



The Office of the
Committee for
Health & Social Care

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

HIGHFIELD HOUSE CARE HOME

INSPECTION REPORT

DATE: November 29th 2023

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: **Highfield House Care Home**

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

Name of Registered Provider: **GRH Holdings**

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

CATEGORY	NUMBER OF REGISTERED BEDS
Nursing	24
Residential	16

Date of most recent inspection: 29/06/23 – Unannounced
Date of inspection upon which this report is based – 29/11/23
Category of inspection – Announced
Vanessa Penney - Registration and Inspection Officer (Quality & Patient Safety Team) HSC

SUMMARY OF FINDINGS

Highfield House Care Home is a dual registered home providing both Nursing (24) and residential (16) care and specialises in caring for people with dementia.

The nursing wing of the home is purpose-built. The residential wing of the home was not purpose-built but has undergone building work and refurbishment to provide a safe, homely and comfortable environment for the people who live there. All rooms are ensuite; 2 rooms are shared rooms.

The home is kept well-maintained both internally and externally; with the longed-for extension to the Care Manager's office, which is soon to begin. This will provide a private space for meetings with relatives and healthcare professionals, where there are no interruptions and people can sit for group discussions.

There is a pretty garden where residents can walk for exercise or to sit and enjoy in the fine weather and there is a level pathway on a loop that leads back in to the care home at either end of the garden and is suitable for a person who uses a wheelchair.

Information about the care home is provided on enquiry and people are invited to visit to have a look around and to ask questions; prior to making their final decision.

Prior to moving in to the home, each person is assessed by the Care Manager, to ensure the team are able to meet the person's care needs and the person's and/or NOK's expectations of the care home. Information to inform this decision is collected from the resident (where able), NOK, GP, Needs Assessment Panel (NAP summary) and also from other healthcare professionals who are involved with the person's care.

From this information a person-centred care plan is developed to provide guidance to the care team for managing the person's care, chosen routine and preferences. Care plans highlight identified risks and detail how these risks are managed. People are supported to maintain as much independence as possible with carers supporting in areas needed. Referrals are made to the relevant healthcare professional within the multi-disciplinary team where required.

People are supported to eat and drink enough to maintain a balanced diet and support from staff is provided where needed. People's weights are recorded regularly as part of the monitoring process. Where a concern arises, a referral is made to the dietician or to the person's GP for a review. Staff are led by the RNs in the preparation of modified diets and thickened fluids for a person at risk of choking and use the IDDSI framework for guidance. The RNs have completed training for managing a person's dietary intake who has a PEG and they have good access to the dietician for continued management.

Residents have good opportunity for indoor and outdoor activities, which are led by 2 activity co-ordinators. Residents who were spoken to like living at the home. They said staff are kind and there is plenty to keep them occupied.

There is a safe system for managing medication. Residents receive their medication as prescribed and staff support them in an appropriate way with how they like to take them. RNs only dispense and administer medication; with a carer acting as a witness when a controlled drug is administered when there is not 2 RNs on duty.

Staff complete training for infection prevention and control and use good practice methods to prevent the spread of infection to minimise the risk of an outbreak.

Checks are in place when recruiting to support the Care Manager with making safe decisions. Police checks (DBS) and written references are requested for all new employees.

There are adequate staff on duty on each shift but recruitment remains problematic at times; as within the whole care sector. Staffing levels remain at the minimum for a care home caring for people with dementia.

All staff have a period of induction when they commence employment. This is followed by an ongoing programme of development throughout the person's employment at the home.

Staff spoken to enjoy their job and feel their manager is approachable should they need to raise any issues. They feel they are listened to and are able to make suggestions to continue to improve standards of care.

There is a system in place for the management of accidents/incidents and staff know how to report these. Investigations of accidents/incidents are shared with the team so that learning can take place to minimise the risk of a re-occurrence. The Care Manager monitors accidents/incidents to look for trends so that appropriate action can be taken; or further training provided.

There is a system for quality assurance in place to monitor standards within the home. People's feedback and views about the service are sought and are used to plan how the service can be improved. Feedback from various sources was very encouraging and suggests Highfield House provides a positive environment to live in and for the people who work there.

Standard 1: Information Outcome – Prospective service users have the information they need to make an informed choice about where	YES	NO	In Part	COMMENTS
Website (optional)	✓			Evidence – Discussion with Care Manager, website.
Marketing Brochure (optional)	✓			
				A prospective resident and/or their NOK are advised to visit the home to have a look around so that they can ask any questions. Information about the home and services are provided and the home also has a website, which has recently been updated.
There is a Statement of Purpose that sets out the:				
Philosophy of care, aims and objectives	✓			
Terms and conditions of the home	✓			
Updated at least annually or when changes to services and home occur	✓			
There is a Service Users Guide/ Resident's Handbook with the				Standard met.
Prospective and current residents are provided with/have access to a copy	✓			
Written in the appropriate language and format for intended service user	✓			
Brief description of accommodation & services provided	✓			
Detailed description of individual and communal space	✓			
Qualifications and experience of registered provider, manager and staff	✓			
Number of residents registered for	✓			
Special needs & interests catered for e.g. diets, activities etc	✓			
How to access a copy of most recent inspection report	✓			
Procedure for making a complaint	✓			
Service users views of the home	✓			
Summary of fees payable and any extras payable e.g. newspapers, incontinence products & toiletries etc	✓			
The home's policy for alcohol	✓			

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

Standard 2: Contract Outcome – Each service user has a written contract/statement of terms and conditions with the home	YES	NO	In part	COMMENTS
Contract provided on admission	✓			Evidence – Discussion with Care Manager, copy of contract.
Identifies room to be occupied	✓			
Care and services covered (including	✓			
Additional items and services listed to be paid for including; food, equipment, insurance, medical expenses and SJA	✓			Care Manager confirmed that the contract is signed 7-10 days once the person has moved in to the care home; at the same time as the forms are completed for the long-term care benefit.
Fees payable and by whom (service user, long term care benefit scheme,	✓			
Rights and obligations listed and liability if breach of contract	✓			
Terms and conditions of occupancy e.g. including period of notice	✓			Both parties retain a copy of the signed care home contract for their records.
Charges during hospital stays or holiday	✓			
Charge for room following death (social Security pay 3 days only following	✓			
The contract is signed by the service user or named representative, and the registered person for the home	✓			Standard met.

Standard 3: Assessment Outcome - No service user moves in to the home without having had his/her needs assessed and been assured that these will be met	YES	NO	In part	COMMENTS
Pre-admission assessment prior to moving in to the care home	✓			<p>Evidence – Discussion with RGN, pre-admission assessment.</p> <p>All prospective residents are assessed prior to moving in to Highfield House.</p> <p>Information is gathered through a meeting with the resident (where applicable) and/or their NOK.</p> <p>Additional information is also requested from the person's social worker in the form of the Needs Assessment Panel (NAP) summary; from which the care level certificate is decided.</p> <p>A medical summary is also provided by the person's GP and where relevant, from other healthcare professionals who are involved with the person's care e.g. mental health team.</p> <p>From this information a person-centred care plan is generated.</p>
Involvement of others; relatives, GP other allied health professionals	✓			
Assessment for all admissions covers the following:				
• Personal care & physical well-	✓			
• Mental state & cognition	✓			
• Diet & weight	✓			
• Food likes and dislikes	✓			
• Sight, hearing & communication	✓			
• Oral health	✓			
• Mobility & history/risk of falls	✓			
• Continence and skin integrity	✓			
• Medication usage	✓			
• Social interests, hobbies, religious & cultural needs	✓			
• Personal safety & risk	✓			
• Carer, family, other involvement/relationships	✓			
Care plan developed from the outcome of the assessment	✓			

Standard 4: Meeting Needs Outcome - Service users and their representatives know that the home they enter will meet their needs	YES	NO	In part	COMMENTS
Registered person can demonstrate the home's capacity to meet people's	✓			<p>Evidence – Registration certificate, care plans.</p> <p>The home has dual registration (nursing care & residential)</p>
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	✓			provisioning care & residential care). As nursing care is provided, it is essential that the home has at least 1 registered nurse (RN) on duty on every shift.
Policies for discrimination & Equality (equal access to services)	✓			Care plans examined, show referrals are made for individuals to external specialist healthcare professionals; where there is a concern e.g. community mental health nurse (CPN).

Standard 5: Trial Visits Outcome – Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the	YES	NO	In part	COMMENTS
Provision for staff to meet a service user in their own home or other place of	✓			Evidence – Discussion with Care Manager.
Residents or their representative are encouraged to visit the home before	✓			A prospective resident and/or their NOK are advised to visit to have a look around the care home before making their final decision. The Care Manager also visits people in their own home, hospital or other care home as required. There is a trial period of 1-month before a person is locked in to their contract. If a person is moving in to the home from Tautenay Ward, the person has a 1-week trial where the bed is held so the person can return if the transfer is unsuccessful. Emergency admissions are accepted if there is a bed at the time it is required.
Provision for a trial before final decision made to move into home	✓			
Emergency admissions to the home are accepted?	✓			
Information process in standards 2-4 is in place within 5 working days	✓			

Standard 6: Intermediate Care Outcome: Service users assessed and referred for intermediate care are helped to maximise their	YES	NO	In part	COMMENTS
Dedicated accommodation available		✓		<p>Evidence – Discussion with Care Manager.</p> <p>There is no dedicated respite / intermediate bed, which is optional for care homes to provide. However, currently there are 2 people in the home for respite care.</p> <p>Referrals are made to external healthcare professionals if required. Should a person require a physiotherapist, if not provided as part of their care from the hospital, the person would need to pay for this service privately if physiotherapy wanted.</p> <p>At the end of the respite period, if a person was unable to return home, there is a possibility that the person could remain in the home for long-term care; subject to bed availability and re-assessment for the correct level of care</p>
Specialised facilities, therapies, treatment and equipment are available to promote activities of daily living and	✓			
Are staff qualified in techniques for rehabilitation and promotion of programmes to re-establish community	✓			
Is there appropriate supervision of staff by specialists from relevant professions to meet the assessed needs of the	✓			
If a person is unable to return home the person is able to remain living at the care home	✓			

Standard 7: Service User Plan Outcome: The service user's health and personal and social care needs are set out in an individual plan of care	YES	NO	In part	COMMENTS
Care plan is in place and is based on assessment	✓			<p>Evidence – Discussion with RN on duty, care plans and risk assessments.</p> <p>Care plans are electronic and are password protected.</p>
Risk assessments in place for:				
<ul style="list-style-type: none"> Moving & handling, mobility & risk of falls 	✓			

• Nutrition	✓			The information in the care plans provide guidance for staff to support individuals with appropriate and safe care.
• Skin condition & Pressure sore prevention	✓			
• Other	✓			
Minimum of 3-monthly review of care plan, or as needs change if before	✓			Care plans for people with dementia identify triggers, which discuss an alteration in a person's behaviour and how staff can support a resident to overcome this with distraction techniques.
Evidence of user/relative involvement	✓			
Restrictions on choice & freedom are agreed and documented (Mental	✓			
Format of care plan is acceptable	✓			Care plans are reviewed and updated regularly; at least 3-monthly; sooner where an element of care has changed e.g. as a result of a person becoming more dependent or visit by a GP to alter treatment etc.
Handover discussions: verbal, written on changeover of each shift	✓			
All entries on documentation are legible, dated and signed	✓			
				There is evidence of relative's involvement recorded in care plans when reviews, conversations take place.

Standard 8: Health Care Needs Outcome: Service user's health care needs are fully met	YES	NO	In part	COMMENTS
Service users are supported and facilitated to take control and manage own healthcare wherever possible; staff	✓			Evidence – Discussion with RN on duty and with 1 relative who was visiting, care plans.
Access is provided to specialist health services e.g. medical, nursing, dental, pharmaceutical chiropody and therapeutic services and care from hospitals and community services	✓			People are encouraged and supported to maintain as much independence as they can; however, all residents require an element of supervision with aspects of care.
Care staff maintain the personal and oral care of each person and wherever possible support the person's	✓			One relative who was spoken to said he visits most days for a

People are assessed by a person who is trained to do so, to identify those people who have developed, or are at risk of developing a pressure injury. Appropriate intervention is recorded in	✓			long period of time and he thought the care was very good.
People are free of pressure injuries		✓		Care plans include referrals to relevant healthcare professionals when needed e.g. CPNs, dietician, chiropodist, tissue viability and urology etc.
The incidence of pressure injuries, their treatment and outcome are recorded in the person's care plan	✓			
There are preventative strategies for health care: link nurses, equipment etc	✓			Two people in the home have a pressure injury. This was discussed with the RN; both residents have complex medical conditions. Care records show appropriate equipment and skin integrity tools are in place for monitoring e.g. Purpose-T.
The registered person ensures that professional advice about the promotion of continence is sought and acted upon and the necessary aids and	✓			The tissue viability specialist nurses are in contact with the home to provide advice when needed.
A person's psychological health is monitored regularly and preventative and restorative care is sought as	✓			
Opportunities are given for appropriate exercise and physical activity; appropriate interventions are carried out for individuals identified as at risk of	✓			Standard met.
Results from appointments, treatments and problems and from health care professionals are recorded in care plan	✓			
Nutritional assessment completed on admission and reviewed regularly thereafter (weight recorded). Identified problems are documented and are	✓			
Regular night checks are in place	✓			
Service users, relatives and/or advocates have the opportunity to 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;	✓			

Residents are referred for reassessment at appropriate time if this becomes necessary e.g. residential to nursing	✓		
The registered person ensures that peoples' entitlements to Health & Social Care services are upheld by providing information about	✓		

Standard 9: Medication Outcome: Service user's, where appropriate, are responsible for their own medication and are protected by the home's policies and procedures for	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	✓			Evidence – Discussion with RN on duty, observation of some medications being administered, MARS.
NMC guidance and BNF (within 6-month date) available (now online)	✓			Medication is stored, administered and disposed of 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	N/A			RNs administer medication; some carers act as a witness when there is only 1 RN on duty and CD medication is administered.
There is safe storage within a person's room to store the medication to which suitable trained staff have access with	N/A			
Records for:				No residents currently self-medicate. Self-medication would be inappropriate for people with dementia.
• Meds received	✓			
• Meds administered	✓			
• Meds leaving the home	✓			One resident who receives medication covertly has signed forms in place for authorisation.
• Meds disposed of	✓			
• Medication Administration Record (MAR) in place	✓			MARs are informally audited on the changeover of the monthly medication cycle. Areas where further development is required is discussed between the RNs for further action for improvement.
• 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	✓			
Controlled drugs (CDs) are stored in line with current regulations	✓			In between the inspection and

Register in place to monitor CD usage and stocks	✓			<p>the writing up of this report, the care home received their medication inspection by the Deputy Chief Pharmacist from within HSC (Dec 6th) where the home's medication system was found to be well-managed; no concerns were raised.</p> <p>Standard met.</p>
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	✓			
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	N/A			
Competency assessment in place for Carers (residential home) for the administration of medication and this is reviewed at least annually, which is	N/A			
Pharmacist advice used regarding medicines policies within the home and medicines dispensed for individuals in	✓			
Each person's medication is reviewed regularly by a GP. Any concern in a person's condition as a result of a change in medication must be reported	✓			
Has a Medication Inspection been undertaken by HSC's Pharmacist?	✓			
Are flu vaccinations offered to residents, staff annually?	✓			
Medications are kept in the home for a minimum of 7 days or after burial or cremation following a death	✓			
Audit of MARs in place	✓			

Standard 10: Privacy and Dignity Outcome: Service users feel they are treated with respect and their right to privacy is upheld	YES	NO	In part	COMMENTS
Privacy and dignity are provided when assisting a resident with washing,	✓			Evidence – Discussion with individual residents, observation of interactions between staff and residents throughout the day.
Bedrooms are shared only by the choice of service users e.g. married couples,	✓			
Screens are available in shared rooms	✓			
Examinations, consultations legal/ financial advisors, visits from relatives are provided with privacy	✓			Staff were observed to interact with residents in a kind and compassionate manner. This was also reflected in conversations with individual residents. One person on respite in the home said he thought everyone is exceptional.
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	✓			Staff were observed to knock on a resident's doors and wait for a reply. For some that were unable to answer, the staff called out who they were before entering.
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	✓			Telephone provision is assessed on an individual basis as it is not always appropriate for a person who has dementia to have a telephone in their room. However, this does not prevent a person from receiving or making a call with assistance from staff. Some people are
Privacy and dignity are included in staff induction	✓			
There is easy access to a telephone	✓			
Telephone adaptations are available to meet the needs of service users e.g. large buttons, amplifier	✓			

Standard 11: Death and Dying Outcome: Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect	YES	NO	In part	COMMENTS
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Resident given comfort and attention in	✓			Evidence – Discussion with RN on duty.
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	✓			When a person is receiving EOLC, this is managed by the RNs in the home. Support from the community nurses and palliative care team is sought to support with end of life medication to ensure a person is comfortable and peaceful.
Suitable equipment available	✓			
Family involvement & needs met - provision to stay with relative and	✓			Religious and cultural needs are incorporated in to the EOLC pathway where known.
Service user's wishes are respected (including after death)	✓			
Religious/cultural needs met	✓			Carers are informed of how to manage a person's EOLC at the time; as each person's care and religious needs are different. However, there is a module on the home's e-learning training site.
Changing care needs met	✓			
Dignity of possessions after death	✓			Relatives are able to visit and stay with their relative when they want to and regular refreshments are offered.
Staff training – includes supporting dying person and their family	✓			
Bereavement counselling is offered to staff if needed (palliative care nurses can support if needed)	✓			Standard met.
Resuscitation status documented for each person	✓			
Notification of death reported to Medical Officer & Inspection Officer	✓			
Policies in place for end of life care and following death and for resuscitation	✓			

Standard 12: Social Contact and Activities Outcome: Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social,	YES	NO	In part	COMMENTS
Social interests and hobbies are	✓			Evidence – Discussions with activity co-ordinators, care plans, photo boards.
Flexibility and choice of daily living routines e.g. no restriction for getting	✓			
Able to go out independently or with friends & relatives freely	✓			There are 2 activity co-ordinators in the team. One of

Involved in normal household chores if wanted attending to garden, collecting	✓			the activity co-ordinators said activities are led by what people want to do each day as it can be difficult to plan activities for people with dementia as it depends on how they are and their mood and ability each day.
There is a choice of leisure and social	✓			
Religious/cultural choices are	✓			
Level of engagement in activities is	✓			
Does the home have an Activity Co-	✓			

Evidence of activities e.g. photo boards, albums, social media site, conversations with residents	✓		<p>People's hobbies and interests are recorded in their care plan. The activity co-ordinator said they aim to make an activity meaningful and fun. Activities are provided both as a group or on a one-to-one basis if this is more beneficial some people.</p> <p>The activity co-ordinator said musicians visit regularly. Some residents have also recently been on a 'cruise' around Herm; organised by Dementia Friendly Guernsey. A French group has also been started in-house using flash cards, which the activity co-ordinator said residents are really enjoying.</p> <p>The activity co-ordinators attend a quarterly meeting specific for activity co-ordinators so that they can meet with others on island who work in this role to share ideas and experiences.</p> <p>There is a large secure garden area in the centre between the residential and nursing wings. People were observed to be able to walk in and out when they please; discreetly observed by staff. There is a loop style pathway that has access into several doors leading back into the home; which is important for a person with dementia.</p> <p>Risk assessments are completed for outings. As the home does not have its own minibus for</p>
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Standard 13: Community Contact Outcome: Service users maintain contact with family/friends/representatives and the local	YES	NO	In part	COMMENTS
There is a written visiting policy, which is flexible	✓			Evidence – Visitor’s book, discussion with activity co-ordinator.
Is there a visitors’ book in place?	✓			
Privacy when receiving visitors	✓			
Choice of whom visits respected and documented as necessary	✓			Visitors are requested to avoid meal times as a mark of respect to the residents so they can enjoy a peaceful environment if a visitor is not assisting their relative with their meal.
Hospitality for visitors e.g. offered a drink, can book to have a meal with	✓			
Supported to maintain social networks in the community	✓			<p>Relatives are able to take their relative out when they choose if the person is well enough and safe. Some may need to hire a wheelchair taxi if their relative has very poor mobility.</p> <p>People are supported to maintain their social networks within the community if relatives are able to take them out, or if they attend a support group e.g. Age Concern.</p> <p>The activity co-ordinators are able to take individuals out and some attend a dementia group.</p> <p>Entertainers visit the home regularly for music and singing sessions and for pet therapy, which residents really enjoy.</p>
Residents inform staff when going out and returning	✓			

Standard 14: Autonomy and Choice Outcome: Service users are helped to exercise choice and control over their	YES	NO	In part	COMMENTS
The registered person conducts the home so as to maximise service users’ capacity to exercise personal autonomy	✓			Evidence – Observation of residents moving around the home during the day, walk

Service users are encouraged to bring personal possessions into the home e.g. small furniture, pictures & ornaments	✓			through the home, discussion with staff.
Service users encouraged to manage own financial and other affairs as long as they have capacity to do so	✓			Residents rooms have been personalised to encourage people to be comfortable with familiar possessions around them and reflect people's hobbies and interests.
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	✓			People were observed to be free to walk around the home or to go to their room to have a lie on their bed and staff were noted to frequently check on where a person is.
Access to personal records in accordance with the current local data protection legislation, is facilitated	✓			Most residents would not be able to manage their personal affairs so their NOK/ representative would do this

Standard 15: Meals and Mealtimes Outcome: Service users receive a wholesome, appealing, balanced diet in pleasing surroundings at times	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	✓			Evidence – Discussion with residents and staff, menus provided pre-inspection, care plans.
Each person is offered 3 full meals each day (at least 1 of which must be cooked) at intervals of not more than	✓			Care plans provide information for people's dietary requirements and likes and dislikes.
The menu is varied and is changed	✓			The IDDSI framework is used in care plans to describe the modified diet people require who have swallowing problems; referrals are made to SALT as needed.
The food reflects popular choice	✓			
The food is appealing and is served in an attractive manner	✓			
The food is nutritious	✓			

Service user's nutritional needs are assessed, regularly monitored and reviewed including factors associated with malnutrition and obesity	✓			The menus are varied and are on a 4-week rotation. The choices for the day are written on a blackboard in the dining room.
Fresh fruit and vegetables are served/offered regularly	✓			
There is a choice available at each	✓			
Individual likes/dislikes are met	✓			Residents who were spoken to said they enjoy their meals. They said they can choose what they want to eat and are assisted with their meal as needed.
Hot and cold drinks and snacks are available at all times and are offered	✓			
A snack available in the evening/night	✓			
Special therapeutic meals are provided if advised e.g. diabetic, pureed, gluten	✓			Residents in the residential wing eat their meal in the bright and airy dining room, which overlooks the garden. Residents in the nursing wing tend to eat in the lounge as some have mobility and posture issues and require specialist seating. They also require a higher level of assistance with their meal. However, people in either area of the home can eat where they choose.
Swallowing problems/risk of choking identified in risk assessment and is incorporated into the care plan	✓			
Aware of International Dysphagia Diet Standardisation Initiative (IDDSI) – training, information	✓			
Person has Percutaneous Endoscopic Gastrostomy (PEG)	✓			Each person has a nutritional assessment completed on admission, which is regularly monitored and people are weighed each month to inform this. Where a concern is raised the person's GP or the dietician are consulted to provide further guidance.
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	✓			Residents who are at risk of dehydration have a fluid chart in place. Staff were observed to sit with residents regularly assisting them with fluids of their choice.
Mealtimes are unhurried	✓			
Staff offer assistance to residents if	✓			
The dignity of those needing help is	✓			In between the inspection and the writing up of this report the
Staff attitude is satisfactory	✓			
There is reasonable choice as to when & where meals are eaten	✓			
Food covers are used to transport food to rooms	✓			
Table settings are pleasant	✓			
Crockery, cutlery, glassware and napery are suitable	✓			
General ambience and comfort are satisfactory	✓			

Temperature satisfactory	✓			<p>home received a food hygiene inspection by an Environmental Health Officer (December 2023) and the home retained their 5-star rating, which is excellent.</p> <p>Standard met.</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	✓			
Kitchen & dining room hygiene is	✓			
Staff hand washing facilities are	✓			
Food Hygiene rating available	✓			

Standard 16: Complaints Outcome: Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon	YES	NO	In part	COMMENTS
There is a complaints procedure which is clear and simple, stating how complaints can be made	✓			Evidence – Complaints policy, discussion with residents.
The procedure is accessible e.g. reception notice board, resident's	✓			There is a complaints policy in place, which is explained to a person's NOK on admission so they know who to speak to if they have a concern.
Are there timescales for the process?	✓			
The procedure states who will deal with	✓			
Records are kept of all formal	✓			If this cannot be resolved by the Care Manager there is an external process through the person's social worker or the inspection officer from within HCS
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 HSC	✓			<p>HSC.</p> <p>Residents spoken to said they are quite happy in the home; no issues discussed needed to be raised with the Care Manager.</p> <p>Most issues raised are minor; some can be related to a person's dementia and lack of awareness of their environment and people around them. These are able to be address at the</p>
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Standard 17: Rights Outcome: Service users' legal rights are protected. Service users know that information about them is handled appropriately and that their confidences are kept	YES	NO	In part	COMMENTS
The home facilitates access to available advocacy services	✓			Evidence – Discussion with Care Manager.
The home facilitates the individual's right to participate in the local political	✓			<p>Most residents would be unable to organise voting without the support of their NOK. If a person demonstrated an interest, a person's NOK would be consulted with.</p> <p>Care Manager confirmed there is a policy in place for data protection and this is referred to in the home's safeguard training (SOVA).</p>
There are written policies are in place for Data Protection (Bailiwick of Guernsey) Law, 2018 and for	✓			
Prior consent is obtained for any photographs taken	✓			

Standard 18: Protection Outcome: Service users are protected from abuse	YES	NO	In part	COMMENTS
Polices & procedures are in place for Safeguarding Vulnerable Adults				Evidence – Discussion with residents and individual staff.
• Physical abuse	✓			Staff spoken to said they have completed training for
• Sexual abuse	✓			

• Inappropriate restraint	✓			safeguarding (Sova) either in 2022 or 2023; this was also documented on the training matrix.
• Psychological abuse	✓			
• Financial or material abuse	✓			
• Neglect	✓			
• Discrimination	✓			
• Whistle-blowing	✓			
• Safe storage of money &	✓			
• Staff non-involvement in resident's financial affairs or	✓			Staff understand safeguarding; signs of abuse, reporting system etc and said they would feel comfortable to raise a concern with the Care Manager if needed.
Safeguard allegations are reported to the Safeguard Lead & Inspection Officer	✓			Residents who were spoken to gave no concerns with the way they are spoken to, or of any rough handling when being assisted with care. None was observed during the day of inspection.
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	✓			
Staff undertake regular training for safeguarding	✓			The Care Manager undertakes a monthly audit of the incidents reported e.g. bruises, marks on people's skin so that he can monitor this and take the relevant action if the results raise any concerns. If this were the case he would raise a safeguard alert with the relevant department within HSC

Standard 19: Premises Outcome: Service users live in a safe, well-maintained environment	YES	NO	In part	COMMENTS
Facilities within the home are safely	✓			Evidence – Discussion with Care Manager, walk through the home.
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.	✓			Highfield House is kept well-maintained both internally and externally. There is a continuous programme of re-decoration and replacement of furniture and furnishings.
Routine maintenance programmes with records kept	✓			
Routine renewal of fabric and decoration with records kept	✓			Currently awaiting

The building is safe, homely and	✓			development of extension to the Care Manager's office to create a larger space to enable meetings with relatives, healthcare professionals, residents and staff in a private space; free of interruptions.
The furniture is suited to individual needs and is in good order	✓			
Décor is satisfactory	✓			
Lighting, internal and external is	✓			
There is relevant fire equipment throughout the home	✓			
CCTV (entrances only)	N/A			One of the providers undertakes a regular environmental audit to assist with maintaining a good quality environment for the people who live there.
Cleanliness is satisfactory	✓			
Odour control	✓			
Flooring satisfactory	✓			
General equipment is maintained with	✓			There is a passenger lift that services the ground and 1 st floor and a stair chair lift for residents on the 2 nd floor.
Insurance certificates on display and in	✓			
Environmental audit undertaken	✓			

Standard 20: Shared Facilities (communal areas) Outcome: Service users have access to safe and comfortable indoor and outdoor communal facilities	YES	NO	In part	COMMENTS
Recreational area is provided	✓			Evidence – Walk through communal areas.
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	✓			The communal areas are well maintained, clean and comfortable; several have recently been refurbished.
Odour control	✓			
Cleanliness is satisfactory	✓			Garden is well-tended with plenty of seating and shade is provided when needed.
Good quality flooring	✓			
General ambience is good	✓			Standard met.
Ventilation is good	✓			
Smoking Policy in place	✓			

Standard 21: Lavatories and Washing Facilities Outcome: Service users have sufficient	YES	NO	In part	COMMENTS
The toilets near to the lounge and dining areas are clearly marked	✓			Evidence – Walk through the home.
There is clear access	✓			All areas checked were clean and meet people's needs. Standard met.
Doors can be locked	✓			
Lighting is suitable	✓			
There is adequate ventilation	✓			
Temperature is suitable	✓			
Staff hand washing provision - e.g. soap and paper towel dispenser and foot operated bin are available	✓			
Aids and adaptations are in place as	✓			
Odour control	✓			
Call bell is available	✓			
Décor is satisfactory	✓			
Flooring is suitable	✓			
Cleaning schedule is in place	✓			

Standard 22: Adaptations and Equipment Outcome: Service users have the specialist equipment they require to	YES	NO	In part	COMMENTS
Ramps where necessary	✓			Evidence – Pre-inspection information provided dates of equipment servicing, walk through the home.
Handrails/grab rails where appropriate	✓			
Passenger lift	✓			
Stair chair lift	✓			
Aids, hoists etc. for individual needs	✓			Two passenger lifts service the ground and 1 st floors and stair chair lifts service the 2 nd floor.
Assisted toilets & baths to meet needs	✓			
Doorways (800mm wheelchair user – new builds)	✓			All equipment is regularly serviced as per service level agreements with service providers of equipment.
Signs and communication systems to meet needs (as and where necessary)	✓			
Storage for aids, hoists & equipment	✓			

Call bell in every room	✓			Rooms for residents to access are clearly indicated e.g. toilet.
If bed rails are used is there a risk assessment in place and evidence of a regular review	✓			Rooms not accessible to residents, have been painted the same colour as the corridor walls. There is limited storage for large pieces of equipment, however, this was stored neatly to prevent a trip hazard.

Standard 23: Individual Accommodation: Space Requirements Outcome: Service users own rooms suit their needs	YES	NO	In part	COMMENTS
Adequate size for user's needs and any equipment used: sizes pre-June 30 th 2002 at least the same size now <ul style="list-style-type: none"> new build and extensions single rooms 12m² (16m² some nursing beds) 22m² shared residential rooms 24m² shared nursing rooms 	✓			Evidence – Walk through the home, discussion with individual residents. The residential part of the home is not purpose built but has been adapted to ensure rooms are comfortable, with consideration to people's mobility needs and equipment needed. People who occupy the rooms on the 2 nd level are required to have good mobility and be safe to use the stairs or the stair chair lifts with support from carers. Nursing wing is purpose-built.
Room layout suitable taking in to account fire safety and limitations due	✓			
Shared rooms by choice e.g. married couple or siblings	✓			
Choice to move from shared room when single vacant (may be subject to finances)	✓			Shared rooms have a division of space for people to keep their belongings. At times, a double room may be taken up as single

Standard 24: Individual Accommodation: Furniture and Fittings Outcome: Service users live in safe, comfortable bedrooms with their possessions around them	YES	NO	In part	COMMENTS
Bed width is 900mm (if not own bed)	✓			Evidence – Walk through the home, discussion with residents.
Bed height is suitable (residential)	✓			
Adjustable height (nursing)	✓			
Bed linen, towel and flannels are changed frequently	✓			All rooms are ensuite. Rooms are pleasantly decorated and are clean, bright and spacious. Profile beds are in place to assist people with their mobility and to support staff with safe moving & handling practice.
Furniture is in satisfactory a condition	✓			
Adequate number of chairs in room	✓			
Décor is satisfactory	✓			Residents who were spoken to said they like their room, which have been furnished with people's belongings to bring comfort and familiarity. Rooms reflect an individual's hobbies and interests.
Flooring-carpet/hard flooring is in good condition	✓			
Lockable drawer or safe available	✓			
Door able to be locked and resident has key if wanted	N/A			A passenger lift enables people to move between floors; with stair chair lifts servicing the rooms on the 2 nd level of the home.
Adequate drawers & hanging space	✓			
Table & bedside table available	✓			
Accessibility satisfactory	✓			Rooms are generally not locked as most residents would be unable to manage the concept of locking and unlocking their door due to their dementia. However, should this be requested a risk assessment would be completed to guide the decision.
Safety within room	✓			
Privacy (screening if appropriate.)	✓			
Telephone point	✓			Standard met.
Television point	✓			
Overhead and bedside lighting	✓			
Accessible sockets	✓			
Evidence of personalisation	✓			
Wash hand basin if no en-suite	N/A			
Mirror	✓			
Call bell	✓			
Soap & paper towel dispenser and foot operated rubbish bin in room or en-	✓			
Odour control	✓			
Cleanliness is satisfactory	✓			

Standard 25: Heating, Lighting Water and Outcome: People live in safe,	YES	NO	In part	COMMENTS
There is natural ventilation	✓			Evidence – Discussion with 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	✓			In the residential part of the home the heating is via radiators, which have a protective cover. In the nursing wing there is underfloor heating.
Adequate & suitable lighting	✓			
There is emergency lighting throughout the home	✓			
Water temperature is set at a maximum of 43°C and this is checked regularly	✓			There is a Legionella management plan in place with an external contractor, which includes regular water sampling – records are kept.
Control of Legionella - maintenance & regular monitoring;				
Water storage of at least 60°C, distributed at a minimum of 50°C	✓			
Weekly run off of all taps of those not used regularly	✓			Standard met.
Hot water at least 60°C in kitchen	✓			
Shower heads are cleaned quarterly	✓			
Legionella control contract in place with records	✓			

Standard 26: Hygiene and Control of Infection Outcome: The home is clean, pleasant	YES	NO	In part	COMMENTS
The housekeeper/s have cleaning schedules in place	✓			Evidence – Discussion with RN on duty and several staff, walk through the home.
Odour control	✓			
Laundry is located away from the food	✓			
There is segregation of clean and 'dirty'	✓			RN confirmed the home has an infection control policy in place.
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	✓			On entering the home, all visitors are required to wash their hands at the sink installed. This was put in place

Flooring impermeable/waterproof	✓			during Covid and the Care Manager decided to keep it; with the aim of reducing infections brought in to the home.
Disposal of clinical waste:				
Storage bin is located in an appropriate	✓			
There is appropriate disposal of clinical	✓			On a walk through the home it was clean and free of any unnecessary clutter.
Sluicing disinfectant available (Nursing)	✓			
Sluicing facility available	✓			
Policies and procedures for the control of infection include: safe handling and disposal of clinical waste, dealing with spillages, provision of protective	✓			There are adequate supplies of PPE available throughout the home for staff usage when needed.
Staff undertake regular training for infection control	✓			
Infection control audit undertaken by the Infection Control Nurse from within	✓			
Infection Control Nurse and Inspection Officer from within HSC to be informed when outbreak of infection (2 cases)	✓			The most recent infection control audit by the IPACT from within HSC was last undertaken in October 2022 where the home received 94%.
Preparedness plan in place in the case of a pandemic (recent Covid-19 outbreak)	✓			
				Staff who were spoken to confirmed they complete regular training for infection control through the home's

Standard 27: Staffing Outcome: The numbers and skill mix of staff meet service user's needs	YES	NO	In part	COMMENTS
Care staff minimum age 18, in charge of the care home minimum 21yrs	✓			Evidence – Duty rota, discussion with Care Manager, RN on duty, staff and residents.
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	✓			The home is dual registered; therefore, it is a requirement for at least 1 RN to be on duty on every shift.
Adequate number of housekeeping staff	✓			
Adequate number of catering staff	✓			The staffing levels are at minimum levels one would expect in a dementia care
Access to maintenance person when	✓			

Are bank or agency staff used to cover staff sickness and annual leave periods, or do existing staff provide this cover	✓			<p>home. Although since the previous inspection additional staff in all teams have been recruited, staff spoken to said they feel the workload continues to be challenging if the full compliment of staff are not on duty on each shift.</p> <p>Residents spoken to said they feel they receive the care they require. When a person called for assistance this was noted to be answered promptly.</p>
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Standard 28: Qualifications Outcome: Service users are in safe hands at all times	YES	NO	In part	COMMENTS
Progress towards compliance for 50% of Carers to have the minimum of an NVQ/VQ/B-Tech award or other equivalent in health & Social Care at level 2 trained, on each shift			✓	<p>Evidence – Discussion with Care Manager, RN on duty and staff.</p> <p>There is 1 VQ qualified assessor in the team.</p> <p>Two carers have completed an NVQ/VQ award at level 2 and four carers have completed an NVQ award at level 3.</p> <p>One carer is currently enrolled on the programme for the VQ level 2 award.</p> <p>Care Manager said it continues to be difficult to reach the 50% requirement and to maintain experienced staff who are NVQ/VQ trained due to recruitment and retention difficulties affecting the care sector island wide. However, they will continue to offer and support this training for new employees.</p>

Standard 29: Recruitment Outcome: Service users are supported and protected by the home's recruitment policy and practices	YES	NO	In part	COMMENTS
Recruitment procedure includes the				<p>Evidence – Discussion with Care Manager.</p> <p>There is a recruitment procedure in place to support the Care Manager to make informed decisions when employing staff, to keep people safe.</p> <p>Care Manager confirmed all staff have a DBS in place.</p> <p>Standard met.</p>
Equal opportunities policy in place	✓			
Compliance with local laws – right to work document, housing licence (as	✓			
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	✓			
All staff have a job description	✓			
Staff receive written terms and conditions within 4 weeks of employment and have a signed contract	✓			
Is a police check undertaken for all volunteers working in the home?	N/A			
The following policies must be included in the employee's terms and conditions or included in the staff				
• 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	✓			
• Action if any abuse suspected or witnessed	✓			

<ul style="list-style-type: none"> • Use of mobile phone while on duty and non-use of social network sites to discuss home/residents (confidentiality & data protection) 	✓			
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Standard 30: Staff Training Outcome: Staff are trained and competent to do their jobs	YES	NO	In part	COMMENTS
Core values pre-employment:				Evidence – Discussion with Care Manager and staff, training records.
<ul style="list-style-type: none"> • Aims & values of role 	✓			
<ul style="list-style-type: none"> • Residents rights to - privacy, independence, dignity, choice and fulfilment 	✓			Care Manager keeps a spreadsheet of staff training.
Job role clearly explained pre-start	✓			Training consists of in-house sessions, e-learning through the home's online website and occasional sessions provided by external trainers.
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	✓			
Policies and training included on				The RNs attend training with healthcare specialists from within HSC for clinical care such as wound management, catheter care and EOLC.
<ul style="list-style-type: none"> • Fire & emergency 	✓			
<ul style="list-style-type: none"> • Moving & Handling 	✓			All new staff work with a more experienced member of staff to prepare them for their role. One activity co-ordinator spoken to was new to the team and was being inducted by the other activity co-ordinator who has the knowledge and experience of providing activities for people with dementia and she knows her residents needs well.
<ul style="list-style-type: none"> • Health and Safety awareness 	✓			
<ul style="list-style-type: none"> • Basic first aid 	✓			
<ul style="list-style-type: none"> • Accident procedures 	✓			
<ul style="list-style-type: none"> • Confidentiality 	✓			
<ul style="list-style-type: none"> • Safeguarding 	✓			
<ul style="list-style-type: none"> • Cultural needs 	✓			
<ul style="list-style-type: none"> • Personal hygiene 	✓			
<ul style="list-style-type: none"> • Person-centred care 	✓			
<ul style="list-style-type: none"> • Use of equipment 	✓			
Further/ongoing training:				Standard met.
<ul style="list-style-type: none"> • Care planning 	✓			
<ul style="list-style-type: none"> • Handling of medicines 	✓			
<ul style="list-style-type: none"> • Risk assessment & risk 	✓			
<ul style="list-style-type: none"> • Security measures 	✓			

• Escort duties & mobile phone usage while working	✓		
• Hygiene, food handling and presentation	✓		
• Infection control	✓		
• Pressure area care	✓		
• End of life care	✓		
• Restraint	✓		
• Caring for people with dementia	✓		
• Other training required for providing care for the medical conditions, wellbeing of client	✓		
Frequency of training to be advised by accredited trainer	✓		
A minimum of 3 days per year of training is provided for full time staff and pro rata for part-time staff	✓		
Staff training profile – kept and updated throughout employment	✓		

Standard 31: Staff Supervision Outcome: Staff are appropriately	YES	NO	In part	COMMENTS
Written induction programme in place	✓			Evidence – Discussion with RN on duty and staff, induction programme.
Training opportunities of both formal and informal training	✓			
Supervision covers:				Carers spoken to said there is a RN on duty on each shift who they can ask for advice and supervision as needed.
• All aspects of practice	✓			
• Philosophy of care	✓			
• Career/personal development - appraisal system in place	✓			Additional supervision is provided for carers undertaking the NVQ/VQ awards, which is formally documented.
Other staff supervised as needed as part of management process	✓			
Supervision, support and training for volunteers	N/A			There is an appraisal system in place, which the Care Manager confirmed is up to date.
Return to work interview to assess additional support/supervision required	✓			

Are records kept for supervision sessions?	✓			Standard met.
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Standard 32: Day to Day Operations: The Manager Outcome: Service users live in a home which is run and managed by a person who is fit to be in charge, is of good character and is able to discharge their	YES	NO	In part	COMMENTS
Registered Care Manager has a job description	✓			<p>Evidence – Discussion with Care Manager, individual staff and a relative who was visiting.</p> <p>Care Manager is a RN and is a dementia awareness trainer. He has also completed a principles of leadership course.</p> <p>The Care Manager manages the operational aspect of the home. However, he works clinically for RN cover for sickness and annual leave as needed.</p> <p>Staff who were spoken to said the Care Manager is approachable and they feel comfortable to raise any issues with him and feel they are listened to.</p> <p>The Care Manager reports to the providers of the home (operational meetings every 6-8 weeks).</p>
Minimum of 2 years' experience in a senior management capacity of a relevant setting within the previous 5	✓			
Qualifications of Care Manager	✓			
From 2007 Care Manager in residential home to work towards gaining an NVQ/VQ level 4/5 or other management	N/A			
Nursing home RN with management qualification	✓			
Periodic training/updating for registered manager (relevant to manager and client group needs)	✓			
Knowledge of older people; disease process, ageing etc	✓			
Line of accountability (Care Manager reports to)	✓			

Standard 33: ETHOS Outcome: Service users benefit from the ethos, leadership and management approach of the home	YES	NO	In part	COMMENTS
Management approach creates an open, positive and inclusive atmosphere	✓			<p>Evidence – Discussion with Care Manager, RN on duty, individual staff and a relative who was visiting</p>
Leadership-clear direction	✓			

Strategies enable staff, service users and stakeholders to contribute to the way the service is delivered	✓			who was visiting.
Staff meetings are held (frequency)	✓			Staff appear to work in an organised manner and know what is expected of them.
Management planning practices encourage innovation, creativity,	✓			The Care Manager walks around the home regularly when he is on duty. He has an 'open door' policy where residents, staff and relatives can speak to him at any time; this was also confirmed by speaking to individual staff and a relative who was visiting. He also corresponds with people's NOK through email or on the telephone.
Compliance with Code of Practice and standard setting in the management of care workers and a care home	✓			Regular staff meetings are held; last one last month; night staff meeting due next week. Care Manager said as well as the formal meetings, he has informal meetings with

Standard 34: Quality Assurance Outcome: Service users can be sure that the home is responsive to their wishes, and is run in their best	YES	NO	In part	COMMENTS
Regular reviews and planning to meet the needs of the service users	✓			Evidence – Discussion with Care Manager and residents.
How does Care Manager monitor own performance?	✓			The Care Manager uses feedback from all stakeholders to monitor performance and to maintain good standards of care in the home. Most recent relative's meeting was held last month.
Commitment demonstrated to meets service user needs through the implementation of their care plan and	✓			
Feedback actively sought & acted upon	✓			
Others views sought e.g. questionnaires for relatives or a relatives meeting	✓			
Planned inspections advertised	✓			The Care Manager or the RN on duty have regular one-to-one meetings with people's NOK to give updates in relation to their
Views of service users made available	✓			

Policies and procedures are reviewed and are updated in line with registration (minimum of every 2 years)	✓			give updates in relation to their care and well-being.
Action progressed on agreed implementation of statutory/good practice requirements (progress from	✓			Audits are undertaken both in-house and by external services e.g. infection control, food hygiene, medication management, in-house catering service, quality of care and health & safety and records are kept to show this.
Auditing to improve care, services, environment	✓			Residents spoken to are happy living at Highfield House. They said they feel safe and well-cared for. Residents who find it difficult to communicate were observed during the day and appeared content and relaxed.

Standard 35: Financial Procedures Outcome: Service users are safeguarded by the accounting and financial procedures of the home	YES	NO	In part	COMMENTS
Financial viability, business and financial statements - ability to trade	✓			Evidence – Discussion with Care Manager, insurance certificate displayed on notice board. Employment and Social Security receive home's accounts annually. Care Manager confirmed there is a business plan in place for ongoing development and to take account of interruption of business e.g. fire, flood, power cut etc.
Insurance in place to cover loss or damage to the assets of the business (is there a business continuity plan in	✓			
Legal liabilities for service users and staff – Is the insurance certificate on display and in date?	✓			

Standard 36: Service Users Money Outcome: Service user's financial interests are safeguarded	YES	NO	In part	COMMENTS
Residents control own money & have access to a secure facility in which to store it e.g. locked drawer/safe	N/A			Evidence – discussion with Care Manager.

Safeguards are in place if managed by home e.g. records kept for safe keeping of valuables and/or money, secure storage	✓			<p>Most residents are unable to manage their money due to dementia. Costs generated for hairdresser visits, chiropody, toiletries etc are invoiced to the person's NOK (with prior consent established on admission) or the person's NOK manages this themselves.</p> <p>Standard met.</p>
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Standard 37: Record Keeping Outcome: Service user's rights and best interests are safeguarded by the home's record keeping policies and	YES	NO	In part	COMMENTS
Admission & Discharge Register in place	✓			Evidence – Discussion with RN on duty, security of care records.
Records kept are up to date and in good order (resident information)	✓			
Records secure	✓			Care records are stored electronically and are password protected.
Data protection and confidentiality compliance – policy in place	✓			
Service users have access to their record	✓			Access to records is by discussion with the Care Manager. However, a person's NOK is always kept up-to-date with any changes with a person's care or well-being. This was also observed on the day of inspection.

Standard 38: Safe Working Practices in Place Outcome: The health, safety and welfare of service users and staff are	YES	NO	In part	COMMENTS
Safe moving and handling practices are	✓			Evidence – Discussion with Care Manager, training records, information provided pre-inspection.
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	✓			Equipment is serviced as advised by relevant companies.
First Aid training – staff have an understanding of first aid and there is a	✓			

There is first aid equipment in the home that is always available when needed	✓			Areas of training requiring refresher sessions have been completed since the previous inspection. Care Manager said he is in the process of organising and update session for the RN for basic life support and first aid.
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	✓			Risk assessments are in place for individual residents as needed e.g. use of bedrails, falls, Herbert protocol for any resident who is at risk of leaving the home unsupervised.
Housekeeping undertake training for the safe storage and disposal of hazardous substances (COSHH)	✓			
Regular servicing of boilers & heating	✓			
Maintenance of electrical systems &	✓			There are 3 fire marshals in the team.
Regulation of water temperature (Legionella control – plan in place with	✓			
Radiator protection, low surface heaters	✓			
Risk assessment and use of window	✓			Accidents/incidents are reported to the inspection officer where appropriate. The Care Manager is transparent when an investigation takes place and the team use this an opportunity for learning to prevent a re-occurrence.
Maintenance of safe environment & equipment:				
• Kitchen	✓			
• Laundry	✓			Standard met.
• Outdoor steps and pathways	✓			
• Staircases	✓			
• Lifts	✓			
• Flooring	✓			
• Garden furniture	✓			
Security of service users & premises – doors locked at night, outdoor lighting, security of fire doors	✓			
Compliance with legislation; <ul style="list-style-type: none"> • The Health & Safety at Work (General) (Guernsey) Ordinance 1987 • The Safety of Employees (Miscellaneous Provisions) Ordinance 1952 	✓			
Written statement for Health and Safety is displayed in the home	✓			

Risk assessments are undertaken as necessary and are recorded for safe working practices in the home	✓		
Accidents, injuries and incidents of illness are documented and are reported to the relevant person (HSE	✓		
Training is provided during induction for safe working practices and is on-going	✓		

Improvement Plan – Completion of the actions in the improvement plan are the overall responsibility of the Home's Care Manager

Action No.	Standard No.	Action	Date action to be achieved	Person/s Responsible for completion of the	Compliance check date:	Through addressing the actions, has this raised any
1.	28 - Qualifications	➤ Continue to offer and support people to develop their knowledge and skills within the	ongoing	Care Manager	Progress check on unannounced inspection in 2024	

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 **29/11/23** 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.

November 2023