The Office *of the*
Committee *for*
Health & Social Care

REGISTRATION AND INSPECTION
OF
PRIVATE NURSING AND RESIDENTIAL HOMES

HIGHFIELD HOUSE CARE HOME

(NURSING, RESIDENTIAL AND DEMENTIA CARE)

INSPECTION REPORT

DATE: 28th October 2025

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

INTRODUCTION

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

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

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

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

Name of Establishment: **Highfield House Care Home**

Address: **Rue A L'Or, St Peter Port, GY1 1QG**

Name of Registered Provider: **Guernsey Residential Home Limited**

Name of Registered Manager: **Mr Guy Mitchell (RGN)**

CATEGORY	NUMBER OF REGISTERED BEDS
Nursing **Residential**	**24** **16**

Date of most recent inspection: 28/08/24 – Announced
Date of inspection upon which this report is based – 28/10/25
Category of inspection – Unannounced
Vanessa Penney - Registration and Inspection Officer **(Quality & Patient Safety Team)** **Health & Social Care**

SUMMARY OF FINDINGS

Highfield House Care Home is a dual registered home providing care for 24 people who have nursing care needs and 16 people who have residential care needs. Many people are living with the effects of dementia, which Highfield specialises in. On the day of inspection there were 39 people living in the home.

The home is divided into 2 wings. The nursing wing is purpose-built. The residential wing, which is not purpose-built, has been adapted to provide a safe and homely environment. The recent refurbishment has been tastefully done and makes the communal spaces brighter and feel larger. All residents' rooms are ensuite, with 2 rooms being shared rooms. The wings have their own communal areas of lounges and dining areas: however, residents are free to walk around or to sit in either side of the home.

The garden where residents like to sit and exercise when the weather allows is in the centre between the 2 wings of the home. There is a level pathway, which enables people to move around safely either independently or using a walking aid or wheelchair. The pathway is on a loop so people will always be able to find their way back into the home. There are no dead ends, which can be frustrating and cause anxiety for people with dementia.

The home is clean and hygienic. People's rooms have been personalised with articles and photographs that are important to them, with support from their family.

There is restricted entry and exit to the home. All visitors are assisted in and out by a member of staff to minimise the risk of a resident leaving the building unobserved, if not safe to do so. Also, staff know who is entering the home, to ensure safety of the residents.

People are assessed and supported to maintain as much independence as they can manage, and staff aim to support them in the least restrictive way and in their best interests.

Care plans are person-centred and provide guidance for staff to follow, which includes people's preferences and any chosen routine. Care plans are reviewed and updated regularly, and a person's Next of Kin (NOK) is kept updated of their relative's health & well-being.

Both relatives and residents spoke very positively of the team at Highfield and interactions throughout the day between residents and staff show staff treat residents with kindness and respect.

People are supported to eat and drink enough to maintain a balanced diet and adequate hydration. Where a concern is identified, a referral is made to the relevant healthcare professional for further guidance.

People are supported to develop and maintain relationships to avoid social isolation. Two activity providers along with the carers support people to join in with activities that are of interest or relevant to them. It was noted that there was no pressure for people to undertake an activity and they can come and go as they like.

There is a safe system in place for the management of medication and medication is stored in line with current regulations. In the nursing wing medication is administered by the registered nurses (RNs). In the residential wing medication is administered by the team leader or carers who have completed additional training and have received a competency check.

The staffing level is safe, and people have their care needs reviewed regularly to ensure staffing levels are appropriate. Call bells that were heard ringing were answered promptly and people were not rushed when receiving support.

The appointment of the team leader in the residential wing of the home appears to have eased the pressure on the team. Staff are feeling the benefit of additional supervision and organisation in that area.

Systems and processes are in place to minimise the risk of avoidable harm to people who may be vulnerable. Staff complete training to identify potential abuse and know how to report their concerns.

There is a complaints policy, which is discussed on admission with the person and/or their NOK. Most complaints are minor that can be addressed at the time. Where a concern cannot be resolved by the management of the home, an external contact can be made to the Registration & Inspection Officer from within Health & Social Care (HSC).

A new employee has a period of supervised induction to prepare them for their role within the team. A programme of ongoing training and supervision is provided throughout the person's employment at the home.

Staff, residents and relatives describe the care manager as approachable and supportive. Staff are clear about their role and feel they work well as a team.

Lessons learned because of an accident/incident are shared with staff to minimise the risk of further occurrences. Care manager monitors accidents/incidents for trends so that appropriate equipment, observations, or referrals to allied healthcare professionals can be made for additional support if needed.

Governance systems are in place to manage quality assurance and include feedback from completed audits and stakeholders.

Unannounced Audit

CARE PLAN	YES	NO	In part	COMMENTS
Care plan is in place and is based on assessment	√			Evidence – Discussion with deputy care manager, RN on duty, team leader (residential wing), selection of risk assessments and care plans, observation of partial handover on nursing wing. Risk assessments have been completed and information transferred into the care plans, which provide guidance for staff to support people with their care. Care plans are held electronically and are password protected for data protection and confidentiality. Some people are living with the effects of dementia and care plans evidence triggers and distraction techniques for staff to use to minimise anxiety and to keep people safe. Care plans have been updated regularly and there is evidence to show care is regularly discussed with NOK, which was also observed on the day of inspection – in person and via telephone calls. Partial nurse handover was observed, which was informative to enable the RN to continue people's care for the afternoon shift. **Standard Met.**
Risk assessments in place for:				
• Moving & handling, mobility & risk of falls	√			
• Nutrition	√			
• Skin condition & Pressure sore prevention	√			
• Other - dementia	√			
Minimum of 3-monthly review of care plan, or as needs change if before review date	√			
Evidence of user/relative involvement	√			
Restrictions on choice & freedom are agreed and documented (Mental Health, Dementia)	√			
Format of care plan is acceptable	√			
Handover discussions: verbal, written on changeover of each shift	√			
All entries on documentation are legible, dated and signed.	√			

HEALTHCARE NEEDS	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 team leader (residential wing), selection of care plans and daily records, discussion with individual staff, residents and 2 relatives. The position of team leader on the residential side of the home is a new position created to enable the RN to concentrate on the nursing wing of the home. The care manager who is a RN has his office in the residential wing and is available to support the team leader as needed. The RNs on the nursing wing also provide support as needed. Discussion with the team leader and observation of her communicating with resident, staff and relatives, provided evidence that she knows her resident's care needs well. Residents said they feel well cared for and safe living at Highfield. People who were unable to communicate this information appeared well cared for and content. Charts were observed to be in place where needed e.g. daily hygiene, repositioning and for monitoring triggers to changes in behaviour. Care plans evidence that a referral is made to the relevant healthcare professional when needed for guidance and support e.g. Older Adult Mental Health (OAMH) team, GP etc.
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	√			
Care staff maintain the personal and oral care of each person and wherever possible support the person's independence	√			
People are assessed by a person who is trained to do so, to identify those people who have developed, or are risk of developing a pressure injury. Appropriate intervention and outcome are recorded in the plan of care	√			
People are free of pressure injuries	√			
There are preventative strategies for health care: link nurses, equipment etc	√			
Repositioning charts in place where needed	√			
The registered person ensures that professional advice about the promotion of continence is sought and acted upon, and the necessary aids and equipment are provided	√			
A person's psychological health is monitored regularly, and preventative and restorative care is sought as deemed necessary	√			
Opportunities are given for appropriate exercise and physical activity; appropriate interventions are carried out for individuals identified as at risk of falling	√			
Results from appointments, treatments, and problems and from health care professionals are recorded in care plan and are acted upon	√			
Regular night checks are in place	√			
Service users, relatives and/or advocates can discuss service users' wishes about 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				There are 2 activity providers in the team to support people with their interests and to avoid social isolation. Staff are aware that some residents have a low concentration level and therefore need to be able to dip in and out of activities as they choose, which was observed during the day and explained by a carer who was spoken to. **Standard Met.**
Residents are referred for reassessment at appropriate time if this becomes necessary e.g. residential to nursing care needs or EMI	√			
The registered person ensures that peoples' entitlements to Health & Social Care services are upheld by providing information about entitlements and ensuring access to advice.	√			

MEDICATION MANAGEMENT	**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 deputy care manager, team leader (residential wing), selection of medication administration records (MARs). Medication is stored, administered, and disposed of in line with current regulations. The RNs administer medication to the residents in the nursing wing and the team leader and carers trained to administer medication do so in the residential wing. This new arrangement has eased pressure on the RN on duty on each shift, reducing the risk of error when working under pressure. This appears to be working well. Advised to follow on with an annual competency assessment with carers to ensure they maintain their knowledge and skills and do not become complacent.
Keys for access to medication to be kept with the person in charge of the shift	√			
NMC guidance and BNF (within 6-month date) available or accessible online	√			
There is a self-medication assessment completed for each resident if person wanting to continue with this process and this is reviewed regularly	N/A			
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	N/A			
Records for:				
• Meds received	√			
• Meds administered – check for overuse of pain control meds and sedatives	√			
• Meds leaving the home	√			
• Meds disposed	√			
• Medication Administration Record (MAR) in place	√			
Photo of service user (consent)	√			

If medication is required to be administered covertly, this is in the care plan, consent from GP and from resident's next of kin	√			MARs selected are clear and have been completed correctly. Where medication has been completed or is no longer required this is clear. For residents who require covert medication, the RNs are aware that authorisations are required from the GP with input from NOK. Most recent medication inspection was last completed in December 2023 by the deputy chief pharmacist from within HSC. The report commended the RNs in being proactive, conducting their own antipsychotic audit to ensure that no one is over medicated or receiving unnecessary medication. No further audit has taken place since. However, this is out of the care manager's control. An informal audit of the medication process and MARs is completed monthly on the changeover of each cycle. A more formal process would evidence the standard of medication management and identify areas where further training and improvements are needed. **Standard Met.**
Controlled drugs (CDs) are stored in line with current regulations	√			
Register in place to monitor CD usage and stocks – regular checks documented.	√			
Signature list of all staff who administer medication	√			
The 2 people administering and witnessing the administration of a CD attend the person and see process until complete	√			
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	√			
Medication including CDs are returned to pharmacy as soon as no longer in use	√			
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	√			
People receive their medication at correct prescribed times	√			
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.	√			

PEOPLE ARE TREATED WITH RESPECT	YES	NO	In part	COMMENTS
Privacy and dignity are provided when assisting a resident with washing, bathing, dressing etc	√			Evidence – Discussion with individual residents and 2 relatives, observation of staff and resident interactions during the day. Residents said staff are "nice" and "good". Two relatives said the staff go above and beyond to ensure both their relative and visiting family's needs are accommodated. Staff were observed to support people with their independence and provided the level of assistance for others that was needed. People were observed to be spoken to respectfully and politely. Staff explained what they were wanting the person to do before assisting and encouraging them, for their consent - verbally or by willing co-operation. **Standard Met.**
Bedrooms are shared only by the choice of service users e.g. couples, siblings	√			
Screens are available in shared rooms	√			
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	√			
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	√			
Flexibility of daily routine e.g. getting up, going to bed, outings, taking part in activity events, open visiting etc	√			
Information regarding residents is treated confidentially and in line with data protection.	√			

NUTRITION & HYDRATION	YES	NO	In part	COMMENTS
People have a nutritional assessment on admission using MUST or equivalent	√			Evidence – Discussion with team leader (residential wing), care plans, discussion with individual residents.
Concerns from a MUST assessment referred to dietician or thereafter during ongoing monitoring	√			

People's nutrition is monitored monthly and is documented – weight recorded	√			Each person has a nutritional assessment completed on admission and this is regularly monitored thereafter. If a concern is identified referral is made to the appropriate healthcare professional e.g. GP, dietician, diabetic nurse etc. Modified diets are catered for, and the management, care staff and the RNs are aware of the International Dysphagia Diet Standardisation Initiative (IDDS)I framework for the preparation of modified food and fluids for a person with swallowing difficulties. RNs provide training for each individual person with their dietary needs as they occur. One person has a Percutaneous Endoscopic Gastrostomy (PEG) tube for enteral feeding and staff who administer fluids and medication have completed training. Residents said they enjoy their meals and have plenty to eat and drink throughout the day. This was also the impression of the inspection officer who observed residents eating their lunchtime meal and drinks and snacks served throughout the day. The lunchtime meal looked appetising and was nicely presented. Staff assisted people who were unable to manage their meal independently in a relaxed manner. A food hygiene inspection was last completed in June 2025 where the home was awarded a 5-star rating, which is excellent. Work has recently been completed in the kitchen to provide new flooring and to replace some of the appliances etc. During
Food & Fluid chart in place where necessary	√			
Care plan should include the following: • Food allergies and intolerances • Special dietary requirement due to cultural, religious or ethical choices • Special dietary requirements due to health conditions such as diabetes, kidney failure, heart failure etc • Awareness of IDDSI for modified diets • Relevant support at mealtime such as special cutlery or plates, feeding assistance, seating arrangements • Likes and dislikes	 √ √ √ √ √ √ √			
If reduced oral intake, are first line measures in place to promote oral intake e.g. nourishing drinks, extra snacks etc before requesting supplements – dietician will advise if contacted	√			
Prescribed enteral nutrition and dietary supplements should be given at the specified times e.g. Fortisip	√			
Supplements prescribed need to be signed for or correct code documented on MAR if not needed / refused etc	√			
Supplements to be reviewed regularly by GP, dietician	√			
PEG care to be carried out to avoid infection and buried bumper syndrome. Training to be kept up to date	√			
People are offered choices at mealtimes	√			
The food is nutritious	√			
Fresh fruit and vegetables are served/offered regularly	√			
Hot and cold drinks and snacks are always available and are offered regularly	√			
A snack available in the evening/night – e.g. may be necessary for diabetic	√			
Food covers are used to transport food to rooms	√			
Eating areas are suitable, clean, and pleasant.	√			

				this period the inspection officer was informed of the process for food safety. **Standard Met.**

COMPLAINTS	**YES**	**NO**	**In part**	**COMMENTS**
There is a complaints procedure which is clear and simple, stating how complaints can be made	√			Evidence – Discussion with deputy care manager, 2 relatives and individual residents. Deputy care manager confirmed there is a policy in place for making a complaint. The complaint policy is also explained to people during the admission process. The care manager has an open-door policy. He is happy to discuss concerns a person has or to make suggestions to support the care team with their relative's care before it develops into a complaint. Care manager is aware that a formal complaint is reportable to the inspection officer. Residents said they are happy living at Highfield, no concerns were raised at this time. **Standard Met.**
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.	√			

PROTECTION	**YES**	**NO**	**In part**	**COMMENTS**
Polices & procedures are in place for Safeguarding Vulnerable Adults against:				Evidence – Discussion with individual staff and residents.
• Physical abuse	√			
• Sexual abuse	√			

• Inappropriate restraint	√			Care manager is the home's safeguard lead and is a dementia awareness trainer. Staff confirmed they have completed safeguard training through the home's online training provider and have a good understanding of how to keep people safe, awareness of potential harm and how to report concerns. Staff have access to the safeguard policy if needed and know where this can be located. Residents said staff are kind and helpful. There were no reports or observations on the day, of rough handling when being assisted with care or staff using disrespectful language. **Standard Met.**
• 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 undertake regular training for safeguarding.	√			

PREMISES	**YES**	**NO**	**In part**	**COMMENTS**
Safe – no trip hazards	√			Evidence – Walkthrough the home and garden, discussion with residential wing team leader and individual residents. Over the previous 12 months, Highfield House has been redecorated and refurnished throughout and looks beautiful – bright, comfortable and homely. The communal areas are spacious and uncluttered, and the furniture is suitable to meet people's individual needs.
Restricted entry/exit to the home is appropriate	√			
Environment clean and comfortable – resident's rooms & communal areas	√			
Appropriate furnishings and furniture	√			
Adequate bathing and toilet facilities.	√			

				Corridors on each level are decorated in a different colour with easy identification of bathrooms and toilets by a picture on the door to assist location and to maximise independence where possible. There are photos along the corridors to create points of interest and memories as people walk around the home. Entry and exit to the home require a member of staff to assist people in and out of the home. This is to prevent a resident leaving the home unobserved, who is not safe to do. Also to know who is coming into the home for the safety of the residents. **Standard Met.**

INFECTION CONTROL	**YES**	**NO**	**In part**	**COMMENTS**
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	√			Evidence – Discussion with team leader (residential wing) and individual carers, walkthrough the home. The home was clean and hygienic throughout. All visitors are required to wash their hands at the sink on entering the home to minimise the risk of infection in the home. Staff complete training for infection prevention and control (IPAC) during their induction. This is followed by updates through the home's online training provider, which the care manager oversees. The home's most recent IPAC audit was undertaken by the IPAC nurse
Staff undertake regular training for infection control	√			
Infection control audit undertaken by the Infection Control Nurse from within HSC			√	
Infection Control Nurse and Inspection Officer from within HSC to be informed when outbreak of infection (2 cases)	√			
Preparedness plan in place in the case of a pandemic (recent Covid-19 outbreak)	√			
Adequate stocks of PPE available and staff know correct way to put on and take off to minimis risk of spreading infection.	√			

				from within HSC in 2022. This should be completed every 2 years (care manager to contact IPAC nurse to organise a date for this year). **Some action required.**

STAFFING	**YES**	**NO**	**In part**	**COMMENTS**
Satisfactory level for dependency of current residents.	**√**			Evidence – Discussion with deputy care manager, team leader (residential wing), individual staff and residents. Residents have their care needs assessed regularly to ensure there is adequate staff on each shift. Speaking to the staff in the residential wing the introduction of a team leader on this side of the home has made a big difference to the organisation of the workload. Deputy care manager said this has relieved the pressure on the RNs who can now concentrate on the nursing wing of the home. The RNs continue to provide guidance and support where needed in the residential wing. Discussion with care staff and observation of communal areas show there is always a member of staff in the communal areas for supervision to minimise the risk of an incident/fall during the day and evenings. Staff said the implementation of the team leader position is working well. They feel more supported as their team leader is working with them all

				the time. One staff said she has noticed improvement in approach with people with more difficult behaviour and improvement with moving & handling. The care manager who is also a RN continues to oversee the care in the residential wing as his office is based there. **Standard Met.**

TRAINING & SUPERVISION	**YES**	**NO**	**In part**	**COMMENTS**
Supervised induction on employment – documented programme.	√			Evidence – Discussion with team leader (residential wing), individual staff and residents. Each new member of staff has a period of supervised induction where they work with a more experienced person. This is flexible and is dependent on the person's prior knowledge and experience. Following induction, a programme of ongoing training and updates is provided throughout the person's employment at the home. There is 1 National Vocational Qualification (NVQ) assessor in the team and carers are supported to undertake the NVQ awards and training sessions for dementia care. Not all staff spoken to had received an appraisal this year. However, the care manager reported (post inspection) that appraisals are undertaken in November and December to sign off for the current year and to plan for the following
Mandatory • Fire Safety • Moving & handling • Basic first aid and life support • Food hygiene awareness • Infection Control • Safeguarding • Dementia care	 √ √ √ √ √ √ √			
Ongoing supervision as needed	√			
Access to training relevant to meet clients care needs and for team role	√			
Supported to access the VQ or equivalent award	√			
Annual appraisal.	√			

				year, which he said will be completed by the end of the year. **Standard Met.**

LEADERSHIP	**YES**	**NO**	**In part**	**COMMENTS**
Relevant qualifications and experience for role	√			Evidence – Discussion with individual staff, and residents, 2 relatives. Care manager is a RN and is a dementia awareness trainer. The deputy care manager is also a RN. Staff spoken to said, the management are approachable and supportive, and they enjoy working at Highfield. They feel listened to and valued as part of the team. Residents said they feel safe living at Highfield as everyone is very nice. Two relatives said their experience of the home and management have been very positive. Everybody does their best to ensure both the resident and their family are well provided for, and NOK are kept updated of any changes involving their relative. Actions from recommendations made on the previous inspection have been achieved or are ongoing e.g. NVQ – 50% of carers to hold this qualification. **Standard Met.**
Open and transparent	√			
Approachable to all stakeholders	√			
Does manager monitor own performance?	√			
Feedback received is acted on	√			
Policies and procedures updated as practice changes, legislation direct (at least 3-yearly)	√			
Views of service users are sought e.g. with their care, changes within the home, food choices and social engagement provision etc	√			
Auditing takes place e.g. to improve care, service, environment etc	√			
Action progressed on agreed implementation of statutory/good practice requirements (progress from last inspection)	√			

ACCIDENTS / INCIDENTS	YES	NO	In part	COMMENTS
Accidents, injuries, and incidents of illness are documented and are reported to the relevant person (HSE RIDDOR) as appropriate	√			Evidence – Accident/incident reports, discussion with team leader (residential wing), selection of risk assessments and care plans. Accidents/incidents that occur in the home are documented in the person's care record. They are then investigated by the care manager to identify what happened and to see where lessons can be learned to minimise the risk of re-occurrence. The care manager undertakes a monthly review of all accidents/incidents reported, which enables him to look for trends e.g. same person fall, same area of home, same time of day etc. Additional measures can then be introduced to minimise further risk e.g. increased supervision, pressure sensor mat etc. Referrals are made to external healthcare professionals as needed e.g. GP. There are 3 Ergocoaches in the team to support and train staff with moving & handling. **Standard Met.**
Care plan reviewed and risk assessment updated	√			
Equipment put in place if needed	√			
Support sought from external healthcare professionals as needed	√			
Incidents / accidents are seen as an opportunity for learning e.g. discussed within the team to resolve	√			
Training need identified and acted on	√			
Monitor incidents / accidents for trends e.g. happening to same person, same area of home, same time of day e.g. handover.	√			

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

Action No.	Standard	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.	Infection Control	Contact the IPAC nurse to arrange an IPAC audit to be undertaken by end of year.	End of 2025	Care Manager	End of 2025	

HOME MANAGER/PROVIDERS RESPONSE

Please provide the Inspection department of Health & Social Care with an action plan, which indicates how requirements and recommendations are to be addressed and a completion date within the stated timetable.

No	Recommended works	Action being taken to address requirements	Estimated completion date

No	Recommended practice developments	Action being taken to address recommendations	Estimated completion date

REGISTERED PERSON'S AGREEMENT

Registered person(s) comments/confirmation relating to the content and accuracy of the report for the above inspection.

We would welcome comments on the content of this report relating to the inspection conducted on **28/10/25** 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.
October 2025