



The Office of the  
Committee for  
Health & Social Care

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

**GARDENIA LODGE  
RESIDENTIAL HOME**

**INSPECTION REPORT**

**DATE: 8th April 2025**

**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: **Gardenia Lodge Residential Home**

Address: **Rue du Battee, Bordeaux, Vale, GY3 5NR**

Name of Registered Provider: **Gardenia Lodge Limited**

Name of Registered Manager: **Miss Emily Best (Acting Care Manager)**

<b>CATEGORY</b>	<b>NUMBER OF REGISTERED BEDS</b>
<b>Residential</b>	<b>25</b>

<b>Date of most recent inspection: 16/10/24 – Unannounced</b>
<b>Date of inspection upon which this report is based – 08/04/25</b>
<b>Category of inspection – Announced</b>
<b>Vanessa Penney - Registration and Inspection Officer Quality &amp; Patient Safety Team Health &amp; Social Care</b>

## **SUMMARY OF FINDINGS**

Gardenia Lodge Residential Home provides residential care for up to 25 people who require support with personal care. Some residents are living with a dementia related condition. On the day of inspection there were 25 people living in the home; 14 people have some cognitive impairment due to dementia and require a higher level of care and supervision.

The main house is not purpose-built but has been adapted to provide an environment that is suitable to care for people with limited mobility and cognition. The newer extension to the home is all on ground floor level. The home does not have a passenger lift but there are stair chair lifts that service all floors.

There is a secure garden to the front of the home for people to exercise or to sit out when the weather is fine. Entry to the garden for visitors is via a keypad entry/exit system with bell and intercom for staff to enable people in and out. There is parking available for staff and visitors.

Assessments of people's care needs are completed prior to a person moving into the home. This includes information provided by the person, next of kin (NOK) and healthcare professionals who are involved with the person's care.

Care is planned to ensure people receive personalised care that considers their needs and preferences. Care plans are reviewed regularly, and changes are made to ensure the person's current care needs are shown. This includes increased supervision, triggers to changes in behaviour that may upset a person with dementia and distraction techniques that can help with reassurance to reduce anxiety.

Appropriate referrals are made to the relevant healthcare professional as care needs change, to ensure the person continues to receive the right level of care and further risks are minimised. This is evident in people's care records.

The activity co-ordinator and staff support people to maintain relationships with family and friends and to develop friendships within the home, to prevent social isolation and to follow their interests. There is a variety of activities for people to join in with, including outings within the community and visits by external entertainers. People said there is always something to do but did not feel pressured to join in.

Medications are stored safely in line with current regulations and are administered to people by staff who have completed training and have been assessed as safe to do so. No medication is administered to a person without their knowledge (covertly). Where a person has capacity to self-administer, this is in place with a risk assessment, which is regularly reviewed and updated.

Recruitment checks have been completed to support management to make suitable decisions when employing new staff, to keep people safe from avoidable harm. This includes enhanced police checks (DBS) and references for care staff; one reference must be from the person's most recent employer.

All staff have a period of supervised induction when they commence employment, which is then followed on with a programme of training for their role within the team. Training includes the care certificate, safeguarding, dementia care, moving & handling, fire safety and basic life support etc.

The NVQ/VQ awards are also offered and are supported by management; however, with recruitment and retention difficulties continuing throughout the care sector, increasing and maintaining the number of carers with a VQ award remains a challenge.

There were enough staff to meet people's care needs and to keep them safe. Throughout the inspection people received adequate supervision by staff and were not rushed when being assisted. People's communication for support was reacted to promptly. Since the previous inspection care levels have been reviewed and increased for certain times of the day when needed. Over half of the current residents are living with dementia so the staffing level will need to be continually reviewed and increased further if this number continues to climb.

The acting care manager has an open-door policy where residents, staff and visitors can speak to her whenever she is on duty. Both residents and staff gave very positive feedback about the leadership of the home. They said the manager is approachable, fair and listens to them.

There is a range of quality assurance processes in place to include both internal and external auditing. People's views are sought through daily conversations as the acting care manager works around the home. There is also a regular resident's meeting to seek people's feedback and suggestions for service improvement. Acting care manager discussed some made, and how they have been actioned to maintain quality of care and services.

Accidents and incidents are recorded in people's care records and are monitored by the acting care manager for trends e.g. same person falling, same area of home etc. Appropriate action has been taken for those discussed e.g. increased staffing level, level of supervision required, additional equipment needed e.g. sensor mat. Accidents/incidents are used as an opportunity for staff further learning, to minimise the risk of a re-occurrence.

Residents spoke very favourable about the home and care team and like living at Gardenia Lodge. Several residents said they hoped they would always be able to remain living in this home, which is a positive reflection on the acting care manager and her team.

## GUERNSEY STANDARDS FOR CARE HOMES AUDIT

<b>Standard 1: Information</b>	YES	NO	In Part	COMMENTS
<b>Outcome – Prospective service users have the information they need to make an informed choice about where to live</b>				
Website (optional)	√			Evidence – Discussion with acting care manager, resident’s guide (recently reviewed and updated), website.
Marketing Brochure (optional)		√		
<b>There is a Statement of Purpose that sets out the:</b>				
Philosophy of care, aims and objectives	√			The residents’ guide and website provide good information to help a person with the decision-making process for choosing Gardenia Lodge as the home that will meet the person’s care needs. People are also advised to make an appointment to have a look around so they can ask any questions.
Terms and conditions of the home	√			
Updated at least annually or when changes to services and home occur	√			
<b>There is a Service Users Guide/Resident’s Handbook</b>				A copy of the home’s most recent inspection report is available alongside the visitor’s book in reception.
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	√			<b>Standard Met</b>
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	√			

<b>Standard 2: Contract</b> <b>Outcome – Each service user has a written contract/statement of terms and conditions with the home</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Contract provided on admission	√			Evidence – Discussion with acting care manager, resident’s contract.  All residents have a contract when they move into the home, which is reviewed and updated annually. The acting care manager discusses the contract with the appropriate person – resident and/or their NOK/representative. Once the contract is signed, both parties retain a copy of the signed agreement for their records.
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.	√			<b>Standard Met</b>

<b>Standard 3: Assessment</b> <b>Outcome - No service user moves into the home without having had his/her needs assessed and been assured that these will be met</b>	YES	NO	In part	COMMENTS
Pre-admission assessment prior to moving into the care home	√			Evidence – Discussion with acting care manager, selection of risk assessments and care plans.  Each person is assessed by the acting care manager using an assessment form on the care docs system prior to moving into the care home. This ensures the team will be able to meet the person’s care needs and the home has or can obtain any necessary equipment prior to the person moving in.  There is evidence in care records of the contribution of information from healthcare professionals who have also been involved in the person’s care e.g. GP, social worker, community nurses etc
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	√			<b>Standard Met</b>

<b>Standard 4: Meeting Needs</b> <b>Outcome - Service users and their representatives know that the home they enter will meet their needs</b>	YES	NO	In part	COMMENTS
Registered person can demonstrate the home’s capacity to meet people’s assessed needs	√			Evidence – Discussion with acting care manager, staff training records.  Gardenia Lodge has residential status. Although not a dementia specialist home, the team have completed training to enable them to provide care for people with
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).	✓			early-stage dementia. Referral is made to healthcare professionals within the external community team where further guidance is required e.g. mental health team, community nurses etc.  <b>Standard Met</b>
--	---	--	--	--

<b>Standard 5: Trial Visits</b> <b>Outcome – Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home</b>	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 acting care manager and individual residents.  People are encouraged to visit the home to have a look around. One resident said she had visited with her daughter, and another said his daughter had visited on his behalf as he was in hospital. Both residents said they had settled in well and are happy with their choice of home.  The home also offers day care – nobody is currently receiving this service.  Various packages are also offered as full or part day care, which is tailored to the person’s needs.  A trial period is included within the resident guide and contract.  An emergency admission is accepted if there is a vacancy at the time needed, and following assessment by the acting care manager to
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	✓			

				<p>ensure for suitability to meet the person's care needs.</p> <p><b>Standard Met</b></p>
--	--	--	--	---

<b>Standard 6: Intermediate Care</b> <b>Outcome: Service users assessed and referred for intermediate care are helped to maximise their independence and return home</b>	YES	NO	In part	COMMENTS
Dedicated accommodation available		✓		<p>Evidence – Discussion with acting care manager.</p> <p>There is no dedicated intermediate/ respite bed (this service is optional for care homes). However, respite is offered if the home has a vacancy at the time needed.</p> <p>Carers continue to support people to maintain or improve their current activities of daily living skills so they will be able to return home.</p> <p>Referral is made to external healthcare professionals as needed to support a person with their care e.g. community team.</p> <p>If the person is unable to return home at the end of the respite period, the person can remain at the home if there is a vacancy. However, this is subject to re-assessment for a long-term care certificate at residential or residential EMI level. Where this is not possible, a social worker will assist the person and their family to find alternative suitable accommodation.</p> <p><b>Standard Met</b></p>
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?			✓	

<b>Standard 7: Service User Plan</b> <b>Outcome: The service user's health and personal and social care needs are set out in an individual plan of care</b>	YES	NO	In part	COMMENTS
Care plan is in place and is based on assessment	√			<p>Evidence – Discussion with acting care manager, selection of risk assessments and care plans.</p> <p>An electronic recordkeeping system is used to develop person-centred risk assessments and care plans, which are reviewed and updated regularly.</p> <p>There is evidence in the care plan of resident and NOK involvement.</p> <p>Risk assessments and care plans are in place for mobility and the risk of falls, skin integrity, nutrition and for managing changes in behaviour due to dementia to provide guidance for staff. Feedback is then given to the acting care manager if a concern or change in level of care is required.</p> <p>There is evidence of involvement of others in care reviews e.g. resident, NOK and external healthcare professionals.</p> <p><b>Standard Met</b></p>
Risk assessments in place for:				
<ul style="list-style-type: none"> <li>Moving &amp; handling, mobility &amp; risk of falls</li> </ul>	√			
<ul style="list-style-type: none"> <li>Nutrition</li> </ul>	√			
<ul style="list-style-type: none"> <li>Skin condition &amp; Pressure sore prevention</li> </ul>	√			
<ul style="list-style-type: none"> <li>Other dementia</li> </ul>	√			
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	√			

<b>Standard 8: Health Care Needs</b> <b>Outcome: Service user's health care needs are fully met</b>	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 acting care manager, individual residents

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			√	and 1 relative, selection of risk assessments and care plans.
Care staff maintain the personal and oral care of each person and wherever possible support the person's independence	√			People are supported to maintain their independence where possible.
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 who are living with dementia require a higher level of support and supervision with their activities of daily living and managing their healthcare needs.
People are free of pressure injuries	√			Residents spoken to like living at Gardenia Lodge. They like that the home is very clean, staff are polite and helpful, and they feel safe. This was also reflected in the conversation with a relative.
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	√			Referrals are made as needed when a higher level of care is required.
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	√			However, the acting care manager said people are not always assessed within an acceptable timescale, which causes a delay in appropriate care for the resident and provides significant challenges for the care staff. This has been discussed with the social work manager by the provider.
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	√			<b>Standard Met</b>
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	✓			
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	✓			

<b>Standard 9: Medication</b> <b>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</b>	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 acting care manager, observation of clinical room and medication storage etc.
NMC guidance and BNF (within 6-month date) available	✓			Medication system of storage and administration etc is in line with current regulations.
There is a self-medication assessment completed for each resident if person wanting to continue with this process and this is reviewed regularly	✓			Each person has a Medication Administration Record (MAR), which shows when medication is administered, refused or discontinued etc.
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	✓			One person currently self-medicates with throat sprays. The person has capacity and is monitored regularly. This medication is prn (as needed).
Records for:				Nobody is receiving medication covertly, however, there is a policy in
• Meds received	✓			
• Meds administered	✓			
• Meds leaving the home	✓			
• Meds disposed of	✓			
• Medication Administration Record (MAR) in place	✓			

• Photo of service user (consent)	✓			<p>place for the correct authorisations should this be needed.</p> <p>MARS are audited by the acting care manager on the changeover of the monthly cycle.</p> <p>Carers who administer medication have completed training prior to undertaking this duty and there is a signature list of these staff. Carers also undertake regular online training via the home's online training provider.</p> <p>A pharmacy audit was completed by the deputy chief pharmacist from within HSC in October 2023. Areas for further development were actioned promptly (new medication fridge purchased).</p> <p><b>Standard Met</b></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	N/A			
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	✓			
Competency assessment in place for Carers (residential home) for the administration of medication and this is reviewed at least annually, which is recorded	✓			
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	✓			

<b>Standard 10: Privacy and Dignity</b> <b>Outcome: Service users feel they are treated with respect and their right to privacy is upheld</b>	YES	NO	In part	COMMENTS
Privacy and dignity are provided when assisting a resident with washing, bathing, dressing etc	√			<p>Evidence – Discussion with individual residents, and resident and staff interactions during the day.</p> <p>Good interactions were observed throughout the day between residents and staff and staff were patient and polite.</p> <p>Distraction techniques were used successfully when a person became agitated or anxious e.g. staff took time to sit and talk or walk with a resident or made them a cup of tea etc.</p> <p>People who were spoken to said staff are polite and respectful, which was also reflected in a conversation with a relative.</p> <p><b>Standard Met</b></p>
Bedrooms are shared only by the choice of service users e.g. married couples, siblings	N/A			
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	√			

<b>Standard 11: Death and Dying</b> <b>Outcome: Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect</b>	YES	NO	In part	COMMENTS
Resident given comfort and attention in privacy	√			Evidence – Discussion with acting 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	√			<p>There are policies and procedures in place for staff to follow for end-of-life care (EOLC).</p> <p>Staff complete training through the home's online training programme, which is overseen by the acting care manager.</p> <p>As the home is residential, a referral is made to the community nurses, who along with the palliative care nurses, provide support and guidance.</p> <p>Family can visit and stay with their relative for as long as they want, and regular refreshments and support are offered.</p> <p><b>Standard Met</b></p>
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	√			

<b>Standard 12: Social Contact and Activities</b> <b>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</b>	YES	NO	In part	COMMENTS
Social interests and hobbies are recorded	√			<p>Evidence – Activity programme, discussion with individual residents.</p> <p>There is an activity co-ordinator in the team who works to tailor activities to people's interests.</p> <p>Activity co-ordinator works Mon, Tues, Thurs &amp; Fri from 10am until 4pm and on a Wed an additional carer is rostered on duty for activity</p>
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	✓			<p>provision (10-4). Occasionally on a Sunday, the activity person works for a couple of hours to take people out.</p> <p>Faith services take place in the home each week for those who choose to attend.</p> <p>One-to-one activities are provided for a person where this is more beneficial e.g. dementia.</p> <p>Residents spoken to said there is a good variety of things for them to take part in if they choose and they enjoy the animated atmosphere of the home. Nobody felt pressured to join in if they did not want to.</p> <p>Residents have the freedom to go out with family and friends if they can and there is good access to the secure garden to sit out when the weather is fine or for people to take exercise.</p> <p><b>Standard Met</b></p>
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	✓			

<b>Standard 13: Community Contact</b> <b>Outcome: Service users maintain contact with family/friends/representatives and the local community as they wish</b>	YES	NO	In part	COMMENTS
There is a written visiting policy, which is flexible	✓			Evidence - Discussion with acting care manager and individual residents.
Is there a visitors' book in place	✓			
Privacy when receiving visitors	✓			
Choice of whom visits respected and documented as necessary	✓			Residents are supported to maintain contact with their social networks within the community. Several people go to groups such as Jubilee Day Centre, The Russels and Age Concern. Outings also take place
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	√			with the home's activity co-ordinator and family and friends.  <b>Standard Met</b>
---	---	--	--	--

<b>Standard 14: Autonomy and Choice</b> <b>Outcome: Service users are helped to exercise choice and control over their lives</b>	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 acting care manager and individual residents.  Several residents were happy to discuss how they spend their day, which suggests there are few restrictions to enable them to do what they want to each day.  People with dementia were able to walk around the home and secure garden freely (discreet supervision).  Some residents can manage their own money and affairs. Where this is not possible, a NOK/representative does this for them. Some people have LPA or guardianship authorisation in place.  <b>Standard Met</b>
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	√			

<b>Standard 15: Meals and Mealtimes</b> <b>Outcome: Service users receive a wholesome, appealing, balanced diet in pleasing surroundings at times convenient to them</b>	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 – Care plans, menus provided pre-inspection, discussion with acting care manager and individual residents, observation of the lunchtime meal.

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	√			<p>Each person has a nutritional assessment on admission, which is reviewed and updated regularly.</p> <p>A person's dietary requirements, likes and dislikes are recorded in a person's care plan for all staff to follow.</p> <p>No resident currently requires a modified diet; however, the acting care manager is aware of the IDDSI framework for modified diets and thickened fluids for a person with swallowing difficulties who is at risk of choking.</p> <p>People are weighed regularly as part of the monitoring process to identify any issues e.g. significant weight loss or weight gain. Where a concern is identified, a referral is made to the relevant healthcare professional for further guidance e.g. person's GP, dietician, diabetic nurse specialist etc.</p> <p>Food and fluid charts are introduced when there is an identified need to monitor a person's intake more closely.</p> <p>The dining room provides a bright social area at mealtime and the meals served were nicely presented.</p> <p>Residents said they enjoy their meals, they have choices for each meal with their likes, dislikes and preferences taken into consideration. One resident who has a specific dietary need explained</p>
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	N/A			
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	√			
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 is satisfactory	√			

Temperature satisfactory	✓			<p>how the home catered for her needs and was very satisfied.</p> <p>An environmental health officer completed a food hygiene inspection in April 2025 and the home retained their 5-star rating, which is excellent.</p> <p><b>Standard Met</b></p>
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	✓			

<b>Standard 16: Complaints</b> <b>Outcome: Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon</b>	YES	NO	In part	COMMENTS
There is a complaints procedure which is clear and simple, stating how complaints can be made	✓			<p>Evidence – Complaints policy, discussion with acting care manager and individual residents.</p> <p>The complaints policy is included in the resident’s guide. No formal complaint has been received. Acting care manager said most issues are generally minor and can be resolved at the time.</p> <p>Residents spoken to said they know who they need to speak to, to raise any issues, and feel comfortable to do so. Nobody had any concerns to raise on this visit.</p> <p><b>Standard Met</b></p>
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	✓			
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	✓			

<b>Standard 17: Rights</b> <b>Outcome: Service users' legal rights are protected. Service users know that information about them is handled appropriately and that their confidences are kept</b>	YES	NO	In part	COMMENTS
The home facilitates access to available advocacy services	√			<p>Evidence – Discussion with care manager and individual residents.</p> <p>Residents have confidence that information held about them is kept confidential and is only shared with people who need to know who are involved with their care.</p> <p>Confidentiality and data protection policies are included in a new employee's induction.</p> <p><b>Standard Met</b></p>
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	√			

<b>Standard 18: Protection</b> <b>Outcome: Service users are protected from abuse</b>	YES	NO	In part	COMMENTS
<b>Polices &amp; procedures are in place for Safeguarding Vulnerable Adults against:</b>				<p>Evidence – Discussion with acting care manager, staff and residents.</p> <p>Staff complete training for safeguarding through the home's online training programme.</p> <p>Staff understand safeguarding; what to look out for and who to report concerns to.</p> <p>Residents spoken to had no issues to raise. There were no reports of rough handling or using disrespectful language when staff are supporting people with personal care and staff were observed to always speak to</p>
• 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	✓			people in a polite and friendly manner.
Staff undertake regular training for safeguarding	✓			Acting care manager also understands when a safeguard referral needs to be made to the safeguard team and has raised an alert when concerned, previously.  The home's robust recruitment process also minimises the risk of avoidable harm to residents.  <b>Standard Met</b>

<b>Standard 19: Premises</b> <b>Outcome: Service users live in a safe, well-maintained environment</b>	YES	NO	In part	COMMENTS
Facilities within the home are safely accessible	✓			Evidence – Walk through the home.  The main house is not purpose-built but has been adapted to provide a safe environment to support care. The newer extension to the home is all on the ground floor and is purpose-built.  There are two small car parks for staff and visitors. Fencing, hedging, and locked gates at either end of the garden are in place to help make the garden secure so that residents can exercise and sit out within a safe environment in fine weather.  The home does not currently have a passenger lift; all floors are serviced by stair chair lifts. Staff provide supervision when residents are using this equipment.
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	✓			
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)	N/A			
Cleanliness is satisfactory	✓			
Odour control	✓			
Flooring satisfactory	✓			
General equipment is maintained with records	✓			
Insurance certificates on display and in date	✓			

Environmental audit undertaken	√			<p>The acting care manager undertakes a general walk through the home daily, with a more formal audit of the home and grounds every 6 months, so that necessary repair work/replacement of equipment etc can be organised as needed.</p> <p><b>Standard Met</b></p>
--------------------------------	---	--	--	---

<b>Standard 20: Shared Facilities (communal areas)</b> <b>Outcome: Service users have access to safe and comfortable indoor and outdoor communal facilities</b>	YES	NO	In part	COMMENTS
Recreational area is provided	√			<p>Evidence – Walk through the home.</p> <p>The communal areas of the home are bright, homely and are pleasantly decorated and furnished.</p> <p>Several residents like to sit in the entrance to the home and in the reception area so they can talk to people coming and going from the home. Comfortable armchairs are in these areas so people can do this.</p> <p>Smoking is outdoors only - no resident currently smokes.</p> <p><b>Standard Met</b></p>
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	√			

<b>Standard 21: Lavatories and Washing Facilities</b> <b>Outcome: Service users have sufficient and suitable lavatories and washing facilities</b>	YES	NO	In part	COMMENTS
The toilets near to the lounge and dining areas are clearly marked	√			<p>Evidence – Walk through the home.</p> <p>Toilets and washing facilities are clean and hygienic.</p>
There is clear access	√			
Doors can be locked	√			

Lighting is suitable	√			Where a room is not ensuite there is a wash hand basin in the room, with a toilet within proximity to the person's room.  <b>Standard Met</b>
There is adequate ventilation	√			
Temperature is suitable	√			
Staff hand washing provision - e.g. soap and paper towel dispenser and foot operated 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	√			

<b>Standard 22: Adaptations and Equipment Outcome: Service users have the specialist equipment they require to maximise their independence</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Ramps where necessary	√			Evidence – Discussion with acting care manager, walk through the home.
Handrails/grab rails where appropriate	√			
Passenger lift	N/A			
Stair chair lift	√			Residents in the home are mobile and have their individual walking aids if needed e.g. walking frame or walking stick.
Aids, hoists etc. for individual needs	√			
Assisted toilets & baths to meet needs	√			A stair chair lift services all floors (new chair lift recently installed).
Doorways (800mm wheelchair user – new builds)	√			
Signs and communication systems to meet needs (as and where necessary)	√			Residents are supervised by a member of staff when using the stair chair lift. This equipment is serviced and inspected as per regulations.
Storage for aids, hoists & equipment	√			
Call bell in every room	√			There are wider doorways in the more recent extension to the home.
If bed rails are used is there a risk assessment in place and evidence of a regular review	√			
				The home has a Wanderguard in place that can be activated when needed.

				<p>Sensor mats in place where needed for people who are a high falls risk (risk assessed to ensure mat will not create a trip hazard).</p> <p>Where a bedrail is beneficial, a risk assessment is completed prior to use, which is regularly reviewed, and bedrail bumpers are in place to minimise the risk of limb entrapment.</p> <p><b>Standard Met</b></p>
--	--	--	--	---

<b>Standard 23: Individual Accommodation: Space Requirements</b> <b>Outcome: Service users own rooms suit their needs</b>	YES	NO	In part	COMMENTS
Adequate size for user's needs and any equipment used: sizes pre-June 30 <sup>th</sup> 2002 at least the same size now <ul style="list-style-type: none"> <li>new build and extensions single rooms 12m<sup>2</sup> (16m<sup>2</sup> some nursing beds)</li> <li>22m<sup>2</sup> shared residential rooms</li> <li>24m<sup>2</sup> shared nursing rooms</li> </ul>	√			<p>Evidence – Walk through the home.</p> <p>All rooms are single occupancy and are laid out to make best use of the room and person's choice e.g. view, mobility needs, etc.</p> <p>Fire exits are situated on each floor and have clear access. There is a break glass box to retrieve the door key adjacent to the door within view.</p> <p><b>Standard Met</b></p>
Room layout suitable considering fire safety and limitations due to mobility	√			
Shared rooms by choice e.g. married couple or siblings	N/A			
Choice to move from shared room when single vacant (may be subject to finances)	N/A			

<b>Standard 24: Individual Accommodation: Furniture and Fittings</b> <b>Outcome: Service users live in safe, comfortable bedrooms with their possessions around them</b>	YES	NO	In part	COMMENTS
Bed width is 900mm (if not own bed)	√			<p>Evidence – Walk through the home, discussion with acting care manager and individual residents.</p>
Bed height is suitable (residential)	√			
Adjustable height (nursing)	√			

Bed linen, towel and flannels are changed frequently	√			<p>Rooms are clean, comfortable and homely. Residents have personalised their room with possessions from home to provide them with an environment of comfort and familiarity.</p> <p>All bar 2 beds are height adjustable profile beds with built in bedrails should they be required following a risk assessment. All profile beds are fitted with a pressure mattress.</p> <p>When a room becomes available on the ground floor, the acting care manager reviews residents care needs who occupy the upstairs rooms. If there are concerns regarding a person's mobility and risk of falls or a person has become more confused or anxious, discussion is had with the person and/or their NOK to transfer to the ground floor room before a new admission is accepted (this may be subject to an increase in the room rate – individuals to discuss with acting care manager).</p> <p><b>Standard Met</b></p>
Furniture is in satisfactory a condition	√			
Adequate number of chairs in room	√			
Décor is satisfactory	√			
Flooring-carpet/hard flooring is in good condition	√			
Lockable drawer or safe available	√			
Door able to be locked and resident has key if wanted	√			
Adequate drawers & hanging space	√			
Table & bedside table available	√			
Accessibility satisfactory	√			
Safety within room	√			
Privacy (screening if appropriate.)	N/A			
Telephone point	√			
Television point	√			
Overhead and bedside lighting	√			
Accessible sockets	√			
Evidence of personalisation	√			
Wash hand basin if no en-suite	√			
Mirror	√			
Call bell	√			
Soap & paper towel dispenser and foot operated rubbish bin in room or en-suite	√			
Odour control	√			
Cleanliness is satisfactory	√			

<b>Standard 25: Heating, Lighting Water and Outcome: People live in safe, comfortable surroundings</b>	YES	NO	In part	COMMENTS
There is natural ventilation	√			Evidence – Documentation provided pre-inspection, discussion with acting care manager, walk-through the home.
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 are no reports of interruption of services.
There is Emergency lighting throughout the home	√			
Water temperature is set at a maximum of 43° C and this is checked regularly	√			Policies, procedures and records are in place for prevention and control of Legionella. Housekeeping and maintenance staff also assist in prevention monitoring, which is overseen by the provider.  <b>Standard Met</b>
<b>Control of Legionella - maintenance &amp; regular monitoring</b>				
Water storage of at least 60° C, distributed at a minimum of 50° C	√			
Weekly run off for 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	√			

<b>Standard 26: Hygiene and Control of Infection</b> <b>Outcome: The home is clean, pleasant and hygienic</b>	YES	NO	In part	COMMENTS
The housekeeper/s have cleaning schedules in place	√			Evidence – Walk through the home, discussion with acting care manager, policy for infection prevention and control.
Odour control	√			
Laundry is located away from the food area	√			
There is segregation of clean and 'dirty' laundry	√			The home does not have a sluice. However, measures have been put in place to address the absence of this facility to ensure infection prevention and control is maintained.
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	√			All staff complete training for infection prevention and control online and have regular refresher training throughout their employment at the home.  There is an adequate supply of PPE for staff usage available throughout the home.
Flooring impermeable/waterproof	√			
<b>Disposal of clinical waste:</b>				
Storage bin is in an appropriate area	√			
There is appropriate disposal of clinical waste	√			
Sluicing disinfectant available (Nursing)	N/A			
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	√			<p>Policies and procedures are in place for managing an outbreak of infection e.g. Covid, Norovirus.</p> <p>An infection prevention and control nurse from within HSC completed an audit in the home last month. A score of 98% was achieved, which shows high standards of cleanliness.</p> <p><b>Standard Met</b></p>
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)	√			

<b>Standard 27: Staffing</b> <b>Outcome: The numbers and skill mix of staff meet service user's needs</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Care staff minimum age 18, in charge of the care home minimum 21yrs	√			<p>Evidence – Staff duty rota, resident's dependency scores, discussion with acting care manager and staff, individual residents and 1 relative.</p> <p>People spoken to provided information that suggests the staffing level for the dependency of the current residents is about right. However, over half of the residents in the home are living with dementia so the staffing level may need to be increased should this number rise further.</p> <p>People spoken to said there is always a member of staff around should they need them. A carer was always in the lounge when the inspection officer walked through, and carers were observed to check on people regularly who choose to remain in their room.</p> <p>Residents said they are not rushed when being assisted with care and</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	√			

			<p>their call bell is answered promptly when they ring for assistance.</p> <p>People who have dementia have the freedom to walk around and were not continually told to go and sit down, which was reassuring.</p> <p><b>Standard Met</b></p>
--	--	--	---

<b>Standard 28: Qualifications</b> <b>Outcome: Service users are always in safe hands</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
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 acting care manager, training records.</p> <p>Acting Care Manager has an NVQ level 5 in leadership and management and a level 3 for medication administration.</p> <p>Three carers have an NVQ/VQ at level 3 and another 2 carers are currently undertaking this award.</p> <p>Carers who administer medication have completed training at NVQ/VQ level 3 for medication administration prior to undertaking this task, which is monitored by the acting care manager to ensure carers maintain their knowledge and skills.</p> <p>Management continues to support the NVQ/VQ programme. However, due to ongoing difficulties with the recruitment and retention of staff, this remains difficult to achieve and maintain.</p> <p>The Care Certificate is also in place for people who are new to care.</p>

				<b>Standard Met</b>
--	--	--	--	---------------------

<b>Standard 29: Recruitment</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
<b>Outcome: Service users are supported and protected by the home's recruitment policy and practices</b>				
<b>Recruitment procedure includes the following:</b>				Evidence – DBS police checks, discussion with the acting care manager.
Equal opportunities policy in place	√			There is a robust recruitment process in place. This supports the management to make safer decisions to protect residents in their care by minimising the risk of abuse.
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			<b>Standard Met</b>
<b>The following policies must be included in the employee's terms and conditions or included in the staff handbook</b>				
• Health & Safety policy	√			
• Dealing with fire & emergencies	√			
• Confidentiality policy	√			
• Whistle blowing policy	√			
• Non-receipt of gifts & non-involvement in any resident's financial affairs; witnessing wills or other documentation	√			

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

<b>Standard 30: Staff Training</b> <b>Outcome: Staff are trained and competent to do their jobs</b>	YES	NO	In part	COMMENTS
Core values pre-employment:				Evidence – Staff training records, discussion with acting care manager and individual staff.
<ul style="list-style-type: none"> <li>Aims &amp; values of role</li> </ul>	√			
<ul style="list-style-type: none"> <li>Residents’ rights to - privacy, independence, dignity, choice and fulfilment</li> </ul>	√			Staff are provided with a copy of their job description and a contract of employment when they commence their role in the care home.
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)	√			An induction programme is in place. There is a period of supervised induction where a person works with a more senior member of staff. This is flexible and is dependent on the person’s prior knowledge and experience. The completed induction programme is signed off by the new employee, their supervisor and the acting care manager.
<b>Policies and training included on induction:</b>				
<ul style="list-style-type: none"> <li>Fire &amp; emergency</li> </ul>	√			
<ul style="list-style-type: none"> <li>Moving &amp; Handling</li> </ul>	√			
<ul style="list-style-type: none"> <li>Health and Safety awareness</li> </ul>	√			
<ul style="list-style-type: none"> <li>Basic first aid</li> </ul>	√			
<ul style="list-style-type: none"> <li>Accident procedures</li> </ul>	√			
<ul style="list-style-type: none"> <li>Confidentiality</li> </ul>	√			
<ul style="list-style-type: none"> <li>Safeguarding</li> </ul>	√			
<ul style="list-style-type: none"> <li>Cultural needs</li> </ul>	√			
<ul style="list-style-type: none"> <li>Personal hygiene</li> </ul>	√			
<ul style="list-style-type: none"> <li>Person-centred care</li> </ul>	√			
<ul style="list-style-type: none"> <li>Use of equipment</li> </ul>	√			
<b>Further/ongoing training:</b>				Most training is completed online with practical training for moving and handling, basic life support, dementia care and end of life care. This is ongoing with refresher sessions as recommended by the training provider/online site.
<ul style="list-style-type: none"> <li>Care planning</li> </ul>	√			
<ul style="list-style-type: none"> <li>Handling of medicines</li> </ul>	√			
<ul style="list-style-type: none"> <li>Risk assessment &amp; risk management</li> </ul>	√			
<ul style="list-style-type: none"> <li>Security measures</li> </ul>	√			
<ul style="list-style-type: none"> <li>Escort duties &amp; mobile phone usage while working</li> </ul>	√			

• Hygiene, food handling and presentation	√			<p>Carers who administer medication have completed training prior to undertaking this task. Ongoing monitoring of competency is provided by the acting care manager who oversees by undertaking direct observations and competency assessments with individuals.</p> <p>All staff have completed training for dementia care – training for new staff is initially online, and they will attend the next in-house session when organised.</p> <p><b>Standard Met</b></p>
• 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	√			

<b>Standard 31: Staff Supervision</b>	YES	NO	In part	COMMENTS
<b>Outcome: Staff are appropriately supervised</b>				
Written induction programme in place	√			Evidence – Induction programme, training records, discussion with acting care manager.
Training opportunities of both formal and informal training	√			
Supervision covers:				<p>Induction programme is signed off by a new employee, their supervisor and the acting care manager. Following the 3-month induction the acting care manager undertakes a review with the employee and additional objectives are set and the probation period extended if needed.</p>
• All aspects of practice	√			
• Philosophy of care	√			
• Career/personal development - appraisal system in place	√			
Other staff supervised as needed as part of management process	√			Formal supervision takes place with carers undertaking the VQ awards and quarterly with other staff – records kept.
Supervision, support and training for volunteers	N/A			
Return to work interview to assess additional support/supervision required	√			<p>There is an appraisal system in place, which is ongoing for staff</p>
Are records kept for supervision sessions	√			

				development and the acting care manager keeps records.  <b>Standard Met</b>
--	--	--	--	---

<b>Standard 32: Day to Day Operations: The Manager</b> <b>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</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Registered Care Manager has a job description	√			<p>Evidence – Discussion with acting care manager.</p> <p>Acting care manager has an NVQ level 5 award for leadership and management in health &amp; social care. She has also completed the NVQ standalone unit for medication administration at level 3.</p> <p>She has completed training for dementia care, sundowning and data protection; as well as online and face to face training relevant to her role so she can support and oversee her team.</p> <p>Acting care manager reports to the provider and has regular meetings to discuss the operation of the home, staffing and ongoing improvements.</p> <p>As acting care manager, she has made continued improvements in the home, which have benefited both residents and staff.</p> <p><b>Standard Met</b></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	N/A			
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)	√			

<b>Standard 33: ETHOS</b> <b>Outcome: Service users benefit from the ethos, leadership and management approach of the home</b>	YES	NO	In part	COMMENTS
Management approach creates an open, positive and inclusive atmosphere	√			Evidence – Discussion with acting care manager, individual staff and residents.  Acting care manager has an open-door policy where people can speak to her without having to make an appointment, unless they choose to.
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	√			Residents said the acting care manager is friendly, will listen to them and take appropriate action.  Staff spoken to said the care manager is approachable, will listen to their views and suggestions and action accordingly.  As well as informal staff discussions following handovers, the acting care manager holds regular staff meetings; most recent meeting held at the end of January (quarterly). There is also a staff Whatsapp group for private work communications.  <b>Standard Met</b>

<b>Standard 34: Quality Assurance</b> <b>Outcome: Service users can be sure that the home is responsive to their wishes, and is run in their best interests</b>	YES	NO	In part	COMMENTS
Regular reviews and planning to meet the needs of the service users	√			Evidence – Discussion with acting care manager, staff and residents, completed audits.
Does Care Manager monitor own performance	√			

Commitment demonstrated to meets service user needs through the implementation of their care plan and meeting their goals	√			<p>Residents said they like living at Gardenia Lodge. Reasons given are they feel safe and well cared for, the home is clean and comfortable, and the staff are all very nice. There is always plenty of activities for them to join in and they can go out with family whenever they want to.</p> <p>There are more specific one to one activity for people with dementia as this is more beneficial for some and prevents them from becoming socially isolated and reduces anxiety.</p> <p>The acting care manager has is an open-door policy when relatives are visiting, or they can contact her by telephone or email.</p> <p>The acting care manager undertook a resident's survey recently and the feedback was very positive. The next resident's meeting is due to take place this week. Relatives are invited also but, on most occasions, just residents turn up.</p> <p>Several audits are completed both internally and by external healthcare services. This enables the care home to continue to develop their service to provide good standards within the care home.</p> <p><b>Standard Met</b></p>
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)	√			
Auditing to improve care, services, environment	√			

<b>Standard 35: Financial Procedures</b> <b>Outcome: Service users are safeguarded by the accounting and financial procedures of the home</b>	YES	NO	In part	COMMENTS
Financial viability, business and financial statements - ability to trade	√			Evidence – Discussion with acting care manager.
Insurance in place to cover loss or damage to the assets of the business (is there a business continuity plan in place?)	√			Employment & Social Security (ESS) receive the home's accounts annually.
Legal liabilities for service users and staff – Is the insurance certificate on display and in date?	√			<p>Provider and acting care manager manage the business continuity planning for interruption of business e.g. fire, flood, loss of services such as heating &amp; hot water.</p> <p>Liability certificate is in date and is on display in the entrance of the care home.</p> <p><b>Standard Met</b></p>

<b>Standard 36: Service Users Money</b> <b>Outcome: Service user's financial interests are safeguarded</b>	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 acting care manager and individual residents.
Safeguards are in place if managed by home e.g. records kept for safe keeping of valuables and/or money, secure storage	√			<p>Residents manage their own money if they can. Where a person is unable to do this, their NOK/representative do this for/ with them.</p> <p>Where a person has nobody to do this for them, a referral is made to a social worker for support.</p> <p>All residents have a safe in their room in which to hold their money</p>

				and valuables. The home does not manage or hold any money for individuals.  <b>Standard Met</b>
--	--	--	--	---

<b>Standard 37: Record Keeping</b> <b>Outcome: Service user's rights and best interests are safeguarded by the home's record keeping policies and procedures</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Admission & Discharge Register in place	√			Evidence – Discussion with acting care manager, care plans.
Records kept are up to date and in good order (resident information)	√			A record is kept of all admissions & discharges.
Records secure	√			
Data protection and confidentiality compliance – policy in place	√			Care plan information is held electronically and is password protected in line with data protection and confidentiality.
Service users have access to their record	√			Staff use small electronic devices to upload elements of care onto each person's main care record, which is overseen by the acting care manager.  Residents can ask to see their care record at any time by speaking to the acting care manager. Residents said they, or their NOK, are kept updated with changes to their care as they happen.  <b>Standard Met</b>

<b>Standard 38: Safe Working Practices in Place Outcome: The health, safety and welfare of service users and staff are promoted and protected</b>	<b>YES</b>	<b>NO</b>	<b>In part</b>	<b>COMMENTS</b>
Safe moving and handling practices are in place	√			<p>Evidence – Information provided pre-inspection, training records and discussion with acting care manager and staff.</p> <p>There is a supervised induction in place for new employees.</p> <p>Training is mainly completed online with practical sessions by external trainers where needed e.g. basic life support, fire marshal etc.</p> <p>There is 1 Ergo coach in the team, with 1 new member of staff also an Ergocoach but requires an update.</p> <p>There is also a ‘Train the Trainer’ within the company.</p> <p>Pre-inspection information provided - log of dates of servicing and inspection of equipment by contracted companies (reports available).</p> <p>The home is kept clean, comfortable and well-maintained throughout.</p> <p>There is a locked gate policy in place in the garden to prevent people from wandering away from the home unsupervised or unknown to staff. Residents can go out independently if safe and able to do so; otherwise, residents are able to go out with family, friends or with staff.</p>
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	√			
<b>Maintenance of safe environment &amp; equipment:</b>				
• 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	√			

<p>Compliance with legislation;</p> <ul style="list-style-type: none"> <li>• The Health &amp; Safety at Work (General) (Guernsey) Ordinance 1987</li> <li>• The Safety of Employees (Miscellaneous Provisions) Ordinance 1952</li> <li>• Health &amp; Safety in Care Homes (HSG220)</li> </ul>	<p>✓</p> <p>✓</p> <p>✓</p>			<p>The main entrance door is locked between 7pm and 6.45 am (call bell and intercom for access by staff).</p>
<p>Written statement for Health and Safety is displayed in the home</p>	<p>✓</p>			<p>Risk assessments are in place to minimise the risk of falls and equipment is available where needed e.g. floor sensor mats to alert staff, which are included in the person's care plan.</p>
<p>Risk assessments are undertaken as necessary and are recorded for safe working practices in the home</p>	<p>✓</p>			<p>Accidents and incidents are recorded in a person's care record, which are discussed with the care team as an opportunity for further learning and problem solving to minimise the risk of a re-occurrence.</p>
<p>Accidents, injuries and incidents of illness are documented and are reported to the relevant person (HSE RIDDOR) as appropriate</p>	<p>✓</p>			<p>The acting care manager monitors accidents/incidents in the home for trends e.g. same person falls, requiring increased supervision etc.</p>
<p>Training is provided during induction for safe working practices and is on-going</p>	<p>✓</p>			<p><b>Standard Met</b></p>

**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.	27 - Staffing	There were no concerns identified on this occasion. However, should the number of residents increase who have dementia, the staffing level may need to be increased further for increased supervision and to minimise the risk of falls and incidents between residents.	ongoing	Provider & acting care manager	Review at next inspection (unannounced).	
2.	30 - Training	Training records – please can you include the date alongside the social care tv training so that it can be checked that training is in date.	asap	Acting care manager	Review at next inspection (unannounced).	
3.						
4.						
5.						

<b>HOME MANAGER/PROVIDERS RESPONSE</b>
--

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 **08/04/25** 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**