

# **REGISTRATION AND INSPECTION**

**OF**

**PRIVATE NURSING AND RESIDENTIAL HOMES**

LES BOURG’S HOSPICE

**INSPECTION REPORT**

**DATE: 25th November 2020**

**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: **Les Bourg’s Hospice**

Address: **Andrew Mitchell House, Rue de Tertre, St Andrews, GY6 8SF**

 Name of Registered Provider: **Les Bourgs Hospice Charitable Trust**

Name of Registered Manager: **Mrs J Boyd MBE (Hospice Director)**

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| **CATEGORY** | **NUMBER OF REGISTERED BEDS** |
| **Nursing** |  **7** |

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| **Date of most recent inspection: 17/07/19 – Announced** |
| **Date of inspection upon which this report is based – 25/11/20** |
| **Category of inspection – Announced** |
|  **Vanessa Penney - Registration and Inspection Officer (HSC)** |

**SUMMARY OF FINDINGS**

Les Bourg’s Hospice provides care for people of the Bailiwick who have a life-limiting illness. Care as an in-patient (except for GP visits), or if attending the weekly day hospice service are free of charge, as the hospice operates as a charity. There is no contract of agreement in place for care and services provided as the hospice is not a long term care facility. Information in relation to the care and services offered at the hospice is provided on their website or can be obtained from the hospice reception.

The hospice is a purpose-built facility. It has 7 en-suite rooms for in-patients and specious communal areas to accommodate a weekly day hospice service and also space for in-patients to spend time with visiting family. The hospice also has its own Chapel. The environment is kept spotless throughout and is well-maintained and free of any unnecessary clutter.

Pre-admission assessments are undertaken with involvement from other healthcare professionals from within the wider multi-disciplinary team. This is to enable the team to plan care and to obtain the necessary equipment and support needed.

The services provided and care and treatment is based on national guidance and best practice for hospice care. Care records are kept securely and those examined were comprehensive and person-centred. The information included the person’s emotional and spiritual needs alongside their physical needs and risk assessments are in place to keep people safe. Care plans are reviewed frequently to record changes with a person’s condition and this information is shared on a need to know basis when handing over to other members of the team. Staff support and involve patients and their families to make decisions in relation to a person’s condition and the care and treatment that is available. Advanced care plans are developed with the person and/or the person’s NOK as needed.

The staffing levels are flexible and are organised in relation to the skill mix required, number of in-patients, dependency level and whether day hospice is operational. However, there is always at least one registered nurse on duty 24/7. The Hospice Director said staffing of the hospice was especially challenging during the recent lockdown due to the Covid pandemic with many volunteers and staff unable to continue to work due to shielding etc. However, the team pulled together and managed to continue to provide care and limited services during that period.

There is a robust system in place for the recruitment of staff to help the employer to make safer decisions to safeguard people. All new staff have a period of induction and probation where the employee is provided with supervision from a more senior person in the team. Following completion of a documented induction program, a final appraisal is undertaken before the person is offered a permanent position in the team, if the person is successful. The Practice Development Lead said the period of probation is flexible depending on the person’s prior knowledge and experience and their individual training needs.

The Practice Development Lead organises the training programme for the team, which includes regular refresher sessions for mandatory training and also for additional training sessions and courses that are relevant to a hospice setting. During the recent lockdown additional discussions and training sessions were organised for infection control and for ‘donning and doffing’ PPE.

Supervision sessions and team meetings are held frequently and there is an annual appraisal system in place to support people with their ongoing personal and professional development.

The hospice also provides placements for student nurses from within HSC. Feedback from the educational audits undertaken to assess the hospice’s learning environment for students, continues to be very positive.

A quality monitoring process is in place for managing risks, issues and for monitoring performance. These areas are included within the clinical governance board meetings, which are held regularly. Staff who were spoken to said they enjoy their work and feel that they were treated as a valued member of the team. They offer good support to one another when members of the team needed emotional support and said they worked well as a team. One patient who was able to be spoken to couldn’t speak highly enough of all of the team at the hospice. The person said the kindness shown to him and his family has far outweighed his expectations and he said the hospice is an absolute gem for the people of the Bailiwick.

Recommendations made on this inspection are included in the improvement plan, which follows on from the audit.

GUERNSEY STANDARDS FOR CARE HOMES AUDIT

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| Standard 1: InformationOutcome – Prospective service users have the information they need to make an informed choice about where to live | **YES**  | **NO** | **In Part** | **COMMENTS** |
| Website (optional) |  ✔ |  |  | Information is available on the hospice website – www.lesbourgshospice.org.gg |
| Marketing Brochure (optional) |  ✔ |  |  |  In-patient booklet – can also be downloaded from the website |
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| **There is a Statement of Purpose that sets out the:** |  |  |  |  |
| Philosophy of care, aims and objectives |  ✔ |  |  | Information in the in-patient booklet and on the website  |
| Terms and conditions of the home |  ✔ |  |  | As above |
| Updated at least annually or when changes to services and home occur |  ✔ |  |   |  |
| **There is a Service Users Guide/Resident’s Handbook**  |  |  |  |  |
| 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 |  ✔ |  |  | Nursing care for 7 people and also provides a weekly day service |
| Special needs & interests catered for e.g. diets, activities etc |  ✔ |  |  |  |
| How to access a copy of most recent inspection report |  ✔ |  |  | On website and copy available in reception |
| Procedure for making a complaint |  ✔ |  |  | How are we doing form available in each room and on website |
| Service users views of the home |  ✔ |  |  | In report |
| Summary of fees payable and any extras payable e.g. newspapers, incontinence products & toiletries etc |  ✔ |  |  | There is no charge to stay at the hospice but people are required to pay for visits from GP etc, as they would if at home |
| The home’s policy for alcohol |  ✔ |  |  | Discussed with person if needed and dependant on medication etc |
| The smoking policy |  ✔ |  |  |  |
| The home’s policy for pets |  ✔ |  |  |  |
| A statement that service users can expect choice in the gender of those who provide basic care whenever possible |  |  |  ✔ | Not in information but this is explained prior to admission |
| 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 |  ✔ |  |  |  |

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| **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  | N/A |  |  | This standard is not applicable as in-patients and day hospice patients do not have a signed contract. There is no charge for a stay at the hospice as it is a charitable trust. However, people are responsible for their GP bills and are expected to have insurance for any personal items/valuables they bring with them |
| Identifies room to be occupied | N/A |  |  |  |
| Care and services covered (including food) | N/A |  |  |  |
| Additional items and services listed to be paid for including; food, equipment, insurance, medical expenses and SJA | N/A |  |  |  |
| Fees payable and by whom (service user, long term care benefit scheme, relative/other) | N/A |  |  |  |
| Rights and obligations listed and liability if breach of contact | N/A |  |  |  |
| Terms and conditions of occupancy e.g. including period of notice  | N/A |  |  |  |
| Charges during hospital stays or holidays | N/A |  |  |  |
| Charge for room following death (social Security pay 3 days only following death) | N/A |  |  |  |
| The contract is signed by the service user or named representative and the registered person for the home | N/A |  |  |  |

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| **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 | ✔ |  |  | In-depth assessment form in place and there is a criteria for admission in to the hospice |
| Involvement of others; relatives, GP other allied health professionals | ✔ |  |  | Admissions are generally through a person’s GP or from the Community Nurses or the Palliative Care Team |
| Assessment for all admissions covers the following: |  |  |  |  |
| * Personal care & physical well-being
 | ✔ |  |  |  |
| * Mental state & cognition
 | ✔ |  |  |  |
| * Diet & weight
 | ✔ |  |  | Special dietary requirementsNew assessment form in place |
| * Food likes and dislikes
 | ✔ |  |  |  |
| * Sight, hearing & communication
 | ✔ |  |  |  |
| * Oral health
 | ✔ |  |  | New assessment form in place |
| * Mobility & history/risk of falls
 | ✔ |  |  |  |
| * Continence and skin integrity
 | ✔ |  |  |  |
| * Medication usage
 | ✔ |  |  | To include pain management and symptom control as appropriate |
| * Social interests, hobbies, religious & cultural needs
 | ✔ |  |  |  |
| * Personal safety & risk
 | ✔ |  |  |  |
| * Carer, family, other involvement/relationships
 | ✔ |  |  |   |
| Care plan developed from the outcome of the assessment | ✔ |  |  |  |

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| **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 assessed needs | ✔ |  |  | Nursing - at least 1 Registered Nurse (RN) on duty 24/7 increased according to patient needs |
| The services of specialised personnel are sought to meet people’s care needs | ✔ |  |  | Oncology, GP, Palliative Care Team, other services to meet individual needs |
| Social/cultural needs are met to the preference and needs of the person and are understood by the people caring for them | ✔ |  |  | Preferences are documented in care plan |
| Policies for discrimination & Equality (equal access to services) | ✔ |  |  |  |

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| **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 home** | **YES** | **NO** | **In part** | **COMMENTS** |
| Provision for staff to meet a service user in their own home or other place of residence | ✔ |  |  | Hospital, home |
| Residents or their representative are encouraged to visit the home before making a decision | ✔ |  |  | Most admissions are known to the hospice team through prior care e.g. attendance at day hospice service |
| Is there provision for a trial before final decision made to move into home | N/A |  |  |  |
| Does the home take emergency admissions | ✔ |  |  | Most admissions are planned. However, an emergency admission is considered and is subject to the hospice undertaking a pre-admission assessment |
| Information process in standards 2-4 is in place within 5 working days | ✔ |  |  |  |

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| **Standard 6: Intermediate Care****Outcome: Service users assessed and referred for intermediate care are helped to maximise their independence and return home** | **YES**  | **NO**  | **In part** | **COMMENTS** |
| Dedicated accommodation is available  | ✔ |  |  | 1 dedicated respite bed but would accept a maximum of 2 people for respite care for 1-2 weeks when there is a vacancy at the time of need |
| Specialised facilities, therapies, treatment and equipment are available to enable a service user to return home | ✔ |  |  | Hospice has dedicated therapy room |
| Staff are qualified in techniques for rehabilitation and promotion of programmes to re-establish community living | ✔ |  |  | Symptom control to enable a person to return home |
| There is appropriate supervision of staff by specialists from relevant professions to meet the assessed needs of the service-user | ✔ |  |  | If physiotherapy is required this tends to be organised by the person’s family |
| A person who is unable to return home is not admitted for long term care unless the current care needs can be met | ✔ |  |  | If unable to return home a referral is made for the person to transfer to long term care e.g. nursing or residential home |

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| **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 | ✔ |  |  | Care plans are person-centred and detailed |
| Risk assessments in place for:  |  |  |  |  |
| * Moving & handling & mobility & risk of falls
 | ✔ |  |  | A falls risk assessment form is completed with the action to be taken to minimise the risk of avoidable harm. There are 4 Ergocoaches in the team to provide staff with moving and handling training |
| * Nutrition
 | ✔ |  |  | A nutritional risk assessment is documented to include peoples’ likes and dislikes and the risk assessment is reviewed frequently |
| * Skin condition & Pressure sore prevention
 | ✔ |  |  | The Braden score is used to assess skin integrity and the assessment triggers a skin bundle to be put in place if needed. The relevant equipment is in place to minimise the risk of a pressure injury. There is a link RN who liaises with the Tissue Viability Nurses from within HSC if additional guidance and support is required  |
| * Other – Dementia care
 | ✔ |  |  | Additional support documented as needed |
| Minimum of 3-monthly review of care plan, or as needs change if before review date | ✔ |  |  | People’s care plans are reviewed much more regularly due to their needs. For some people this is daily and for others this may be from shift to shift |
| Evidence of user/relative involvement | ✔ |  |  | The RNs update a person and/or the person’s NOK frequently and this is recorded in the person’s care plan |
| Restrictions on choice & freedom are agreed and documented (Mental Health, Dementia) | ✔ |  |  | When in place – staff have a good understanding of family relationships |
| Format of care plan | ✔ |  |  | Developed electronically and printed out. Index at front of each person’s file makes it easy to find information promptly |
| Handover discussions: verbal, written on changeover of each shift | ✔ |  |  |  |
| All entries on documentation are legible, dated and signed | ✔ |  |  |  |

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| **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 assist where needed | ✔ |  |  | Encourages independence where person is well enough to manage |
| Specialist health services used, dietician, tissue viability, continence, falls clinic etc where needed; including referral for uplift of care certificate when needed | ✔ |  |  | Also GP, Oncology, Palliative Care Team  |
| A pressure injury observed is documented and actioned promptly | ✔ |  |  | Pressure injury at stage 2 and above are automatically refereed to the Tissue Viability Nurses |
| Preventative strategies for health care: link nurse/carer, equipment etc | ✔ |  |  | Good equipment library - specialist pieces of equipment are available if needed |
| Results from appointments, treatments and problems and from health care professionals are recorded in care plan and acted upon | ✔ |  |  |  |
| Nutritional assessment completed on admission and reviewed regularly thereafter (weight recorded) | ✔ |  |  | See standard 7. Not always appropriate/necessary to weigh people regularly  |
| Regular night checks in place | ✔ |  |  |  |
| Is there a named key-worker/carer | N/A |  |  | RNs and Care Assistants provide care for all 7 residents when on duty unless specifically tasked for that shift |
| Service users, relatives and/or advocates have the opportunity to discuss service users’ wishes on their care with an informed member of staff | ✔ |  |  | RN on duty 24/7. Significant discussions with relatives are documented in the person’s care plan |
| The support service needs of each resident are assessed and access provided - Support services may include: advocate; alternative therapy; social worker; bereavement counsellor; specialist nurses; dentist; audiologist; spiritual advisor; optician etc. | ✔ |  |  |  |
| Residents are referred for reassessment at appropriate time if this becomes necessary e.g. residential to nursing care needs or EMI | ✔ |  |  | If unable to return home following time spent in the hospice |

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| **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 dealing with medicines** | **YES**  | **NO**  | **In part** | **COMMENTS** |
| Policies: for receipt, recording, storage, handling, administration, disposal, self-medication, errors, re-ordering, homely remedies and for administration during a pandemic  | ✔ |  |  |  |
| NMC guidance and BNF (within 6 month date) available | ✔ |  |  |  |
| There is a self-medication assessment completed for each resident if person wanting to continue with this process and this is reviewed regularly including safe storage within person’s room | N/A |  |  | Patients at the hospice do not self-medicate. However a person is supported to maintain independence where possible with the staff taking their medication box to them and assisting them as needed |
| Records for:  |  |  |  |  |
| * Meds received
 | ✔ |  |  |  |
| * Meds administered
 | ✔ |  |  | RNs undertake training (European Certificate in Palliative Care) – Practice Development Lead also provides regular in-house training with the team |
| * Meds leaving the home (e.g. return to pharmacy)
 | ✔ |  |  | Returns book for pharmacy for medication that is no longer required |
| * Meds disposed of
 | ✔ |  |  | Appropriate disposal of medication as per current guidelines e.g. sharps, unused medication  |
| * Medication Administration Record (MAR) in place
 | ✔ |  |  | Contains necessary information e.g. name of person, DOB, GP, known allergies. Instructions where medication has been discontinued or increased are clear and have been dated and signed |
| * Photo of service user (consent obtained)
 |  | ✔ |  | People in the hospice for short periods and would only be a maximum of 7 patients |
| If medication is required to be administered covertly, this is in the care plan, consent from GP and from resident’s next of kin | N/A |  |  | None currently but the RNs have a policy if needing to introduce |
| Controlled drugs (CDs) are stored in line with current regulations  | ✔ |  |  |  |
| Register in place to monitor CD usage and stocks | ✔ |  |  | Audited frequently |
| Compliance with current law and codes of practice | ✔ |  |  |  |
| Daily check of medication fridge, which is documented, to ensure remains 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 training at level 3  | N/A |  |  | RNs only administer medication to patients |
| Competency for Carers (residential home) for the administration of medication and is reviewed at least annually, which is recorded | N/A |  |  |  |
| Pharmacist advice used  | ✔ |  |  |  |
| Frequency of medication reviews by GP (minimum 3-6 monthly)  | ✔ |  |  | More frequently as needed for individuals - this may be weekly, daily or even more frequently as person’s condition requires |
| Has a Medication Inspection been undertaken by HSC’s Pharmacist  | ✔ |  |  | August 2020 – medication found to be well-managed and staff praised for their pro-active approach for problem-solving. No further recommendations were made |
| Flu vaccinations offered to residents, staff annually | N/A |  |  | Patients receive flu vaccines from their GPs. Staff are able to have a vaccination through occupational health at HSC |
| Medications kept in the home for minimum of 7 days or after burial or cremation following a death | ✔ |  |  | RNs are aware of the policy |
| Audit of MARs  | ✔ |  |  | Also for stocks of medication |

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| **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 is provided when assisting a resident with washing, bathing, dressing etc | ✔ |  |  | All rooms are single en-suite  |
| Bedrooms are shared only by the choice of service users e.g. married couples, siblings  | N/A |  |  | All single occupancy rooms |
| Screens are available in shared rooms | N/A |  |  |  |
| Door to room able to be locked | ✔ |  |  |  |
| Examinations, consultations legal/financial advisors, visits from relatives with privacy | ✔ |  |  |  |
| Entering bedrooms/toilets - staff knock and wait for a reply before entering | ✔ |  |  | Observed during inspection visit. Privacy curtain pulled across so a person cannot see in to the room when privacy is needed e.g. giving care |
| Wear own clothing  | ✔ |  |  |  |
| Laundry undertaken in house | ✔ |  |  |  |
| Mail is only opened by staff when instructed to do so | ✔ |  |  | Most people would manage their own mail otherwise it would be given to the person’s NOK (if appropriate) |
| Preferred term of address in consultation with resident & this is documented in person’s care plan | ✔ |  |  | Established at the pre- assessment and confirmed on admission to the home |
| Wishes respected and views taken into account | ✔ |  |  | Confirmed in conversation with 1 person who I spoke to |
| Treated with respect - verbally | ✔ |  |  | As above and also observed through staff interactions with 1 person |
| Privacy and dignity is included in staff induction training  | ✔ |  |  |  |
| Service users are protected from the undesirable action of others (staffing levels) | ✔ |  |  | Staffing levels continually monitored and altered as needed to keep people safe |
| Information about service users imparted to members of staff is treated with respect and confidentiality  | ✔ |  |  | This is included during induction and staff receive reminders periodically at handover or staff meetings |
| There is easy access to a telephone  | ✔ |  |  |  |
| Telephone adaptations are available to meet the needs of service users e.g. large buttons, amplifier | N/A |  |  | Person not for long term care – some people come in with their own mobile phone |

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| **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** |
| Resident given comfort and attention in privacy | ✔ |  |  |  |
| Nutritional needs met | ✔ |  |  | Advice sought from SALT, GP or Palliative Care Team if needed |
| 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 | ✔ |  |  | RNs undertake refresher training  |
| Suitable equipment available | ✔ |  |  |   |
| Family involvement & needs met - provision to stay with relative | ✔ |  |  | Lounge area with tea and coffee making facilities for relatives to use. There is also a sofa bed available |
| Service users wishes respected (including after death) | ✔ |  |  | Known wishes actioned as prior request – liaise with NOK.Bereavement support offered to family members and a telephone call is made as a support check  |
| Religious/cultural needs met | ✔ |  |  | Hospice has its own Chapel and a Chaplain visits people in the hospice regularly (if wanted) |
| Changing needs met | ✔ |  |  | The hospice have their own EOLC documentation and would therefore only use the HSC EOLC pathway if already in place when a person is admitted  |
| Dignity of possessions after death | ✔ |  |  | Relatives involved with packing possessions  |
| Staff training – induction, specialist nurses | ✔ |  |  | Practice Development Lead organises training updates |
| Resuscitation status for each person | ✔ |  |  | Documented in care plan |
| Notification of death reported to Medical Officer & Inspection Officer | ✔ |  |  |  |
| Policies in place for end of life care and following death and for resuscitation  | ✔ |  |  |  |

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| **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, cultural, religious and recreational interests and needs** | **YES**  | **NO**  | **In part** | **COMMENTS** |
| Social interests and hobbies are recorded in the care plan | ✔ |  |  |  |
| Flexibility and choice of daily living routines e.g. no restriction for getting up or going to bed | ✔ |  |  | As condition allows |
| Able to go out independently or with friends & relatives freely | ✔ |  |  | If safe and well enough to do so – risk assessed |
| Involved in day-day running (if wanted) e.g. attending to garden, collecting dishes etc | N/A |  |  |  |
| Choice of leisure, social & cultural activities | ✔ |  |  | In-patients can join in with the activities in day hospice if they are well enough and want to do so |
| Are religious/cultural choices acknowledged? | ✔ |  |  | See standard 11  |
| Social activity profile kept- person engagement in activity |  |  | ✔ | N/A to keep a profile but activities undertaken during the day are recorded in the person’s care plan |
| Is there an Activity Co-ordinator or do staff facilitate activities with residents | N/A |  |  | Day hospice Co-ordinator to manage the day hospice service and volunteers also help out |
| Evidence of activities e.g. photo boards, albums, social media site | N/A |  |  |  |

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| **Standard 13: Community Contact****Outcome: Service users maintain contact with family/friends/representatives and the local community as they wish** | **YES**  | **NO**  | **In part** | **COMMENTS** |
| There is a written visiting policy, which is flexible | ✔ |  |  | Visiting hours are from 13.30 -19.00 and state a maximum of three visitors are allowed in with a patient at one time. The team are very flexible with this and discuss with the patient and immediate family on admission. This enables the patient to eat in peace and quiet and have their care before visitors arrive |
| Visitors’ book in place | ✔ |  |  | Additional information will be required at times when entering the home during the current pandemic |
| Privacy when receiving visitors | ✔ |  |  | Can use own room or other communal areas |
| Choice of whom visits respected and documented as necessary  | ✔ |  |  |  |
| Hospitality for visitors e.g. offered a drink, can book to have a meal with their relative | ✔ |  |  | Lounge area with tea and coffee making facilities for relatives to use |
| Supported to maintain social networks in the community | ✔ |  |  | Able to go out if well enough to do so |
| Residents inform staff when going out and returning (if relevant) e.g. verbally, in & out board | ✔ |  |  | Agreement with RNs prior to outing to ensure able to take everything necessary and have a contact to call if needed |

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| **Standard 14: Autonomy and Choice****Outcome: Service users are helped to exercise choice and control over their lives** | **YES** | **NO** | **In part** | **COMMENTS** |
| The registered person conducts the home so as to maximise service users’ capacity to exercise personal autonomy and choice | ✔ |  |  |  |
| Service users are encouraged to bring personal possessions into the home e.g. small furniture, pictures & ornaments etc | ✔ |  |  | Not long stay care but able to bring in small personal items  |
| Service users encouraged to manage own financial and other affairs as long as they have capacity to do so | ✔ |  |  | Supported by appropriate representative as appropriate |
| 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 if needed | ✔ |  |  |  |
| Access to personal records in accordance with the current local data protection legislation, is facilitated | ✔ |  |  |  |

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| **Standard 15: Meals and Mealtimes****Outcome: Service users receive a wholesome, appealing, balanced diet in pleasing surroundings at times convenient to them** | **YES**  | **NO**  | **In part** | **COMMENTS** |
| The registered person ensures that people receive a varied, appealing, wholesome and nutritious diet, which is suited to individual assessed and recorded requirements and a reasonable choice is available as to when and where residents eat their meal | ✔ |  |  | People can have their meal according to their need and preference |
| Each person is offered 3 full meals each day (at least 1 of which must be cooked) at intervals of not more than five hours | ✔ |  |  | People can eat as and when they feel they want to. Medication and a person’s condition may have an effect on their choice of time and food able to manage |
| The menu is varied and is changed regularly | ✔ |  |  | Daily change of menu |
| 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 to include factors associated with malnutrition and obesity | ✔ |  |  | Nutrition and fluid intake is closely monitored |
| Fresh fruit and vegetables are served/offered regularly | ✔ |  |  |  |
| There is a choice available at each mealtime | ✔ |  |  |  |
| Individual likes/dislikes are met | ✔ |  |  |  |
| Hot and cold drinks and snacks available at all times and are offered regularly | ✔ |  |  |  |
| A snack available in the evening/night | ✔ |  |  | At any time at person’s request |
| Special therapeutic meals are provided if advised e.g. diabetic, modified diet, gluten free etc | ✔ |  |  | Diabetic, modified diet textures |
| Swallowing problems/risk of choking identified in risk assessment and is incorporated into the care plan | ✔ |  |  | Support sought from SALT as needed |
| Aware of International Dysphagia Diet Standardisation Initiative (IDDSI) – training, information | ✔ |  |  | Aware of the International Dysphagia Diet Standardisation Initiative (IDDSI) framework for modified diets and terminology used in care plans. RNs and HCAs have undertaken training |
| Person has Percutaneous Endoscopic Gastrostomy (PEG) | N/A |  |  | None currently but there is a care plan available should a person require care for a PEG |
| Supplements prescribed | ✔ |  |  | Prescribed by the person’s GP and documented on the person’s MAR if needed |
| Religious and cultural needs are met | ✔ |  |  | The documentation asks about religious and spiritual beliefs and any menu choices would be tailored to this |
| The menu is written or displayed e.g. in dining room or resident notice board | N/A |  |  | Each person is spoken to individually each day for their meal choices |
| Mealtimes are unhurried | ✔ |  |  |  |
| Staff offer assistance to residents if needed | ✔ |  |  |  |
| The dignity of those needing help supported | ✔ |  |  |  |
| Staff attitude satisfactory | ✔ |  |  |  |
| Food covers used to transport food to rooms | ✔ |  |  |  |
| Table settings pleasant | ✔ |  |  | If eating in day hospice. Most in-patients eat in their room |
| Crockery, cutlery, glassware and napery suitable | ✔ |  |  |  |
| General ambience and comfort | ✔  |  |  |  |
| Temperature satisfactory | ✔ |  |  |  |
| Lighting satisfactory | ✔ |  |  |  |
| Flooring satisfactory  | ✔ |  |  |  |
| Cleanliness satisfactory | ✔ |  |  |  |
| Odour control | ✔ |  |  |  |
| Furnishings satisfactory | ✔ |  |  |  |
| Décor pleasant | ✔ |  |  |  |
| Safer Food, Better Business manual completed | ✔ |  |  |  |
| Food preparation (areas clean) | ✔ |  |  |  |
| Waste disposal – foot operated bin | ✔ |  |  |  |
| Kitchen & dining room hygiene | ✔ |  |  |  |
| Staff hand washing facilities  | ✔ |  |  |  |
| Date of most recent Environmental Health food hygiene inspection | ✔ |  |  | July – 5 stars retained |

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| **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 | ✔ |  |  | How are we doing booklet on website and in room files |
| 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 | ✔ |  |  | No formal complaints received |
| Duty of Candour – transparent and honest | ✔ |  |  | Reported and discussed at clinical governance meetings if received  |
| Details of investigations and any action taken is recorded | ✔ |  |  | Has done so previously |
| There is written information available, clearly displayed, in an accessible place, for referring a complaint to the HSC | ✔ |  |  | Displayed on the notice board |

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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 | ✔ |  |  |  |
| The home facilitate the individual’s right to participate in the local political process | N/A |  |  | Not long term care facility |
| Written policies are in place for Data Protection (Bailiwick Of Guernsey) Law, 2018 and for confidentiality | ✔ |  |  |  |
| Prior consent obtained for any photographs taken | ✔ |  |  | Day hospice photographs or photos for wound care |

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| **Standard 18: Protection****Outcome: Service users are protected from abuse** | **YES**  | **NO**  | **In part** | **COMMENTS** |
| Polices & procedures are in place for Safeguarding Vulnerable Adults against: |  |  |  |  |
| * Physical abuse
 | ✔ |  |  |  |
| * Sexual abuse
 | ✔ |  |  |  |
| * Inappropriate restraint
 | ✔ |  |  |  |
| * Psychological abuse
 | ✔ |  |  |  |
| * Financial or material abuse
 | ✔ |  |  |  |
| * Neglect
 | ✔ |  |  |  |
| * Discrimination
 | ✔ |  |  |  |
| * Whistle-blowing
 | ✔ |  |  |  |
| * Safe storage of money & valuables
 | ✔ |  |  |  |
| * Staff non-involvement in residents financial affairs or receiving of gifts
 | ✔ |  |  |  |
| Safeguard allegations reported to Safeguard Advisor & Inspection Officer | ✔ |  |  | Has done so previously |
| Allegations/incidents are recorded, followed up and actioned appropriately | ✔ |  |  |  |
| Staff who the Care Manager considers may be unsuitable to work with vulnerable adults makes a referral to HSC | ✔ |  |  | Has done so previously |
| Staff undertake regular training for safeguarding | ✔ |  |  | Practice Development Lead provides regular updates for staff |

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| **Standard 19: Premises****Outcome: Service users live in a safe, well-maintained environment** | **YES**  | **NO**  | **In part** | **COMMENTS** |
| Facilities within home safely accessible | ✔ |  |  |  |
| Is entry/exit to home restricted | ✔ |  |  | Receptionist during office hours otherwise locked and need to ring door bell |
| The home was free of trip hazards | ✔ |  |  |  |
| Facilities in grounds safe and accessible for varying abilities e.g. wheelchair | ✔ |  |  | Lovely accessible private garden. Rooms are all on ground floor and have a terrace to sit out |
| Routine maintenance programmes with records kept | ✔ |  |  |  |
| Routine renewal of fabric and decoration with records kept | ✔ |  |  | Reviewed when room vacant and replaced if necessary and re-decorated |
| The building is safe, homely and comfortable | ✔ |  |  |  |
| The furniture is suited to individual needs and is in good order  | ✔ |  |  |  |
| Décor satisfactory | ✔ |  |  |  |
| Lighting, internal and external satisfactory | ✔ |  |  |  |
| Relevant fire equipment throughout the home | ✔ |  |  |  |
| CCTV (entrances only) | ✔ |  |  | Camera door bell |
| Cleanliness satisfactory  | ✔ |  |  |  |
| Odour control | ✔ |  |  |  |
| Flooring satisfactory | ✔ |  |  |  |
| General equipment maintained with records | ✔ |  |  |  |
| Insurance certificates on display and in date | ✔ |  |  |  |
| Environmental audit undertaken | ✔ |  |  | 4–monthly - documented  |

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| **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 provided | ✔ |  |  |  |
| Private area provided | ✔ |  |  |  |
| Lighting- domestic and flexible for different needs/activities | ✔ |  |  |  |
| Furnishings non-institutional, in good order and suitable for client group | ✔ |  |  |  |
| Odour control  | ✔ |  |  |  |
| Cleanliness satisfactory | ✔ |  |  |  |
| Good quality flooring | ✔ |  |  |  |
| General ambience good | ✔ |  |  |  |
| Ventilation good | ✔ |  |  |  |
| Smoking Policy | ✔ |  |  | Outside only in designated area |

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| **Standard 21: Lavatories and Washing Facilities****Outcome: Service users have sufficient and suitable lavatories and washing facilities** | **YES** | **NO** | **In part** | **COMMENTS** |
| The toilets near to the lounge and dining areas are clearly marked | ✔ |  |  |  |
| Clear access | ✔ |  |  |  |
| Can the doors be locked | ✔ |  |  |  |
| Lighting suitable | ✔ |  |  |  |
| Adequate ventilation | ✔ |  |  |  |
| Suitable temperature | ✔ |  |  |  |
| Staff hand washing provision e.g. soap and paper towel dispenser and foot operated bin available | ✔ |  |  |  |
| Aids and adaptations as required | ✔ |  |  | Grab rails where needed |
| Odour control | ✔ |  |  |  |
| Call bell available | ✔ |  |  |  |
| Décor satisfactory | ✔ |  |  |  |
| Flooring suitable | ✔ |  |  |  |
| Cleaning schedule in place | ✔ |  |  | Housekeeping staff have a work schedule in place |

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| **Standard 22: Adaptations and Equipment****Outcome: Service users have the specialist equipment they require to maximise their independence** | **YES** | **NO** | **In part** | **COMMENTS** |
| Ramps where necessary | ✔ |  |  |  |
| Handrails/grab rails where appropriate | ✔ |  |  |  |
| Passenger lift | ✔ |  |  | All in-patient rooms and facilities are on the ground floor |
| Stair chair lift | N/A |  |  | No stair lift in the home |
| Aids, hoists etc. for individual needs | ✔ |  |  | Overhead hoists in all rooms transfer through to the en-suite |
| Assisted toilets & baths to meet needs | ✔ |  |  |  |
| Doorways (800mm wheelchair user – new builds) | ✔ |  |  | Double doors that both open |
| Signs and communication systems to meet needs (as and where necessary)  | ✔ |  |  | Hearing Loop System in lounge.Toilets, bathrooms, individual room numbers are signposted |
| Storage for aids, hoists & equipment | ✔ |  |  |  |
| Call bell in every room | ✔ |  |  |  |
| If bed rails are used is there a risk assessment in place and evidence of a regular review | ✔ |  |  |  |

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| **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 30th 2002 at least the same size now* new build and extensions single rooms 12m²

 (16m² some nursing beds)* 22m² shared residential rooms
* 24m² shared nursing rooms
 | ✔ |  |  |  |
| Room layout suitable taking in to account fire safety and limitations due to mobility  | ✔ |  |  |  |
| Shared rooms by choice e.g. married couple or siblings  | N/A |  |  | All single occupancy rooms |
| Choice to move from shared room when single vacant (may be subject to finances) | N/A |  |  |  |

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| **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 900mm (if not own bed) | ✔ |  |  |  |
| Bed height suitable (residential) | N/A |  |  | All nursing |
| Adjustable height (nursing) | ✔ |  |  | All profile beds |
| Bed linen, towel and flannels are changed frequently | ✔ |  |  |  |
| Furniture is in satisfactory a condition  | ✔ |  |  |  |
| Adequate number of chairs in room | ✔ |  |  |  |
| Décor is satisfactory  | ✔ |  |  | Reviewed and re-decorated as needed when vacant |
| Flooring-carpet/hard flooring is in good condition | ✔ |  |  | Hard flooring in all in-patient rooms  |
| Lockable drawer or safe available |  | ✔ |  |  |
| Door able to be locked and resident has key if wanted  | N/A |  |  | Not long term care. People generally remain in their room |
| Adequate drawers & hanging space  | ✔ |  |  | For length of time in the hospice |
| Table & bedside table available | ✔ |  |  |  |
| Accessibility satisfactory | ✔ |  |  |  |
| Safety within room | ✔ |  |  | Rooms very spacious – no unnecessary clutter which could create a trip hazard |
| Privacy (screening if appropriate.) | ✔ |  |  | Across door to give privacy when door is opened |
| Telephone point | ✔ |  |  | All rooms have a telephone point and telephone |
| Television point | ✔ |  |  | All have a TV |
| Overhead and bedside lighting | ✔ |  |  |  |
| Accessible sockets | ✔ |  |  |  |
| Evidence of personalisation | ✔ |  |  | Bring in some small personal items |
| Wash hand basin if no en-suite  | N/A |  |  | All rooms are en-suite |
| Mirror | ✔ |  |  |  |
| Call bell  | ✔ |  |  |  |
| Soap & paper towel dispenser and foot operated rubbish bin in room or en-suite | ✔ |  |  |  |
| Odour control | ✔ |  |  |  |
| Cleanliness satisfactory | ✔ |  |  |  |

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| **Standard 25: Heating, Lighting Water and** **Outcome: People live in safe, comfortable surroundings** | **YES** | **NO** | **In part** | **COMMENTS** |
| There is natural ventilation  | ✔ |  |  |  |
| Adequate hot water is available at all times of the day | ✔ |  |  |  |
| Individually controllable heating | N/A |  |  | Underfloor heating |
| Guarded pipes & radiators or low surface temperature type or under floor heating  | ✔ |  |  | As above |
| 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 | ✔ |  |  | Records 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 | ✔ |  |  |  |
| Hot water at least 60˚C in kitchen | ✔ |  |  |  |
| Shower heads are cleaned quarterly | ✔ |  |  |  |
| Legionella control contract in place with records | ✔ |  |  |  |

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| **Standard 26: Hygiene and Control of Infection****Outcome: The home is clean, pleasant and hygienic** | **YES** | **NO** | **In part** | **COMMENTS** |
| The Housekeeping Team have cleaning schedules in place | ✔ |  |  |  |
| Odour control | ✔ |  |  |  |
| Laundry is located away from the food area | ✔ |  |  |  |
| There is segregation of clean and ‘dirty’ laundry  | ✔ |  |  |  |
| 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  | ✔ |  |  |  |
| Flooring impermeable/waterproof | ✔ |  |  |  |
| **Disposal of clinical waste:**  |  |  |  |  |
| Storage bin is located in an appropriate area | ✔ |  |  | Locked - outside |
| Clinical waste is collected weekly for disposal | ✔ |  |  |  |
| Sluicing disinfector 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 equipment, hand washing | ✔ |  |  |  |
| Staff undertake regular training for infection control | ✔ |  |  | Practice Development Lead organises in-house training sessions. Additional sessions with groups or individuals were provided in-house during lockdown as a result of the pandemic e.g. ‘donning and doffing’ PPE. Infection control is also available on the hospice’s e-Learning programme for staff training |
| Infection control audit undertaken by the Infection Control Nurse from within HSC | ✔ |  |  | Most recent inspection undertaken in October 2020 and a score of 100% was achieved, which is excellent and demonstrates that the team have a good understanding of infection control within a care environment |
| Infection Control Nurse and Inspection Officer from within HSC to be informed when outbreak of infection (2 cases) | ✔ |  |  | Has done so previously as necessary |
| Preparedness plan in place in the case of a pandemic (recent COVID outbreak). Prepare in case of a second wave | ✔ |  |  | Continuing with the ongoing development of the plan as information received from various sources is added to/updated |

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| **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 | ✔ |  |  |  |
| Recorded rota with person in-charge on each shift | ✔ |  |  |  |
| Adequate care staff are on duty on each shift for the assessed needs of the residents taking in to account the size and layout of the building | ✔ |  |  | Duty rota provided. Staffing levels are monitored on a daily basis and are sometimes increased on the day if an admission is expected |
| Adequate number of Housekeeping staff | ✔ |  |  |  |
| Catering staff numbers | ✔ |  |  | Good support from Volunteers |
| Maintenance staff numbers | ✔ |  |  |  |
| Bank or agency staff are used to cover staff sickness and annual leave periods  | ✔ |  |  | Have regular bank staff which caused some difficulty during lockdown when staff were unable to work between 2 different locations but staff pulled together by doing extra shifts  |

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| **Standard 28: Qualifications****Outcome: Service users are in safe hands at all times** | **YES** | **NO** | **In part** | **COMMENTS** |
| Progress made 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  | ✔ |  |  | Training programme provided – good progress continues to be made – 7 HCAs have a BTEC and above. One is currently studying for NVQ level3. Only 2 have not undertaken this but have completed the Care Certificate |

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| **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 following:** |  |  |  |  |
| Equal opportunities | ✔ |  |  |  |
| Compliance with local laws – right to work document, housing licence (as appropriate) | ✔ |  |  |  |
| 2 written references; 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 where necessary/relevant | ✔ |  |  |  |
| Staff personal records/files kept locked away | ✔ |  |  |  |
| All staff have a job description | ✔ |  |  | Updated recently |
| 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 | ✔ |  |  |  |
| **The following policies must be in included in the employee’s terms and conditions or included in the staff handbook** |  |  |  | Handbook updated recently |
| * Health & Safety policy
 | ✔ |  |  |  |
| * Dealing with fire & emergencies
 | ✔ |  |  |  |
| * Confidentiality policy
 | ✔ |  |  |  |
| * Whistle blowing policy
 | ✔ |  |  |  |
| * Non receipt of gifts & non-involvement in any resident’s financial affairs; witnessing wills or other documentation
 | ✔ |  |  |  |
| * Action if any abuse suspected or witnessed
 | ✔ |  |  |  |
| * 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: |  |  |  |  |
| * Aims & values of role
 | ✔ |  |  |  |
| * Residents rights to - privacy, independence, dignity, choice and fulfilment
 | ✔ |  |  |  |
| Job role clearly explained pre-start | ✔ |  |  |  |
| Induction programme is commenced on first day of induction to post, training is assessed and completed by twelfth week of employment (signed off by new employee and their supervisor/Care Manager) |  | ✔ |  | All inductions are at least 6 months. This allows employees time to settle into the role and be fully supported. It also allows time for completion of the Care Certificate |
| **Policies and training included on induction:** |  |  |  |  |
| * Fire & emergency
 | ✔ |  |  |  |
| * Moving & Handling
 | ✔ |  |  |  |
| * Health and Safety awareness
 | ✔ |  |  |  |
| * Basic first aid
 | ✔ |  |  |  |
| * Accident procedures
 | ✔ |  |  |  |
| * Confidentiality
 | ✔ |  |  |  |
| * Safeguarding
 | ✔ |  |  |  |
| * Cultural needs
 | ✔ |  |  |  |
| * Personal hygiene
 | ✔ |  |  |  |
| * Person-centred care
 | ✔ |  |  |  |
| * Use of equipment
 | ✔ |  |  |  |
| **Further/ongoing training:** |  |  |  |  |
| * Care planning
 | ✔ |  |  |  |
| * Handling of medicines
 | ✔ |  |  | RNs only administer medication |
| * Risk assessment & risk management
 | ✔ |  |  |  |
| * Security measures
 | ✔ |  |  |  |
| * Escort duties & mobile phone usage while working
 | ✔ |  |  |  |
| * Hygiene, food handling and presentation
 | ✔ |  |  | Level 2 catering staff |
| * Infection control
 | ✔ |  |  | Regular refreshers |
| * Pressure area care
 | ✔ |  |  |  |
| * End of life care
 | ✔ |  |  | All registered nurses complete the European Certificate in Palliative Care. All senior HCAs complete the NVQ unit for End of Life Care |
| * Restraint
 | ✔ |  |  | Within safeguard training |
| * Caring for people with dementia
 | ✔ |  |  | As needed |
| * Other training required for providing care for the medical conditions, wellbeing of client group
 | ✔ |  |  | RNs – catheter care, diabetes update, bereavement counselling etcHealthcare Assistants - BTEC programme, in-house training sessions to manage specific individual needs e.g. pain management |
| 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 | ✔ |  |  | Practice Development Lead Nurse maintains |

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| **Standard 31: Staff Supervision****Outcome: Staff are appropriately supervised** | **YES** | **NO** | **In part** | **COMMENTS** |
| Written induction programme in place | ✔ |  |  |  |
| Training opportunities of both formal and informal training | ✔ |  |  |  |
| Supervision covers:  |  |  |  |  |
| * All aspects of practice
 | ✔ |  |  |  |
| * Philosophy of care
 | ✔ |  |  |  |
| * Career/personal development - appraisal system in place
 | ✔ |  |  | Annual appraisals in place. Support for RN’s revalidation. Group and one-to-one supervision provided throughout the year for RNs and HCAs |
| Other staff supervised as needed as part of management process | ✔ |  |  | The hospice provides student placement for students undertaking their registered nurse training through the IHSCS. Each student has an allocated supervisor. There is currently 1 student on placement |
| Supervision, support and training for volunteers | ✔ |  |  |  |
| Return to work interview to assess additional support/supervision required | ✔ |  |  |  |
| Records kept for supervision sessions | ✔ |  |  | Sessions of both formal and informal supervision undertaken |

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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 responsibilities fully** | **YES** | **NO** | **In part** | **COMMENTS** |
| Registered Care Manager has a job description | ✔ |  |  |  |
| Minimum of 2 years’ experience in a senior management capacity of a relevant setting within the previous 5 years | ✔ |  |  | Has worked in current role as Hospice Director for 14 years |
| Qualifications of Care Manager | ✔ |  |  | Registered General Nurse |
| From 2007 Care Manager in residential home to work towards gaining an NVQ/VQ level 4/5 or other management qualification | N/A |  |  | Nursing |
| Nursing home RN with management qualification  | ✔ |  |  |  |
| Periodic training/updating for registered manager (relevant to manager and client group needs) | ✔ |  |  | Undertakes training along with the RNs and management training in relation to her position |
| Knowledge of older people; disease process, ageing etc | ✔ |  |  |  |
| Line of accountability – Care Manager reports to? | ✔ |  |  | Board of Trustees |

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| **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 | ✔ |  |  | Regular clinical governance meetings discuss issues highlighted |
| Leadership-clear direction | ✔ |  |  | The staff appeared to be organised and know what is expected of them |
| Strategies enable staff, service users and stakeholders to contribute to the way the service is delivered | ✔ |  |  | Feedback from people who use the hospice services, relatives, visiting healthcare professionals and the clinical governance meetings direct service delivery |
| Frequency of staff meetings | ✔ |  |  | A formal all staff meeting is held every 8 weeks. RN meetings are held 6-weekly. Informal meetings for communication between groups of staff take place daily |
| Management planning practices encourage innovation, creativity, development | ✔ |  |  | Lots of work takes place to support quality assurance and to maintain high standards of hospice care. RNs undertake regular research for hospice care in the UK and aim for the Gold Standard framework |
| Compliance with Code of Practice and standard setting in the management of care workers and a care home | ✔ |  |  |  |

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| **Standard 34: Quality Assurance****Outcome: Service users can be sure that the home is responsive to their wishes, and is run in their best interests** | **YES** | **NO** | **In part** | **COMMENTS** |
| Regular reviews and planning to meet the needs of the service users | ✔ |  |  |  |
| How does Care Manager monitor own performance | ✔ |  |  | Feedback from patients, relatives, staff, visiting healthcare professionals, clinical governance meetings and results from audits and inspections |
| Commitment demonstrated to meets service user needs through the implementation of their care plan and meeting their goals | ✔ |  |  |  |
| Feedback actively sought & acted upon  | ✔ |  |  | Recommendations as the result of audits and inspections are accepted constructively and are acted upon. Also feedback or suggestions made by other interested parties involved with the hospice |
| Others views sought e.g. questionnaires for relatives or relatives meetings  | ✔ |  |  | How are we doing questionnaire offered to all service users. There is also a suggestion box in reception if people prefer to use |
| Planned inspections advertised  | ✔ |  |  |  |
| Views of service users made available | ✔ |  |  | On website and lots of thank you cards and letters available to read. I also spoke with an in-patient on the day of inspection who couldn’t speak highly enough of all of the staff at the hospice |
| Policies and procedures are reviewed and are updated in line with registration (minimum of every 2 years) | ✔ |  |  | All updated recently |
| Action progressed on agreed implementation of statutory/good practice requirements (progress from last inspection) | ✔ |  |  | There were no areas of concern noted on the previous inspection visit |
| Auditing to improve care, services, environment | ✔ |  |  | There is a Quality Assurance Lead Nurse in the team. Many audits take place, which are used to keep standards continually high. The feedback from the recent audit for the student placement described the hospice as an excellent learning environment for student nurses |

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| **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 and business continuity plans - ability to trade.  | ✔ |  |  | Charity organisation – Board of Trustees oversee |
| Insurance in place to cover loss or damage to the assets of the business (Business Continuity plan in place). | ✔ |  |  | A Business Continuity Plan is in place |
| Legal liabilities for service users and staff – Is the insurance certificate on display and in date  | ✔ |  |  |  |

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| **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 | ✔ |  |  | People are short term only. Patients can ask for valuables and money to be put in the safe and are given a receipt. Patients are generally encouraged not to bring high value items into the hospice. There is no lockable cupboard in patient rooms |
| Safeguards are in place if managed by home e.g. records kept for safe keeping of valuables and/or money, secure storage  | ✔ |  |  | People are in the hospice for short periods of time and would normally manage their own finances themselves or a person’s NOK would do this. There is a safe in the office if needed (short term) and records are kept and signatures for movement in and out  |

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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 procedures**  | **YES** | **NO** | **In part** | **COMMENTS** |
| Admission & Discharge Register in place | ✔ |  |  |  |
| Records kept are up to date and in good order (resident information) | ✔ |  |  | Care plan reviews were up to date in the care records examined. It is suggested that the RNs request GPs to print their name on patients’ notes so that the GP is easily identified. Some signatures are not clear as to the name of the GP |
| Records secure  | ✔ |  |  | Authorised people have access only |
| Data protection and confidentiality compliance – policy in place | ✔ |  |  |  |
| Service users (or NOK if appropriate) have access to their record | ✔ |  |  | Changes in care are discussed regularly with a person or with the person’s NOK (as appropriate) |

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| **Standard 38: Safe Working Practices in Place****Outcome: The health, safety and welfare of service users and staff are promoted and protected** | **YES** | **NO** | **In part** | **COMMENTS** |
| Safe moving and handling practices are in place  | ✔ |  |  |  |
| Fire safety training is provided | ✔ |  |  |   |
| Fire equipment is kept maintained for immediate use; including the fire alarm, which is tested each week and this is logged | ✔ |  |  |  |
| First Aid training – staff have an understanding of first aid and there is a named first aider | ✔ |  |  |  |
| There is first aid equipment in the home that is always available when needed | ✔ |  |  |  |
| Food hygiene – Chefs and Cooks undertake food hygiene training at level 2 level, care staff at level 1 | ✔ |  |  |  |
| Infection control – staff undertake training for infection control | ✔ |  |  |  |
| Safeguard training | ✔ |  |  |  |
| Housekeeping undertake training for the safe storage and disposal of hazardous substances (COSHH) | ✔ |  |  |  |
| Regular servicing of boilers & heating systems | ✔ |  |  |  |
| Maintenance of electrical systems & equipment | ✔ |  |  |  |
| Regulation of water temperature (Legionella control – plan in place with records kept  | ✔ |  |  |  |
| Radiator protection, low surface heaters | ✔ |  |  | Underfloor heating |
| Risk assessment and use of window restrictors | N/A |  |  | Patient areas are all on the ground floor |
| **Maintenance of safe environment & equipment:** |  |  |  |  |
| * Kitchen
 | ✔ |  |  |  |
| * Laundry
 | ✔ |  |  |  |
| * Outdoor steps and pathways
 | ✔ |  |  |  |
| * Staircases
 | ✔ |  |  |  |
| * Lifts
 | ✔ |  |  | Lift to first floor for staff use currently. Regular maintenance and inspection programme in place as required by insurer |
| * Flooring
 | ✔ |  |  |  |
| * Garden furniture
 | ✔ |  |  |  |
| Security of service users & premises – doors locked at night, outdoor lighting, security of fire doors | ✔ |  |  | Receptionist mans the front desk during office hours |
| Compliance with legislation ;* The Health & Safety at Work (General) (Guernsey) Ordinance 1987
* The Safety of Employees (Miscellaneous Provisions) Ordinance 1952
* Health & Safety in Care Homes (HSG220)
 | ✔ |  |  |  |
| 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 RIDDOR) as appropriate | ✔ |  |  | Regularly audited to look for trends or areas of concern. Concerns are actioned promptly and also form part of the clinical governance meeting |
| Training is provided during induction for safe working practices and is on-going | ✔ |  |  | Induction programmes completed and training records are updated as training sessions have been completed |

**Improvement Plan**

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| **Action No.** | **Standard No.** | **Action** | **Date action to be achieved** | **Person/s Responsible for completion of the action** | **Compliance check date:** | **Through addressing the actions, has this raised any issues that require further action** |
| 1. | 37 - Recordkeeping | It is suggested that the RNs request that GPs print their name on patient notes so that they are more easily identified, or a central signature list is held of all GPs who visit the hospice | Start immediately and ongoing as GPs visit  | RNs | Progress at next inspection |  |
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Completion of the actions in the improvement plan are the overall responsibility of the Home’s Care Manager

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| **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.

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| **No** | **Recommended works** | **Action being taken to address requirements** | **Estimated completion date** |
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| **No** | **Recommended practice developments** | **Action being taken to address recommendations** | **Estimated completion date** |
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**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 **25/11/20** 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:

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|  |

##### **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 2020**