer management is supported by comprehensive care planning and documentation, including clear records of assessment, treatment interventions, ongoing review and outcome.
9	Medication	• Ensure medications accompanying residents on outings are clearly labelled in accordance with safe medication practice. • Provide medication competency training for senior carers who may act as second signatories for controlled drugs.
11	End of Life	• Consider strengthening end-of-life care training provision for staff, as this was identified by staff as a desired area for further development.
19-26	Environment	• Strengthen Legionella management systems, including risk assessments, temperature monitoring, flushing schedules, shower head cleaning schedules and maintenance records.

		• Ensure a formal Legionella control programme is fully implemented and monitored. • Further develop health and safety risk assessments relating to environmental and operational risks.
27-38	Governance, Staffing & Management	• Introduce and document a formal staff supervision programme. • Implement return-to-work interviews following periods of staff absence. • Ensure the new manager has an updated job description reflecting their role and responsibilities. • Strengthen processes for reviewing, responding to and evidencing actions arising from feedback received through surveys and quality assurance activities. A relative reported concerns regarding the lack of call bell coverage within the garden area, which they had previously raised without receiving feedback.

Care Home Feedback, Actions & Comments

This page is to be completed and returned within one month of receipt of this report.

General comments / feedback/Improvement plan:

Signed: _____

Name: _____

Date: _____