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

REGISTRATION AND INSPECTION
OF
PRIVATE NURSING AND RESIDENTIAL HOMES

LES ORMES

CARE HOME

INSPECTION REPORT

DATE: 11th November 2025

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

INTRODUCTION

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

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

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

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

Name of Establishment: **Les Ormes Care Home**

Address: **Rue Du Galaad, Castel. GY5 7FJ**

Name of Registered Provider: **Les Ormes Care Home Ltd**

Name of Registered Manager: **Ms Catia Silva – Care Manager**

CATEGORY	NUMBER OF REGISTERED BEDS
Residential	**25**

Date of most recent inspection: 16/04/25 – Announced
Date of inspection upon which this report is based – 11/11/25
Category of inspection – Unannounced
Vanessa Penney **Registration and Inspection Officer** **Quality & Patient Safety Team** **Health & Social Care**

SUMMARY OF FINDINGS

Les Ormes Care Home provides residential care for up to 25 people. On the day of inspection there were 21 people living there.

The home is a former hotel that has been adapted to make the environment suitable for people with health and social care needs, who are mobile. However, there is a passenger lift that services both floors. The home is kept well-maintained with regular checks of the premises undertaken to ensure safety.

On the first floor, the flooring has some sloping areas, which could pose a falls-risk, however, residents are informed of this issue on admission if they occupy a room in this area and there is hazard tape in place as a reminder for visitors. The home opened in 2008 and there have been no incidents in these areas, which are monitored by the provider and the care manager.

There is a secure garden at the back of the home, where people like to sit when the weather allows, which is accessible through the conservatory. There is a large car park for visitors to the home.

There is a warm and friendly welcome when entering the home. It is pleasantly decorated with comfortable communal areas for people to spend time in to socialise, sit and read or to undertake activities.

All residents' rooms are single occupancy bar one, and all rooms are ensuite. People have furnished their room with personal items from home, which reflect their interests and relationships with people who are important to them.

Care records show that care and support needs have been assessed prior to the person moving into the care home. The information collected during admission included information from the person's next of kin (NOK) to develop a person-centred care plan.

Care plans detail the care and support people require daily, so staff know how best to support them. This includes maintaining a balanced diet and adequate hydration, skin integrity, mobility and reducing the risk of falls, social interests, chosen routine and preferences.

Appropriate referrals are made to enable the team to work with external healthcare professionals to provide consistent and effective care for people to support people's health and well-being.

There is a safe system in place for the management of medication. People are supported to take their medication by staff who have been trained. The care manager monitors practice

to review staffs working practice in relation to medication administration to ensure staff are working in a consistent and safe manner and do not become complacent, increasing the risk of error. Residents said they receive their medication when they expect to and in the way they like to take it.

People are protected by good practices in the management of infection prevention and control. Staff have completed training, and the home was clean and fresh throughout, achieving 99% in their most recent audit.

There is a complaints procedure in place and feedback forms are available in reception. Resident feedback during inspection indicated they had no issues they wanted to raise, and they are happy with the care and services they receive. There is a policy in place for managing a complaint if a person is unhappy. Residents know who to speak to and feel comfortable to do so.

There are systems in place to protect people from avoidable harm, which includes background checks when recruiting new staff. Staff have completed training for how to recognise signs that might indicate abuse and who to report their concerns to. Residents spoken to said they feel safe living at Les Ormes, no concerns were raised.

New staff have a 3-month period of induction, which is followed by an ongoing programme of training for their role, with regular updates. Training is mainly through the home's online training provider; however, carers are supported to undertake the Care Certificate, VQ awards and the apprenticeship scheme. Each person receives an annual appraisal to support them with their personal and professional development.

The staffing level in the home is satisfactory for the number of residents and their current care needs. This needs continual monitored to ensure additional staff are rostered on duty at certain times of the day or overnight when needed e.g. increased dependency for acute illness or end of life care.

The care manager is clear about her role and responsibilities. Staff are disappointed that she has resigned as they feel well-supported.

Residents said they also feel well-supported and safe living at Les Ormes. They feel their views are sought through resident meetings and would like them to continue regularly.

Accidents / incidents are documented when things go wrong, and the care manager shares learning with staff to support them with improving practice and finding resolutions to minimise further risk. The care manager also monitors accidents / incidents for any emerging trends to reduce the risk of them re-occurring.

Les Ormes Care Home – Unannounced Audit

CARE PLAN	YES	NO	In part	COMMENTS
Care plan is in place and is based on assessment	√			Evidence – Discussion with care manager, selection of risk assessments and care plans. Care plans have recently changed over to an upgraded programme. However, this appears to provide less information than the previous care plan programme. It may be that as this becomes more familiar with the team, more detailed information can be provided. The older care plan system is still available for staff to refer to during the changeover. Carers have electronic tablets so they can add information on to a person's care record as they complete care throughout the day and overnight. Pagers are also held by carers for quicker response to call bells rather than having to always return to a central consul to see where the call is ringing from. **Standard Met.**
Risk assessments in place for:				
• Moving & handling, mobility & risk of falls	√			
• Nutrition	√			
• Skin condition & Pressure injury prevention	√			
• Other				
Minimum of 3-monthly review of care plan, or as needs change if before review date	√			
Evidence of user/relative involvement	√			
Restrictions on choice & freedom are agreed and documented (Mental Health, Dementia)	√			
Format of care plan is acceptable	√			
Handover discussions: verbal, written on changeover of each shift	√			
All entries on documentation are legible, dated and signed.	√			

HEALTHCARE NEEDS	YES	NO	In part	COMMENTS
Service users are supported and facilitated to take control and manage own healthcare wherever possible; staff assist where needed	√			Evidence – Selection of risk assessments and care plans, discussion with care manager, activity co-ordinator and individual residents.
Access is provided to specialist health services e.g. medical, nursing, dental, pharmaceutical chiropody and therapeutic services and care	√			

from hospitals and community services according to need				No resident in the home has a pressure injury. No resident currently requires a re-positioning chart. Care plans provide information for care staff to support people with their care. People are encouraged to maintain independence where they can. Residents spoken to provided examples of this during their daily routine in the care home. Care plans evidence referrals to external healthcare professionals when required. This is to provide additional care for an acute episode of illness or if re-assessment is required for an uplift of care category e.g. residential to residential EMI (dementia care) or nursing. There is an activity co-ordinator in the team. Discussion with both the activity co-ordinator and individual residents evidenced a good programme of activities available both in the home and within the community and consisted of both group and one to one activity with people to support people from becoming socially disengaged or isolated. Minutes from a recent residents' meeting show residents were keen to include exercises to music once again. This had previously been discontinued due to a lack of interest; however, the client group has changed over time, so this has been re-introduced and was well attended this week.
Care staff maintain the personal and oral care of each person and wherever possible support the person's independence	√			
People are assessed by a person who is trained to do so, to identify those people who have developed, or are risk of developing a pressure injury. Appropriate intervention and outcome are recorded in the plan of care	√			
People are free of pressure injuries	√			
There are preventative strategies for health care: link nurses, equipment etc	√			
Repositioning charts in place where needed	N/A			
The registered person ensures that professional advice about the promotion of continence is sought and acted upon, and the necessary aids and equipment are provided	√			
A person's psychological health is monitored regularly, and preventative and restorative care is sought as deemed necessary	√			
Opportunities are given for appropriate exercise and physical activity; appropriate interventions are carried out for individuals identified as at risk of falling	√			
Results from appointments, treatments, and problems and from health care professionals are recorded in care plan and are acted upon	√			
Regular night checks are in place	√			
Service users, relatives and/or advocates can discuss service users' wishes 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; 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	√			
The registered person ensures that peoples' entitlements to Health & Social Care services	√			

are upheld by providing information about entitlements and ensuring access to advice.				Residents said they like living at Les Ormes are well cared for by staff who are respectful and kind. Several residents offered that nothing is ever too much trouble. **Standard Met.**

MEDICATION MANAGEMENT	**YES**	**NO**	**In part**	**COMMENTS**
There are policies for the receipt, recording, storage, handling, administration, disposal, self-medication, errors, re-ordering, homely remedies and for administration during a pandemic	**√**			Evidence – Discussion with care manager and individual staff and residents, Medication Administration Records (MARs), medication storage. MARs have been completed correctly and are clear. Some people have refused to consent to having their photograph taken to keep with their MARs, which is upheld. Staff know their residents well; all are established staff. People are supported to take their medications safely and they said they receive their medication when they expect to, no concerns were raised. No resident currently requires medication to be administered covertly. The care manager is clear about the authorisations required should this be needed. Staff who administer medications have completed training (NVQ level
Keys for access to medication to be kept with the person in charge of the shift	**√**			
NMC guidance and BNF (within 6-month date) available or accessible online	**√**			
There is a self-medication assessment completed for each resident if person wanting to continue with this process and this is reviewed regularly	**N/A**			
There is safe storage within a person's room to store the medication to which suitable trained staff have access with the person's permission	**N/A**			
Records for:				
• Meds received	**√**			
• Meds administered – check for overuse of pain control meds and sedatives	**√**			
• Meds leaving the home	**√**			
• Meds disposed	**√**			
• Medication Administration Record (MAR) in place	**√**			
• Photo of service user (consent)	**√**			
If medication is required to be administered covertly, this is in the care plan, consent from GP and from resident's next of kin	**N/A**			

Controlled drugs (CDs) are stored in line with current regulations	√			3) to enable them to undertake this task. One carer has completed training via the home's e-learning training provider; however, this programme does not cover administration of a controlled drug, so the carer is unable to check and administer this medication currently. The care manager completes a competency assessment with individual carers annually to ensure staff maintain their knowledge and skills and to identify where further training is required. There is a procedure in place for managing a drug error. The medication fridge is currently switched off as no medication requires refrigeration storage. A medication inspection was last completed by the deputy chief pharmacist from within HSC in December 2023. Minor recommendations were actioned promptly. No further inspection has taken place this year. However, this is out of the care manager's control. There were no concerns identified on this visit. An informal audit of the medication system is undertaken monthly on the changeover of the medication cycle. Care manager said formal 6-monthly audits had lapsed but have now recommenced. **Standard Met.**
Register in place to monitor CD usage and stocks – regular checks documented.	√			
Signature list of all staff who administer medication	√			
The 2 people administering and witnessing the administration of a CD attend the person and see process until complete	√			
Compliance with current law and codes of practice	√			
Medicines, including controlled drugs, (except those for self-administration) for people receiving nursing care, are administered by a medical practitioner or registered nurse	N/A			
Medication including CDs are returned to pharmacy as soon as no longer in use	√			
Daily check of medication fridge, which is documented, to ensure remains within advised range (between 2-8˚C)	N/A			
Staff training programme in place for residential homes where Carer administering medication e.g. VQ standalone unit for the administration of medication or other accredited training at level 3	√			
Competency assessment in place for Carers (residential home) for the administration of medication and this is reviewed at least annually, which is recorded	√			
Pharmacist advice used regarding medicines policies within the home and medicines dispensed for individuals in the home	√			
People receive their medication at correct prescribed times	√			
Each person's medication is reviewed regularly by a GP. Any concern in a person's condition because of a change in medication must be reported to the GP immediately	√			
Has a Medication Inspection been undertaken by HSC's Pharmacist?	√			
Are flu vaccinations offered to residents, staff annually?	√			

Medications are kept in the home for a minimum of 7 days or after burial or cremation following a death	√			
Audit of MARs in place	√			

PEOPLE ARE TREATED WITH RESPECT	YES	NO	In part	COMMENTS
Privacy and dignity are provided when assisting a resident with washing, bathing, dressing etc	√			Evidence – Discussion with individual residents, observation of staff and resident interactions throughout day. There is one double ensuite room for a couple, however, this room is currently single occupancy. There is a policy in place for data protection and confidentiality and staff complete training through the home's e-learning provider. Care manager said the providers are in the process of reviewing and updating all policies for the home. Residents said they like living at Les Ormes. They said the staff are respectful and kind and nothing is ever too much trouble. **Standard Met.**
Bedrooms are shared only by the choice of service users e.g. couples, siblings	N/A			
Screens are available in shared rooms	N/A			
Examinations, consultations legal/financial advisors, visits from relatives are provided with privacy	√			
Entering bedrooms/toilets - staff knock and wait for a reply before entering	√			
Wear own clothing	√			
Mail is only opened by staff when instructed to do so	√			
Preferred term of address in consultation with resident & this is documented in person's care plan	√			
Wishes respected and views considered	√			
Treated with respect – verbally	√			
Flexibility of daily routine e.g. getting up, going to bed, outings, taking part in activity events, open visiting etc	√			
Information regarding residents is treated confidentially and in line with data protection.	√			

NUTRITION & HYDRATION	YES	NO	In part	COMMENTS
People have a nutritional assessment on admission using MUST or equivalent	√			Evidence – Selection of care plans, discussion with care manager and individual residents.
Concerns because of MUST assessment referred to dietician or thereafter during ongoing monitoring	√			

People's nutrition is monitored monthly and is documented – weight recorded	√			A nutritional assessment is completed on admission with ongoing monitoring documented. Where a concern is identified, referral is made to the appropriate healthcare professional e.g. GP, dietician, which is evidenced in care plans. Where a swallowing difficulty is identified, referral is made to the speech & language therapist (SALT) for assessment and advice on modified foods and fluids to minimise the risk of choking. The International Dysphagia Diet Standardisation Initiative (IDDSI) framework is used to provide staff with guidance for the preparation of modified foods and fluids to ensure consistency. The chef has completed training for this also. Care manager said they have an App with recipes for providing variation for people who require a modified diet. Although there is nobody currently requiring a modified diet, this has been successful previously. Residents said they enjoy their meals, and they have choices. One resident said the meals are okay, but she has always been very fussy and only really likes her own cooking. She did offer that the chef is very obliging. The care manager said the chef goes out into the dining room after lunch to speak to residents each day so he can obtain feedback to assist the
Food & Fluid chart in place where necessary	√			
Care plan should include the following: • Food allergies and intolerances • Special dietary requirement due to cultural, religious, or ethical choices • Special dietary requirements due to health conditions such as diabetes, kidney failure, heart failure etc • Awareness of IDDSI for modified diets • Relevant support at mealtime such as special cutlery or plates, feeding assistance, seating arrangements • Likes and dislikes	 √ √ √ √ √ √			
If reduced oral intake, are first line measures in place to promote oral intake e.g. nourishing drinks, extra snacks etc before requesting supplements – dietician will advise if contacted	√			
Prescribed enteral nutrition and dietary supplements should be given at the specified times e.g. Fortisip	√			
Supplements prescribed need to be signed for or correct code documented on MAR if not needed / refused etc	√			
Supplements to be reviewed regularly by GP, dietician	√			
PEG care to be carried out to avoid infection and buried bumper syndrome. Training to be kept up to date	N/A			
People are offered choices at mealtimes	√			
The food is nutritious	√			
Fresh fruit and vegetables are served/offered regularly	√			
Hot and cold drinks and snacks are always available and are offered regularly	√			
A snack available in the evening/night – e.g. may be necessary for diabetic	√			
Food covers are used to transport food to rooms	√			
Eating areas are suitable, clean, and pleasant.	√			

				providers with making changes when dishes aren't popular. The lunchtime meal appeared to be a social occasion with people talking in small groups. The dining room is bright and spacious and is pleasantly decorated and furnished. It was noted that there were drinks available for people to help themselves to or to ask staff for in the dining room and reception. People in their room also had adequate jugs of water or juice. In addition, drinks and snacks are offered in between meals throughout the day. **Standard Met.**

COMPLAINTS	**YES**	**NO**	**In part**	**COMMENTS**
There is a complaints procedure which is clear and simple, stating how complaints can be made	√			Evidence – Discussion with care manager and individual residents, complaints & feedback forms. The care manager confirmed a complaints policy is in place. This is discussed when a person moves into the care home and is also included in the resident handbook information. No formal complaints have been received. Care manager said a complaint received is generally informal, which can be resolved at the time. Feedback/complaints forms are available on a display rack at the entrance to the home. Care
The procedure is accessible e.g. reception notice board, resident's handbook	√			
Are there timescales for the process?	√			
The procedure states who will deal with them	√			
Records are kept of all formal complaints	√			
There is a duty of Candour – transparent and honest	√			
Details of investigations and any action taken is recorded	√			
There is written information available, clearly displayed, in an accessible place, for referring a complaint to the HSC.	√			

				manager said these are rarely used as visitors and residents appear comfortable to speak to her directly. to speak to her directly. Residents spoken to have no concerns to raise. They said if they have a complaint from time to time, they speak to the care manager, and it is sorted out promptly and appropriately. **Standard Met.**

PROTECTION	**YES**	**NO**	**In part**	**COMMENTS**
Polices & procedures are in place for Safeguarding Vulnerable Adults against:				Evidence – Discussion with care manager, residents and staff. Background checks are completed as part of the recruitment process to minimise the risk of avoidable harm to people who may be vulnerable. Staff spoken to said they have completed training for safeguarding and undertake updates as needed. The care manager reports safeguard concerns to the appropriate department as necessary and is transparent and helpful when an investigation is undertaken. Residents spoken to discussed the care and support they require from the care staff. There were no reports of rough handling when being assisted or of being spoken to in a disrespectful manner. Residents said they know how to report incidents to
• 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 resident's financial affairs or receiving of gifts	√			
Safeguard allegations are reported to the Safeguard Lead & Inspection Officer (HSC)	√			
Allegations/incidents are recorded, followed up and actioned appropriately	√			
Staff undertake regular training for safeguarding.	√			

				the care manager and feel comfortable to do so. **Standard Met.**

PREMISES	**YES**	**NO**	**In part**	**COMMENTS**
Safe – no trip hazards			**√**	Evidence – Discussion with care manager and individual residents, walk through the home. There is no restriction on entry/exit to the home. The home does not provide care for people who require to be in a restricted environment e.g. dementia care. Visitors are required to sign in and out, so staff are aware of who is in and out of the home e.g. in case of fire, security of residents. The home is clean, bright, tidy and comfortable throughout. Rooms observed have been personalised with family photographs and sentimental items to make them familiar to the person and rooms also reflect the person's hobbies and interests. Some of the floors upstairs have a small slope. Hazard tape is in place to alert people. There have been no trips/falls in these areas since the home opened in 2008. **Standard Met.**
Restricted entry/exit to the home is appropriate	**√**			
Environment clean and comfortable – resident's rooms & communal areas	**√**			
Appropriate furnishings and furniture	**√**			
Adequate bathing and toilet facilities.	**√**			

INFECTION CONTROL	YES	NO	In part	COMMENTS
Policies and procedures for the control of infection include safe handling and disposal of clinical waste, dealing with spillages, provision of protective equipment, hand washing	√			Evidence – Discussion with care manager and individual staff, results of infection prevention and control (IPAC) audit. Staff confirmed they complete IPAC training through the home's e-learning training provider. On a walkthrough the home it was clean, tidy and well-maintained throughout. Carpet cleaning was taking place in some rooms. The IPAC team from within HSC completed an audit at the home in February 2025 and the home was awarded 99% compliance, which is excellent. **Standard Met.**
Staff undertake regular training for infection control	√			
Infection control audit undertaken by the Infection Control Nurse from within HSC	√			
Infection Control Nurse and Inspection Officer from within HSC to be informed when outbreak of infection (2 cases)	√			
Preparedness plan in place in the case of a pandemic (recent Covid-19 outbreak)	√			
Adequate stocks of PPE available and staff know correct way to put on and take off to minimis risk of spreading infection.	√			

STAFFING	YES	NO	In part	COMMENTS
Satisfactory level for dependency of current residents.	√			Evidence – Discussion with individual staff and residents, duty rota. Residents in the home generally have low level care needs, with most independently mobile. Residents said they did not have to wait for an unacceptable length of time for assistance when they ring their call bell, and they did not feel rushed when receiving care. Staff said there is sufficient staff on duty if everyone turns up for their

				shift. However, this can be challenging when there is sickness, and cover cannot be found at short notice. Staffing level to be continually monitored as staff also undertake non-care duties at certain times. Staffing level may also need to be increased at certain times of the day due to a higher level of care needed e.g. person acutely unwell, end of life care etc. **Standard Met.**

TRAINING & SUPERVISION	**YES**	**NO**	**In part**	**COMMENTS**
Supervised induction on employment – documented programme.	√			Evidence – Discussion with care manager and individual staff. Care manager said staff training is monitored by their administrative department who send her notifications when an element of training is due a refresher. Care manager follows this up with individual staff. A log is kept of all training completed. Carers are undertaking the Care Certificate. Two carers have completed and a further 6 are currently undertaking this certificate, with 1 of these carers also almost completed. Two carers have an NVQ at level 3 and 1 carer has completed the apprenticeship award. One carer who has completed the Care Certificate is about to commence the
Mandatory • Fire Safety • Moving & handling • Basic first aid and life support • Food hygiene awareness • Infection Control • Safeguarding • Dementia care	 √ √ √ √ √ √ √			
Ongoing supervision as needed	√			
Access to training relevant to meet clients care needs and for team role	√			
Supported to access the VQ or equivalent award	√			
Annual appraisal.	√			

				Competency Pathway certificate. These carers have more formal supervision, which is necessary for their courses, otherwise supervision is generally informal and daily, while working with residents. There are 3 ergo coaches in the team who do in-house moving and handling training with staff and undertake updates as advised by the training provider. Care manger has completed 'train the trainer' training through the UK Resuscitation Council for basic life support and undertakes in house training with staff (update for trainer training due in 2026). Care manager confirmed appraisals are up to date. **Standard Met.**

LEADERSHIP	**YES**	**NO**	**In part**	**COMMENTS**
Relevant qualifications and experience for role	√			Evidence – Discussion with care manager, individual residents, and staff. Care manager is a registered nurse in her home country but has not registered with the UK NMC to take up the role as a registered nurse. However, as a residential home, it is not a requirement for the care manager to be a registered nurse. However, the care manager must be
Open and transparent	√			
Approachable to all stakeholders	√			
Does manager monitor own performance?	√			
Feedback received is acted on	√			
Policies and procedures updated as practice changes, legislation direct (at least 3-yearly)	√			
Views of service users are sought e.g. with their care, changes within the home, food choices and social engagement provision etc	√			
Auditing takes place e.g. to improve care, service, environment etc	√			

Action progressed on agreed implementation of statutory/good practice requirements (progress from last inspection).	√			at least NVQ level 3, which care manager's qualification is above and have or work towards a leadership and management qualification. Care manager is currently undertaking a level 5 leadership & Management course online (tutor-supported – 2 more units to complete). Both residents and staff said the care manager has resigned from her position as care manager and is due to leave the home in March 2026. They all said they are very sorry to see her go as she is approachable, supportive and fair. They feel listened to and know that things will be done if she says she will sort out an issue. Audits are completed as part of quality assurance in the home e.g. linen replacement, mattress replacement, infection control, catering and medication etc. The providers take an active role in overseeing the operation of the home and work with the care manager to maintain good standards throughout the care home. **Standard Met.**

ACCIDENTS / INCIDENTS	**YES**	**NO**	**In part**	**COMMENTS**
Accidents, injuries, and incidents of illness are documented and are reported to the relevant person (HSE RIDDOR) as appropriate	√			Evidence – Care plans, discussion with care manager.

Care plan reviewed and risk assessment updated	√			All accidents / incidents that occur in the home are documented in the person's care record. Where a person is transferred to ED for assessment or treatment, the inspection officer is notified. Equipment is in place if needed to minimise risk if the person is a high falls risk, e.g. pressure sensor mat (currently 4 in place). The home has a raiser chair to help a person up from the floor following a fall if the person is uninjured. Staff completed training with the frailty practitioner from within HSC. Care manager said this a valuable piece of equipment. It prevents calling out an ambulance unnecessarily and reduces anxiety for the person who can be assisted up from the floor once examined and observed to be uninjured. Care manager monitors accidents / incidents for trends, e.g. same person falls, or same area of the home etc. She can then implement relevant measures and provide further training for staff to minimise further risk. **Standard Met.**
Equipment put in place if needed	√			
Support sought from external healthcare professionals as needed	√			
Incidents / accidents are seen as an opportunity for learning e.g. discussed within the team to resolve	√			
Training need identified and acted on	√			
Monitor incidents / accidents for trends e.g. happening to same person, same area of home, same time of da e.g. handover.	√			

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

Action No.	Standard	Action	Date action to be achieved	Person/s Responsible for completion of the action	Compliance check date:	Through addressing the actions, has this raised any issues that require further action
1.	Staffing	➢ Continue to monitor staffing levels with feedback from staff resident dependency records. Increase staffing for periods when needed.	Ongoing	Provider & Care Manager.	Monitor at next inspection - date to be confirmed.	

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 **11/11/25** and any factual inaccuracies:

Registered Person's statement of agreement/comments: Please complete the relevant section that applies.

I of confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the requirements made and will seek to comply with these.

Or

I of am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:

Signature:
Position:
Date:
Note:
In instances where there is a profound difference of view between the inspector and the registered person both views will be reported. Please attach any extra pages, as applicable.
November 2025