

Announced Inspection Report 2026

Gardenia Lodge Residential Home

Home Details:

Home Category: Residential & Residential EMI

Number of beds: 25

Registered Manager: Tracey Hamon (absent, on long-term sick at the time of inspection, working notice period)

Incoming Manager: Nicolette Laurence (first day in post at time of inspection, registration pending approval)

Person Responsible During Inspection: Emily Best

Registered Provider: Gardenia Lodge Limited

Inspection Overview:

Inspection Date: 1st July 2026

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.

Discussions were held with management, care staff, domestic staff, catering staff, maintenance staff and residents.

At the time of the inspection, Gardenia was experiencing a period of management transition. The registered manager was absent due to long-term sickness and her employment was due to conclude. The inspection was therefore undertaken with Emily Best acting as the responsible person and newly appointed manager Nicolette Laurence, who was undertaking her first day in post.

Despite recent management challenges, the inspection found Gardenia to be a warm, welcoming and homely environment providing person-centred care to residents, some of whom are living with dementia. Residents appeared comfortable and settled within the home and positive interactions between staff and residents were observed throughout the inspection.

The home utilises an electronic care planning system (CareDocs), with comprehensive assessments, healthcare monitoring and risk management arrangements in place. Residents have access to healthcare professionals including GPs, mental health services, dietitians, SALT, community nursing teams and other specialist services as required. Activities provision was evident, with dedicated activity coordinators supporting meaningful engagement and opportunities for social interaction.

The inspection identified several areas of positive practice including person-centred care planning, healthcare monitoring, medication management, and resident choice. Areas requiring further attention relate primarily to governance, staff supervision, training compliance, quality assurance processes and some aspects of environmental risk management.

Overall, Gardenia was found to provide a good standard of care within a supportive and caring environment. The service demonstrated resilience during a period of managerial change and staff appeared committed to meeting residents' needs and maintaining their wellbeing.

Information & Admission (1-6)

Positive Practice Identified: The home provided comprehensive information regarding the service through its resident handbook, website and admission documentation. Information available to prospective residents included accommodation details, fees, complaints procedures, policies, available services and contact details for HSC.

Pre-admission assessments were completed prior to admission and considered residents' physical health, cognitive needs, mental wellbeing, mobility, nutrition, communication abilities, social needs and family circumstances. Assessments were completed using the CareDocs system and involved relevant healthcare professionals and family members where appropriate.

Residents and their representatives were encouraged to visit the home prior to admission and opportunities for trial stays were available. Management demonstrated a clear understanding of admission processes and contractual arrangements.

Improvements and Recommendations

- Consider incorporating the home's alcohol policy within the resident handbook to ensure all relevant information is available within a single document.

Care Planning & Access (7)

Positive Practice Identified: Care plans were maintained electronically and were detailed, comprehensive and person-centred. Assessments informed care planning and residents' individual preferences, routines, strengths and support needs were clearly documented.

A wide range of risk assessments were in place covering nutrition, skin integrity, falls, mobility and behaviours of concern. Staff demonstrated good knowledge of residents and were able to explain how care plans guided day-to-day support.

Handover processes were structured and included both verbal and written communication to promote continuity of care.

Improvements and Recommendations

- Care plans should be reviewed at least every 2-3 months in accordance with the standards. Although evidence demonstrated reviews were occurring at least six-monthly and sooner when required, review frequencies should more consistently align with The Guernsey Care Home Standards.

Healthcare Needs (8)

Positive Practice Identified: Residents had access to a broad range of healthcare services including GP services, specialist mental health support, dietitians, speech and language therapists, community nursing teams and continence specialists.

Healthcare monitoring systems were well established and included weight monitoring, nutritional assessments, falls assessments, pressure injury prevention, continence assessments and night-time wellbeing checks. The home demonstrated a proactive approach to preventative healthcare and evidence was seen of referrals being made promptly when healthcare needs changed.

No pressure injuries were present at the time of inspection, although appropriate preventative and monitoring measures were in place for residents identified as at risk.

Medication (9)

Positive Practice Identified: Medication systems were generally safe and well organised. Medication rounds were observed and staff demonstrated safe administration practices.

The home had arrangements for:

- Storage, handling and administration of medicines
- Medication reviews by GPs
- Self-medication assessments
- Controlled drugs management
- Medication competency assessments
- Medication audits

The medication fridge was monitored appropriately and competency assessments for staff administering medicines were in place.

Improvements and Recommendations:

- Controlled drug stock monitoring should be completed consistently in accordance with the home's procedures.
- Medication audits should continue to be monitored to ensure completion and oversight following previous gaps identified by management.

Dignity & Respect (10)

Positive Practice Identified: Residents were treated with dignity and respect throughout the inspection. Staff were observed knocking before entering bedrooms and interactions between staff and residents were warm, respectful and supportive.

Residents were supported to maintain their independence and staff demonstrated good understanding of individual communication needs and preferences.

Privacy was generally facilitated through residents' private bedrooms, office facilities and quieter communal spaces.

End of Life Care (11)

Positive Practice Identified: Appropriate systems were in place to support residents approaching end of life. Staff demonstrated understanding of residents' wishes and preferences and there was evidence that advance care decisions and resuscitation status were documented.

Management provided examples of how residents and families had been supported during previous end-of-life situations. Staff had received end-of-life training from specialist palliative care nurses last year.

Activities & Wellbeing (12-13)

Positive Practice Identified: Residents had access to structured activities coordinated by two activity coordinators. Activities included exercise sessions, arts and crafts, household activities, outings, music activities, social events, one-to-one engagement and community interaction.

Activity participation was documented and staff demonstrated an understanding of the importance of meaningful engagement and maintaining social connections.

Improvements and Recommendations:

- Two residents spoken with expressed a wish to access more community outings. Consider reviewing opportunities for additional outings and community-based activities where resources permit.

Choice, Nutrition & Dysphagia (14-15)

Positive Practice Identified: Residents were supported to exercise choice in relation to mealtimes, activities and daily routines.

The kitchen was well organised and staffed by an engaged catering team who demonstrated good understanding of residents' dietary needs. A range of therapeutic diets were catered for including diabetic, dairy-free and gluten-free diets.

Staff and catering personnel demonstrated awareness of IDDSI guidance and appropriate referrals were made to speech and language therapists where necessary.

Mealtimes were observed to be pleasant, unhurried and supportive. Residents confirmed they were offered choices and had access to snacks and drinks throughout the day. The dining environment was clean, homely and comfortable and received a five-star food hygiene rating.

Complaints, Rights & Protection (16-18)

Positive Practice Identified: The home had systems in place to manage complaints appropriately. Information regarding complaints procedures was readily available and included contact details for HSC.

Safeguarding policies and procedures were available and staff demonstrated awareness of safeguarding responsibilities and reporting arrangements. Previous safeguarding concerns had been appropriately escalated and managed.

Advocacy information was available and management demonstrated knowledge regarding residents' legal rights, consent and financial protection arrangements.

Improvements and Recommendations

- Ensure all staff complete safeguarding training within required timeframes to maintain full compliance.

Environment (19-26)

Positive Practice Identified: Gardenia was found to be clean, comfortable and homely. Residents' bedrooms were personalised and communal areas were welcoming and mostly dementia-friendly.

The home provided good accessibility, suitable communal facilities, safe outdoor area, good infection prevention measures and satisfactory housekeeping standards.

Maintenance, cleaning and environmental audits were being completed regularly and no significant concerns were identified regarding cleanliness, odour control or general presentation.

Improvements and Recommendations

- Implement a documented Legionella monitoring programme and obtain appropriate specialist support or contract arrangements.
- Formalise water temperature monitoring and risk assessments relating to water safety.
- Ensure showerhead cleaning schedules are documented.
- Continue progression of infection control improvements relating to laundry workflows. The current arrangements provide some separation of clean and dirty laundry; however, opportunities remain to further strengthen the workflow. It is acknowledged that this issue has been identified previously by the Infection Prevention and Control Team and has been incorporated into the proposed building extension and redesign plans. Management should continue to progress these developments and ensure interim control measures remain effective until the new arrangements are implemented.
- Ensure environmental risk assessments are readily accessible and maintained.
- Review the need for radiator protection and/or supporting risk assessments where protection is not present.

Staffing & Management (27-38)

Positive Practice Identified: Staffing levels appeared sufficient to meet residents' assessed needs, this was confirmed by both residents and staff. Staff noted that if dependencies increase then management will increase staffing levels proportionately. Staff reported feeling supported by Emily Best during the recent management changes and spoke positively about the home.

Training systems were established and staff had access to a broad range of learning opportunities including dementia care, medication management, safeguarding, infection control, moving and handling and end-of-life care.

Recruitment procedures were robust and included appropriate DBS checks, references and employment verification processes.

Quality assurance systems included a range of audits and management demonstrated openness and awareness of areas requiring improvement.

Improvements and Recommendations

- Increase supervision frequency to ensure compliance with standards requiring regular staff supervision.
- Implement regular return-to-work interviews following staff absences.
- Improve compliance with mandatory training where gaps were identified.
- Staff meetings are requested to be held more regularly to strengthen communication and staff engagement. Staff spoken to during the inspection reported they would welcome additional opportunities to meet, share feedback and discuss developments within the home.
- Continue progress towards achieving the recommended proportion of care staff holding Level 2 qualifications or equivalent.
- Following approval of their registration, the new manager should work towards completing an appropriate management qualification and recognised dementia qualification to further support their role in leading a specialist dementia care service.

Additional Standards for Care Homes Specialising in Dementia:

Standards 1-7

Positive Practice Identified: The dementia audit identified strong person-centred practices throughout the home.

Residents were supported by staff who demonstrated a good understanding of:

- Individual life histories
- Preferences and routines
- Cognitive needs
- Behavioural support requirements
- Communication approaches

Life story work was embedded within care planning and evidence demonstrated active involvement of families in supporting personalised care.

Residents had access to meaningful activities and opportunities to undertake everyday household tasks. Staff were observed promoting independence and supporting positive risk-taking.

The environment incorporated dementia-friendly features including signage, visual orientation cues and access to quieter areas. Residents had access to outdoor space and opportunities for fresh air, exercise and community engagement. The garden environment included a nice environment with accessible pathways.

Staff had access to dementia-specific training through a variety of learning methods and demonstrated a good understanding of dementia care principles.

Improvements and Recommendations:

- Consider introducing resident meetings alongside existing family engagement arrangements to further strengthen resident participation in the running of the service.

Recommendations Summary:

Standard	Issue	Recommendation
1-6	Information & Admission	Consider incorporating the home's alcohol policy within the resident handbook to ensure all relevant information is available within a single document.
7	Care Planning & Access	Care plans should be reviewed at least every 2-3 months in accordance with the standards. Although evidence demonstrated reviews were occurring at least six-monthly and sooner when required, review frequencies should more consistently align with The Guernsey Care Home Standards.
9	Medication	- Controlled drug stock monitoring should be completed consistently in accordance with the home's procedures. - Medication audits should continue to be monitored to ensure completion and oversight following previous gaps identified by management.
12-13	Activities & Wellbeing	Two residents spoken with expressed a wish to access more community outings. Consider reviewing opportunities for additional outings and community-based activities where resources permit.
16-18	Complaints, Rights & Protection	Ensure all staff complete safeguarding training within required timeframes to maintain full compliance.
19-26	Environment	- Implement a documented Legionella monitoring programme and obtain appropriate specialist support or contract arrangements. - Formalise water temperature monitoring and risk assessments relating to water safety. - Ensure showerhead cleaning schedules are documented. - Continue progression of infection control improvements relating to laundry workflows. The current arrangements provide some separation of clean and dirty laundry; however, opportunities remain to further strengthen the workflow. It is acknowledged that this issue has been identified previously by the Infection Prevention and Control Team and has been incorporated into the proposed building extension and redesign plans. Management should continue to progress these developments and ensure interim control measures remain effective until the new arrangements are implemented. - Ensure environmental risk assessments are readily accessible and maintained. - Review the need for radiator protection and/or supporting risk assessments where protection is not present.

27-38	Staffing & Management	• Increase supervision frequency to ensure compliance with standards requiring regular staff supervision. • Implement regular return-to-work interviews following staff absences. • Improve compliance with mandatory training where gaps were identified. • Staff meetings are requested to be held more regularly to strengthen communication and staff engagement. Staff spoken to during the inspection reported they would welcome additional opportunities to meet, share feedback and discuss developments within the home. • Continue progress towards achieving the recommended proportion of care staff holding Level 2 qualifications or equivalent. • Following approval of their registration, the new manager should work towards completing an appropriate management qualification and recognised dementia qualification to further support their role in leading a specialist dementia care service.
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Additional Dementia Standards Recommendations Summary:

Dementia Standard	Issue	Recommendation
1-8	Family Engagement	• Consider introducing resident meetings alongside existing family engagement arrangements to further strengthen resident participation in the running of the service.

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: _____

