<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mont Vista</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000070</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Retreat Road, Athlone, Westmeath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>090 647 2887</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:seamusmori@gmail.com">seamusmori@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Mont Vista Nursing Home</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Seamus Moriarty</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Mary Cronolly</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ciara McShane</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents</td>
<td>18</td>
</tr>
<tr>
<td>Number of vacancies</td>
<td>2</td>
</tr>
</tbody>
</table>

Health Information and Quality Authority Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 26 June 2014 08:20  
To: 26 June 2014 13:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
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</thead>
<tbody>
<tr>
<td>Outcome 02: Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 06: Safeguarding and Safety</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Medication Management</td>
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<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 10: Reviewing and improving the quality and safety of care</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
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<tr>
<td>Outcome 13: Complaints procedures</td>
</tr>
<tr>
<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This was an unannounced inspection of the centre. It was a follow up inspection in response to the recent registration renewal inspection which was carried out in March 2014. The current registration of the centre is due to expire the 8th of August 2014. This was the eighth inspection of this centre undertaken by the Authority.

On the day of inspection the inspector met with the provider, nursing staff, ancillary staff and spoke with a number of residents. The person in charge was on a scheduled rest day. The inspector reviewed documentation and the premises in relation to the identified actions of the previous inspection.

The inspector was satisfied that improvements had been made to address the previous actions and for those that had not been met on this inspection, plans were in place to ensure compliance.

The inspector observed improved practices with regards to risk management and ensuring that incidents and accidents in addition to the quality of life was reviewed.
through the trending and analysis of quality indicators. The inspector was satisfied that for the most part this was a robust system. Improvements were required to ensure the risk register captured all actual risks in the centre and to ensure that review dates were detailed on the register.

Improvements had been made to the premises and further plans were seen by the inspector for example the ramp which will be installed at the front entrance to the centre.

Reviews of the care plans had commenced as a result of the previous inspection however further improvements were required. These improvements along with others are outlined in the report and further detailed in the Action Plan at the end.
### Outcome 01: Statement of Purpose

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The inspector reviewed the statement of purpose which was updated April 2014. The total whole time equivalent of staff was outlined in addition to the therapeutic and allied services that were available at the centre. The age range and gender that the centre provided services to was also present.

**Judgement:**  
Compliant

### Outcome 02: Contract for the Provision of Services

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
The inspector viewed a selection of contracts which had been updated. The person in charge and the provider developed a contract that encapsulated the additional fees for services that were not covered in the weekly fee, these services were also sufficiently detailed. Contracts were signed by residents, where this was not possible it was signed by their next of kin.

**Judgement:**  
Compliant
Outcome 04: Records and documentation to be kept at a designated centre
The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector saw that the actions from the previous inspection were met.

The inspector saw the most recent environmental health report, from the inspection carried out in March, which was sent to the centre 17 April 2014.

The provider had developed a new system to record resident's valuables, this was viewed by the inspector and noted it was kept in resident's care plan.

There was a restraint register in place which outlined the nature of restraint use, why it was in place, when it had been introduced and the duration that it was used for. The inspector also saw consent forms for those that had restraints such as bed rails. Where the resident was unable to give their consent their general practitioner and a staff nurse signed for it. The inspector also observed a consent form signed by a resident's next of kin.

No resident had refused treatment since the last inspection but the inspector was told this information would be documented in the individual care plans.

Judgement:
Compliant

Outcome 06: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

Theme:
Safe Care and Support

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
The centre had reviewed the safeguarding policy in May 2014. The actions that staff should take subsequent to witnessing or receiving an allegation of abuse were clearly outlined. In addition the policy identified indicators of various forms of abuse.

More robust procedures were adopted to ensure transparency for monies given to residents. A bank slip was retained and both the provider and person in charge signed the transaction. The transactions were recorded as they occurred; each month was recorded individually.

Judgement:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe Care and Support

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
While improvements had been made as a result of the last inspection, not all actions had been met.

The inspector reviewed the records pertaining to fired drills and observed that a day time fire drill had occurred t6 May 2014. The provider had not, to date, simulated a night-time fire drill as per the previous action plan. The provider and the health and safety officer stated they were aware this was to be completed and had plans for a simulated night-time drill in the coming weeks.

The risk register had been updated to capture clinical and non clinical risk. The risk register was more accessible and appropriate to the specific risks in the centre. The level and area of risk in the centre was clear. However, not all risks that were in the centre were documented. The inspector read in the care plan of one resident that they were high risk of eloping. This risk was not outlined in the risk register. There was also a risk as a result of the steps at the front entrance. This too was not documented. The provider stated that this would be reviewed and amended. A review date for the identified risks was also required.

The inspector saw that a system had been developed to capture and analysis accidents and incidents so trends were identified and learning gained. The accidents and incidents were also monitored and analysed at clinical governance meeting. Where learning was identified this was fed back to staff. A root cause analysis form was also completed by
the person in charge subsequent to a serious incident. This ensured the procedure was more robust and information was captured.

The risk management policy had also been updated to reflect the new systems in place.

**Judgement:**
Non Compliant - Minor

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**Outcome 08: Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Safe Care and Support

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
As seen by the inspector, the medication management had been reviewed and updated May 2014. Elements of the policy which were updated included, but were not limited to, the transcription and ordering of medication.

For the most part the medication management policy was centre specific however, the policy required additional information regarding the procedures used to audit medication. The system for learning and analysing from medication errors formed part of the newly developed trending and analysis of accidents and incidents. However, since the last inspection there were no medications errors to review and assess.

Practices in the administration of medication were improved on foot of changes implemented.

**Judgement:**
Non Compliant - Minor

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**Outcome 09: Notification of Incidents**
*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**
Safe Care and Support

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
The inspector reviewed the incident and accident log and observed that all necessary incidents and accidents had been successfully notified to the Authority as outlined in the Regulations.

**Judgement:**
Compliant

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**Outcome 10: Reviewing and improving the quality and safety of care**
The quality of care and experience of the residents are monitored and developed on an ongoing basis.

**Theme:**
Effective Care and Support

**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Since the last inspection the provider along with the nursing team developed a system to collect data on quality indicators such as pressure sores, weight-loss, falls, use of psychotropic drugs and medication errors amongst others. The statistical data was collected monthly and further analysed in a quarterly reports which was made available to the inspector. Outcomes and learning were identified on the report which was then communicated to the staff team. Although the quality indicators were adequate it failed to record information on weight-gain. The inspectors also noted nine falls occurred in the last quarter, five of which were unwitnessed and occurred during the night. A further review of this trend would be beneficial to ascertain what further controls were necessary.

The deputy person in charge also met with residents to ascertain their satisfaction with the service. In addition, the inspector was shown quality of life assessment forms which they plan to circulate to each resident in the coming months.

**Judgement:**
Non Compliant - Minor

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**Outcome 11: Health and Social Care Needs**
Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and
circumstances.

Theme:
Effective Care and Support

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Although improvements had been made in some of the care plans reviewed, further development was required to comply with the Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People Regulations 2009 as amended.

The inspector was told about the review of all care plans which was taking place and ongoing since the last inspection. An external consultant had been recruited, one day a week, to assist with this and staff had received further instruction regarding care planning.

The inspector reviewed a care plan that had recently been updated by the nursing team. The inspector saw marked improvements in the layout of the plans, the content of the care plans and the language used. The inspector saw that there were specific care plans developed, where necessary, for the resident. However, as with other reviewed care plans, the information was not entirely specific to the resident’s actual needs as identified in their assessments and three monthly reviews did not adequately explain any changes that may have occurred since the last review. For example a resident had been identified in their nutrition and hydration care plan as having a tendency to lose weight. The care plan was reviewed in May 2014 and commented no changes. However, the inspector reviewed the resident’s weight chart and noted a steady weight increase since the end of February. In another care plan, the resident’s falls risk assessment was reassessed, May 2014, as low from a previous rating of high. The inspector reviewed the falls care plan as to why there was a significant change; the falls care plan did not reflect the change.

There was no evidence that residents, where appropriate had been consulted in the development of their care plan. Some of the recently reviewed care plans documented resident’s ability to be involved in the development and review of their care plan.

Judgement:
Non Compliant - Minor

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.
Theme: Effective Care and Support

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
On arrival to the centre the inspector saw improvements had been made regarding the external premises. A handrail had been erected to protect residents from falling from the path into the front garden which was stepped down. The large skip bins had been relocated into a segregated fenced area behind the car park and the debris that was noted on the last inspection had been removed from the side grounds of the centre. The boiler house was now locked so residents were no longer at risk of entrapment in the boiler house.

The internal premises was clean and in good order, the inspector was satisfied that it continued to be well maintained. The inspector spoke to the provider about the necessity of a ramp at the front door as highlighted in the last inspection report. The inspector saw that this was acted on and plans in addition to a builder had been agreed to have the ramp installed by 30 July 2014. The builders were also responsible for ensuring that a designated disabled parking space was marked out.

The provider told the inspector about plans to build an additional shower room for the residents. The inspector saw the plans for this and was satisfied that residents would benefit from the additional amenity.

Judgement:
Non Compliant - Minor

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme: Person-centred care and support

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The complaints procedure was displayed in a cabinet in the main foyer and the inspector saw that the policy, which had recently been reviewed, highlighted the role of the person in charge as the designated complaints officer. The appeals person was identified and named in addition to clearly outlining the appeals process.
Outcome 16: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector saw that residents were formally consulted with. There was a log of consultations with residents, since May 2014, their satisfaction levels with the service were also documented.

The inspector spoke with residents who said they were happy in the centre and well cared for.

Judgement:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Workforce

Outstanding requirement(s) from previous inspection:
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The inspector saw a training needs analysis which identified all staff members working at the centre in addition to the training they had undertaken and the refresher dates, where applicable, for each. The inspector also saw system in place to remind the
provider and person in charge of the areas that were due for refresher each month. For example those that required refreshers in June were highlighted red.

Although the inspector was told there was a template developed for performance management of staff and annual appraisals they had not commenced. The provider made a commitment to commence this by the end of July. The provider stated that he and the senior nurses would speak with staff informally and supports staff where necessary.

Judgement:
Non Compliant - Minor

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Ciara McShane
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mont Vista</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000070</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>26/06/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>04/07/2014</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: Health and Safety and Risk Management

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk register was updated, however not all risks in the centre had been identified.

Action Required:
Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

Please state the actions you have taken or are planning to take:
The risk register has been updated to include the risk of elopement and the steps at the front entrance.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong> 04/07/2014</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> Although additional fire drills had taken place, simulated night time drills had not taken place.</td>
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</tr>
<tr>
<td><strong>Action Required:</strong> Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.</td>
<td></td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> A simulated night time fire drill will be scheduled and undertaken by the end of July.</td>
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<tr>
<td><strong>Proposed Timescale:</strong> 31/07/2014</td>
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<tr>
<th><strong>Outcome 08: Medication Management</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Safe Care and Support</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong> The recently reviewed and updated policy does not include the auditing practice which occurs in the centre.</td>
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<tr>
<td><strong>Action Required:</strong> Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.</td>
<td></td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong> The medication management policy has been reviewed and updated to include auditing and learning and analysis for medication errors.</td>
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<td><strong>Proposed Timescale:</strong> 04/07/2014</td>
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<th><strong>Outcome 10: Reviewing and improving the quality and safety of care</strong></th>
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<tr>
<td><strong>Theme:</strong> Effective Care and Support</td>
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</table>
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
To further improve the quality of life for residents, a further review of the analysis is necessary to ensure that the controls are effective and making a marked difference for residents in particular those at risk of falls.

Weight-gain was not stipulated as a quality indicator.

Action Required:
Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

Please state the actions you have taken or are planning to take:
Weight gain has been added to the Monthly Quality Indicator form and will be trended and analysed going forward. There were no falls following the analysis for the month of May. Residents at risk of falling, particularly at night, are checked on an hourly basis and their falls preventions care plans are currently being up-dated. All falls will continue to monitored, trended and analysed on an on-going basis.

Proposed Timescale: 04/07/2014

Outcome 11: Health and Social Care Needs
Theme:
Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all residents’ actual needs were accurately set out in their individual care plans nor was it evidenced that it was agreed with each resident, where appropriate.

Action Required:
Under Regulation 8 (1) you are required to: Set out each resident’s needs in an individual care plan developed and agreed with the resident.

Please state the actions you have taken or are planning to take:
All residents are currently having a full review of their care plans to ensure each care plan addresses the resident’s assessed needs and problems and are person centred. Each resident will have information regarding their abilities to be involved in their assessments and care plans clearly documented in their care plan. Those residents unable to participate due to cognitive impairments will have alternative persons identified, where possible e.g. family member(s). Residents able to participate in their care plans will be encouraged to sign the care plan to record their participation.
<table>
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<th>Proposed Timescale: 31/07/2014</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Care and Support</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There is limited consultation with residents regarding their health and social care needs and evidenced of same.

**Action Required:**
Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

**Please state the actions you have taken or are planning to take:**
As detailed above, all residents care plans will indicate their ability to be involved in their assessment and care plans. Those residents able to participate will be encouraged to sign their care plans.

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<th>Proposed Timescale: 31/07/2014</th>
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<tr>
<td><strong>Outcome 12: Safe and Suitable Premises</strong></td>
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</table>

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Although there are plans in place for the development of the ramp, the ramp has not been built and therefore the steps at the front of the house still remained as a potential risk for residents.

**Action Required:**
Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

**Please state the actions you have taken or are planning to take:**
The steps at the front of the house have been added to the risk register and will be removed by the end of July.

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<tr>
<td><strong>Outcome 18: Suitable Staffing</strong></td>
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**Theme:** Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement**
<table>
<thead>
<tr>
<th><strong>in the following respect:</strong></th>
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<tbody>
<tr>
<td>Staff did not receive formal supervision at regular intervals.</td>
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</table>

**Action Required:**
Under Regulation 17 (2) you are required to: Supervise all staff members on an appropriate basis pertinent to their role.

**Please state the actions you have taken or are planning to take:**
Staff performance appraisals will be conducted for all staff commencing in July.

<table>
<thead>
<tr>
<th><strong>Proposed Timescale:</strong></th>
<th>31/07/2014</th>
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</table>