



Announced Inspection Report 2026

Les Ormes Residential Home

Home Details:

Home Category: Residential

Number of beds: 25

Registered Manager: Catia Silva

Registered Provider: Les Ormes Care Home Limited

Inspection Overview:

Inspection Date: 23rd July 2026

Inspector(s): Claire Taylor

The Registration and Inspection unit of Health & Social Care (HSC) has a statutory responsibility to inspect private nursing and residential homes within the Bailiwick of Guernsey. The inspections are undertaken to establish whether the care home is meeting the legal requirements i.e. The Nursing and Residential Homes (Guernsey) Law 1976 and its associated Ordinances, together with the agreed standards.

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

- The report is only accurate for the period when the home was inspected.
- Alterations to physical facilities or care practices may subsequently have occurred in the home.
- Where possible, feedback will have been given verbally to the senior person on duty at the time of the visit.

During the inspection, discussions were held with management, care staff, domestic staff, catering staff, visitors and residents. Documentation was reviewed, observations completed and a sample of electronic care records examined through the home's CareDocs system.

Les Ormes was found to be a friendly, welcoming and well-presented home providing person-centred care to residents with a range of support needs. Residents appeared comfortable within their surroundings and staff interactions were consistently respectful, attentive and supportive. Staff demonstrated a good understanding of residents' individual needs, preferences and routines.

The home benefits from a well-established electronic care planning system which supports assessment, risk management, healthcare monitoring and communication between staff. Residents have access to a wide range of healthcare services and specialist professionals where required, and there was evidence of proactive engagement with multidisciplinary teams to support residents' wellbeing.

A number of strengths were identified during the inspection, including person-centred care planning, healthcare access, medication administration practices, resident choice, social activities, staff training arrangements and the welcoming environment of the service. Some areas requiring improvement relate to care plan review frequency, end-of-life training, aspects of environmental safety monitoring, staff supervision arrangements and health and safety risk assessments.

Overall, Les Ormes was found to provide a good standard of care within a homely environment where residents appeared settled, supported and respected.

Information & Admission (1-6)

Positive Practice Identified: Comprehensive information about the service was available through the resident handbook, website and admission documentation. Information reviewed included accommodation details, fees, complaints procedures, services provided and contact details for HSC. Prospective residents were encouraged to visit the home and management described a thorough pre-admission process involving residents, relatives and relevant professionals where appropriate. Assessments covered physical health, cognition, communication, mobility, nutrition, social interests, risks and personal preferences. Care plans were developed from the outcomes of those assessments.

Improvements and Recommendations:

- Consider including the home's alcohol policy within the resident handbook to ensure all key information is accessible in one location for residents and relatives.

Care Planning & Access (7)

Positive Practice Identified: Electronic care records were detailed, person-centred and accessible to staff. Risk assessments were in place covering areas such as nutrition, pressure care, mobility and falls prevention. Handover processes included both verbal communication and written records, supporting continuity of care. Residents' preferences, choices and support requirements were clearly documented.

Improvements and Recommendations

- Care plans should be formally reviewed at least every two to three months in line with the Guernsey Care Home Standards. Evidence demonstrated reviews were taking place six-monthly or sooner when needs changed, however review frequencies should be adjusted to ensure full compliance with the standards.

Healthcare Needs (8)

Positive Practice Identified: Residents had timely access to a wide range of healthcare professionals including GPs, dietitians, speech and language therapists, mental health services, chiropody and community nursing teams. Comprehensive monitoring systems were in place for weight management, nutrition, continence, skin integrity, mental wellbeing and falls prevention. Staff demonstrated awareness of changing healthcare needs and referrals were made appropriately when required.

Improvements and Recommendations

- Ensure wound and pressure area documentation within the home's records provides sufficient detail to complement information held by community nursing services and support continuity of care for staff involved in treatment.

Medication (9)

Positive Practice Identified: Medication management arrangements were generally well organised and safe. Medication administration was observed and staff demonstrated appropriate practices. The home maintained suitable systems for medication storage, administration, disposal, competency assessments and medication

reviews. Medication fridge temperatures were monitored and competency assessments were completed for staff administering medicines.

Improvements and Recommendations:

- Maintain routine controlled drug stock checks in accordance with the home's procedures and regulatory requirements.

Dignity & Respect (10)

Positive Practice Identified: Residents were observed being treated with dignity and respect. Staff were seen knocking before entering residents' bedrooms and interactions were courteous and person-centred. Residents were supported to maintain independence and exercise choice in everyday decisions. Privacy was available through private bedrooms and quieter communal areas throughout the home.

End of Life Care (11)

Positive Practice Identified: Appropriate arrangements were in place to support residents approaching the end of life. Management demonstrated an understanding of how residents and families would be supported, and systems were in place to document resuscitation status and residents' wishes. Links with palliative and community services were established to provide specialist support when required.

Improvements and Recommendations

- Provide staff with additional end-of-life care training to increase confidence and knowledge when supporting residents and families during this stage of care. Staff spoken with indicated this would be beneficial

Activities & Wellbeing (12-13)

Positive Practice Identified: Residents had access to a varied programme of activities coordinated by a dedicated activities coordinator. Opportunities included exercise sessions, baking, gardening, social events and community engagement. Residents were encouraged to maintain social contact and family involvement, and visitors were welcomed within the home. Residents spoken with confirmed they were able to make choices regarding their daily routines and participation in activities.

Choice, Nutrition & Dysphagia (14-15)

Positive Practice Identified: Residents were supported to make choices regarding meals, activities and daily living routines. Menus provided variety and choice, with alternative options available at each meal. Nutritional assessments were undertaken and monitored regularly. Catering staff demonstrated good understanding of special dietary requirements and IDDSI guidance. Mealtimes were observed to be pleasant, relaxed and supportive. The home holds a five-star food hygiene rating.

Complaints, Rights & Protection (16-18)

Positive Practice Identified: Clear complaints procedures were available and accessible within the home and resident handbook. Residents and relatives were provided with information regarding how concerns could be raised, including contact details for HSC. Safeguarding policies were in place and staff training records demonstrated good compliance. Management showed a clear understanding of safeguarding responsibilities and reporting processes. Residents' rights relating to advocacy, confidentiality and data protection were appropriately supported

Environment (19-26)

Positive Practice Identified: The home was clean, comfortable and well maintained throughout. Residents' bedrooms were personalised and communal areas were welcoming and homely. Good accessibility was evident throughout the environment and residents had access to suitable indoor and outdoor facilities. Housekeeping and infection prevention arrangements were generally found to be effective. Regular audits and maintenance activities were undertaken.

Improvements and Recommendations

- Develop a documented Legionella management programme supported by suitable specialist advice or contractual arrangements.
- Introduce formal water temperature monitoring processes and associated risk assessments.
- Establish documented flushing schedules for infrequently used outlets.
- Ensure showerhead cleaning schedules are clearly documented and monitored.
- Complete and maintain documented environmental risk assessments to support safe working practices and environmental management.

Staffing & Management (27-38)

Positive Practice Identified: Staffing levels appeared appropriate to meet residents' assessed needs and this view was supported by staff spoken with during the inspection. Recruitment procedures were robust and included appropriate background checks and employment verification processes. The home demonstrated a positive culture, with residents and staff speaking positively about management and the atmosphere within the service. Training systems were established and the home provided access to a broad range of learning opportunities. Quality assurance systems, audits and resident feedback mechanisms were also in place.

Improvements and Recommendations:

- Increase the frequency of formal staff supervision to meet the expectations of the Guernsey Care Home Standards.
- Continue to address the small number of gaps identified within mandatory training records.
- Support the registered manager to complete the current Level 5 Leadership and Management qualification.
- Ensure health and safety risk assessments are regularly completed, reviewed and readily available for inspection.

Recommendations Summary:

Standard	Issue	Recommendation
1-6	Information & Admission	Consider including the home's alcohol policy within the resident handbook to ensure all key information is accessible in one location for residents and relatives.
7	Care Planning & Access	Care plans should be formally reviewed at least every two to three months in line with the Guernsey Care Home Standards. Evidence demonstrated reviews were taking place six-monthly or sooner when needs changed, however review frequencies should be adjusted to ensure full compliance with the standards.
9	Medication	Maintain routine controlled drug stock checks in accordance with the home's procedures and regulatory requirements.
11	End of Life Care	Provide staff with additional end-of-life care training to increase confidence and knowledge when supporting residents and families during this stage of care. Staff spoken with indicated this would be beneficial.
19-26	Environment	- Develop a documented Legionella management programme supported by suitable specialist advice or contractual arrangements. - Introduce formal water temperature monitoring processes and associated risk assessments. - Establish documented flushing schedules for infrequently used outlets. - Ensure showerhead cleaning schedules are clearly documented and monitored. - Complete and maintain documented environmental risk assessments to support safe working practices and environmental management.
27-38	Staffing & Management	- Increase the frequency of formal staff supervision to meet the expectations of the Guernsey Care Home Standards. - Continue to address the small number of gaps identified within mandatory training records. - Support the registered manager to complete the current Level 5 Leadership and Management qualification. - Ensure health and safety risk assessments are regularly completed, reviewed and readily available for inspection.

Care Home Feedback, Actions & Comments

This page is to be completed and returned within one month of receipt of this report.

General comments / feedback/Improvement plan:

Signed: _____

Name: _____

Date: _____