<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Bandon Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000557</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Bandon, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>023 8841 403</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:deirdre.carr@hse.ie">deirdre.carr@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
<td>Teresa O'Donovan</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Deirdre Carr</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Ryan</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
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<td>Unannounced</td>
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<td>Number of vacancies on the date of inspection:</td>
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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 judgements 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 28 May 2014 08:45  
To: 28 May 2014 16:00

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

<table>
<thead>
<tr>
<th>Outcome 03: Suitable Person in Charge</th>
<th>Outcome 06: Safeguarding and Safety</th>
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<tbody>
<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 11: Health and Social Care Needs</td>
<td></td>
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<tr>
<td>Outcome 17: Residents clothing and personal property and possessions</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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</tbody>
</table>

Summary of findings from this inspection
As part of the monitoring inspection the inspector met with residents and staff members. The inspector observed practices and reviewed documentation pertinent to medication management, residents' care plans, medical records, residents' personal inventories, records of residents' financial transactions, risk management, fire safety, prevention of infection policies, procedures and staff files.

This inspection was the sixth inspection carried out by the Authority in this centre, the most recent being a thematic inspection on food/ nutrition and end of life care, which was carried out on 3 October 2013. Six actions were generated from the inspection of 3 October 2013 which detailed improvements required in order for the provider to ensure compliance with the 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.

The inspector reviewed the progress of the 6 actions generated from the most recent inspection of 3 October 2013 and observed that:
- 3 actions were completed
- 3 actions concerning care plans and the premises were not completed.

The action plan at the end of this report details improvements required in order to ensure compliance with the 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. These improvements include:
- assessment of risk
- health and safety
- medication management practices
- review of residents’ care plans
- records of residents’ personal property.
**Section 41(1)(c) of the Health Act 2007 Compliance with the 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 03: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The person in charge (PIC) displayed competence and commitment to the delivery of person-centred care and there was evidence that she had attended a range of study days on a regular basis.

It was evident to that the PIC had good knowledge of all residents and their care needs.

There was evidence of continuous engagement with staff by means of staff meetings, staff training, handover reports and management meetings. Throughout the inspection the PIC demonstrated a good working knowledge of the Regulations and the Standards.

The inspector was satisfied that the PIC was a suitably experienced nurse with authority, accountability and responsibility for the provision of the service.

**Judgement:**
Compliant

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### 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:**
No actions were required from the previous inspection.

**Findings:**
The centre had an up-to-date policy on the prevention, detection and response to abuse. There was evidence that staff had received training in the prevention of elder
abuse and were aware of what to do in the event of a disclosure. There were measures in place to safeguard the residents from abuse. Residents stated that they could talk to staff about anything.

Processes were in place for safeguarding residents’ finances and it was noted that robust systems were in place to safeguard residents’ monies. Details of residents' financial transactions were signed by two persons, one being, where possible, the resident’s signature.

Closed circuit television (CCTV), located in public areas, was used in the centre. A centre-specific policy detailed the specifics of the use of CCTV. Clear signage indicating the use of CCTV was evident.

**Judgement:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
</tr>
</tbody>
</table>

| Theme: |
| Safe Care and Support |

| Outstanding requirement(s) from previous inspection: |
| No actions were required from the previous inspection. |

| Findings: |
| The centre had an up-to-date policy on health and safety. |

Procedures were in place for the prevention and control of infection. Alcohol hand gels, disposable gloves and aprons were appropriately located. Staff were observed availing of protective equipment (PPE) when engaging in personal care or housekeeping practices and were observed using sanitising hand gel in a manner that complied with best practice. The centre was currently trialling enclosed waste bins with lids that opened by means of hand activated sensors. The PIC stated that these bins were easy for residents to use, particularly for residents with reduced dexterity.

Two clinical waste containers, located externally, were unlocked and posed a risk to residents and visitors.

Housekeeping practices concurred with the centre's policies. A colour coded housekeeping system was in use. Cleanliness was of a good standard. A schedule of updating decor and painting was ongoing. Cleaning schedule sheets were available for staff to complete, however there were a number of days in February 2014 and May 2014 that the daily cleaning schedule sheets were not completed. Another cleaning sheet had two days initialled by a staff member, but the year/month/date was not identified.
The centre had a comprehensive risk management policy containing guidance on how to assess risks. It covered the risks as specified in Regulation 31. Accompanying policies were in place to guide an inform staff on identified risks. While the risk register was up to date and identified, assessed and outlined the management of clinical and environmental risks, the risk of smoking was not identified on the risk register.

There were arrangements in place for investigating and learning from serious incidents/adverse events involving residents. The PIC stated that incidents were discussed at staff meetings and at handover reports and management meetings. Documented minutes of meetings supported this.

The inspector viewed the emergency plan and noted that there were arrangements in place for responding to emergencies and the PIC stated that a location was identified for safe placement of residents, in the event of an evacuation. However, this information was not documented on the emergency plan.

The inspector noted that reasonable measures were in place to prevent accidents (handrails, grab rails, safe floor covering). A functioning call-bell was in operation.

All staff had attended training on the principles of safe manual handling practices. There was evidence that manual handling equipment was serviced by a suitably qualified external contractor and regularly cleaned.

A fire safety officer inspected the centre in February 2014 and recommendations from the inspection were either addressed or in the process of being addressed. The maintenance engineer from the Health Services Executive (HSE) was due to call to the centre to inspect and assess the ongoing works with regard to fire safety. Subsequent to the inspection the PIC informed the inspector that this inspection took place one day post the inspection.

Records reviewed indicated that the fire alarm was serviced on a quarterly basis, fire safety equipment was serviced on an annual basis and fire drills took place on a six monthly basis. There was evidence of arrangements in place for reviewing fire precautions which included the alarm panel, the fire exits and the testing of fire equipment. Fire records included details of fire drills/ fire alarm tests/ number, type and maintenance of fire-fighting equipment. However, the daily fire safety checks were not always recorded.

Fire exits were observed as being unobstructed and a procedure for the safe evacuation of residents and staff in the event of fire was prominently displayed throughout the centre. An external smoking area was available with adjacent fire safety equipment. A visitor’s sign in/out book was readily accessible at the front door and there was evidence that persons entering and leaving the centre signed the book.

Judgement:
Non Compliant - Moderate
**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:**

No actions were required from the previous inspection.

**Findings:**

The centre had written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. A system of ongoing audit was in place for reviewing and monitoring safe medication management practices. The KSM was assigned this role.

The inspector reviewed a number of medication prescription charts and noted that all included the resident’s photo, date of birth, general practitioner (GP) and details of any allergy. Some residents were prescribed a medication that necessitated the measurement of a resident’s pulse prior to the administration of the medication. It was evident that staff were recording the observation prior to administration of the medication. However, the maximum dose of medications prescribed as required (PRN) was not documented in charts reviewed.

There was documentary evidence that indicated that residents’ medication was regularly reviewed by the GP on a three-monthly basis and as required.

The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. There was a facility in place for the safe storage of scheduled controlled drugs. The inspector reviewed the controlled drug register and, with KSM, carried out a spot check on the controlled drugs (MDAs) and found that the totals corresponded. The controlled drugs were stored in a designated locked cabinet. The centre engaged the services of an external pharmacy to dispense a pre-packaged dosage system for administration of medications to residents. Records were maintained of unused and out of date medicines. These medicines were stored in a secure box and were regularly collected by the external pharmacist. Medication administration trolleys were securely locked.

A fridge containing medications was located in the secure nurses' office. There was evidence that the temperature of the fridge was monitored daily and that the fridges contained medication only. However, two medications stored in the fridge did not have a date of opening documented on them.

One resident currently self administered medication. However, a risk assessment had not been carried out on the resident, and as per the centre's medication policy on the self administration of medications.
Judgement:
Non Compliant - Moderate

Outcome 11: Health and Social Care Needs
Each resident's 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 resident's 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:
Residents' healthcare needs were met through timely access to medical treatment. A review of a sample of residents’ care plans indicated that residents had timely access to GP services and appropriate treatment and therapies. There was evidence that residents had access to allied health care services which reflected their diverse needs. Records were maintained of all referrals and follow-up appointments. There was evidence that processes were in place to ensure that when residents were admitted, transferred or discharged, relevant and appropriate information about their care and treatment was shared.

Documentation regarding the care planning process required attention and review. The KSM was the designated person responsible for the overarching review of the care planning process. It was evident that this review was not taking place. 13 staff nurses were involved in reviewing residents’ care plans and as evidenced on inspection, staff were approaching this in a number of different ways. This resulted in:
- care plans not reviewed three monthly
- some clinical risk assessments not regularly updated
- care plan review not always done in consultation with the resident
- information in different documents and not being correlated properly
- duplication of documented information.

It was evident during inspection that staff nurses were very committed, enthusiastic and very knowledgeable of the residents. However, staff voiced a dissatisfaction with the current care planning documentation process. The PIC gave an undertaking to address this and subsequent to the inspection updated the inspector with the progress made on this matter.

A daily flow sheet capturing the activities of daily living was completed for all residents.
It was evident that residents had opportunities to participate in activities that were meaningful and purposeful to them and that suited their needs, interests, and capacities. If a resident was unable or chose not to join a group activity, an alternative activity was arranged. Residents informed the inspector that they enjoyed the therapeutic massage, music, exercises and prayers.

There was evidence that residents were weighed regularly and any concerns regarding weight loss/gain was communicated to, and subsequently addressed by the GP. A copy of residents' speech and language assessment was readily accessible to all staff. While it was evident that residents' blood pressure, temperature, pulse and respirations were regularly monitored, staff were required to document this information in a number of places, with the result that some of the information was not recorded in some documents.

There was evidence that staff completed a daily record of residents' nutritional and fluid intake/output. There was evidence that residents had a malnutrition universal screening tool (MUST) assessment on admission and regularly thereafter. Significant improvements had been made in regard to the residents' dining experience since the most recent inspection of 03 October 2013. The following observations were noted:
- a multi-purpose room was now a designated second dining room that could accommodate up to eight residents
- dining tables were attractively decorated with table covers, centre pieces and table mats
- the daily menu card was available on each table
- there was evidence of ample choice for breakfast, lunch and tea.

Residents stated that they were very happy with the care they received, liked living in the centre and stated that the range of food on offer was lovely.

It was evident that residents who experienced dysphagia (difficulty in swallowing) had care plans tailored to their particular needs and had been assessed by the speech and language therapist and the dietician.

The privacy, dignity and confidentiality of all residents were safeguarded in that information and documentation pertinent to residents was stored in a safe manner.

Assessments for residents on whom restraint was used, had been completed, and an up-to-date policy on the use of restraint was available to guide and inform staff.

Judgement:
Non Compliant - Moderate
**Outcome 17: Residents clothing and personal property and possessions**

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support

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

**Findings:**
An outstanding action from the inspection of 3 October 2013 related to residents' personal property. This action was not completed in a satisfactory manner and within the timeframe submitted by the provider. While some progress had been made on documenting inventories of residents' personal property:
- some residents did not have a record of their belongings documented
- some residents' inventories were not signed and dated.

**Judgement:**
Non Compliant - Minor

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

**Findings:**
The action from the previous inspection related to staff files. A sample of staff records reviewed demonstrated full compliance with the requirements of Schedule 2 of the Regulations.

There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. Staffing levels took into account the statement of purpose and size and layout of the building.

There was an actual and planned staff rota which indicated that staff nurses were on
duty at all times.

All staff had access to education and training which enabled them to provide care that reflected contemporary evidence based practice. The inspector noted evidence of opportunities for further training advertised in the centre.

Staff were knowledgeable about the residents and were observed engaging with the residents in a respectful and genial manner.

All relevant members of staff had an up-to-date registration with a relevant professional body.

**Judgement:**
Compliant

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**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:**

Geraldine Ryan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report¹

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<thead>
<tr>
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<tbody>
<tr>
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<tr>
<td>Date of inspection:</td>
<td>28/05/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>26/06/2014</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:
General daily cleaning sheets were not always completed, dated and signed by staff.

Action Required:
Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

Please state the actions you have taken or are planning to take:
An up to date cleaning manual exists and copies have been given to all support personnel responsible for housekeeping duties. Training has been given to all support personnel regarding cleaning and the necessity for signing off on cleaning duties. A

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
A review of sheets that were unsigned has demonstrated that the gaps occur when agency personnel are employed to cover shifts.

**Actions:**
1. The CNM2 and Staff Nurses will remind agency personnel of the requirement to sign off on their housekeeping duties.
2. All regular agency personnel will be provided with a copy of the cleaning manual.
3. The CNM2 or deputy will check the lists on a frequent, regular basis and follow up with personnel who have not signed their lists.
4. The list of duties for Multitask Attendants involved in direct resident care and housekeeping will be reviewed and they will be given copies of amended lists.

**Proposed Timescale:** 31/07/2014

**Theme:**
Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not ensuring that the risk management policy covered, but was not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

**Action Required:**
Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
Action completed.
A risk assessment with regard to smoking has been carried out and added to the Risk Register. Other risk assessments regarding use of personal electrical equipment in residents’ rooms and the safety of residents who wander have been added.

**Proposed Timescale:** 26/06/2014

**Theme:**
Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Two clinical waste containers, located externally, were unlocked and posed a risk to residents and visitors.

**Action Required:**
Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the
Please state the actions you have taken or are planning to take:
Action completed.
The Clinical Waste Bins are maintained locked and all relevant personnel have been informed of the necessity of ensuring that they remain so.

**Proposed Timescale:** 26/06/2014

**Theme:**
Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not identifying, in the event of fire or an evacuation, a safe placement for all people in the designated centre.

**Action Required:**
Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

Please state the actions you have taken or are planning to take:
Action completed.
The Fire Evacuation Plan and Emergency Plan have been amended to include details of the local hotel which would be the primary location for evacuated residents while awaiting transfer to local care facilities (community hospitals or nursing homes) in the case of an emergency evacuation of the centre.

**Proposed Timescale:** 26/06/2014

**Theme:**
Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Daily fire safety checks were not always recorded as having been checked.

**Action Required:**
Under Regulation 32 (2) (a) you are required to: Maintain, in a safe and accessible place, a record of all fire practices which take place at the designated centre.

Please state the actions you have taken or are planning to take:
Action completed.
All staff nurses who act up as CNM2 when the CNM2 is off have been reminded of their responsibility to carry out the fire checks. The CNM2 will ensure that there is always someone nominated in the off duty to act up. Each person will be held accountable for
ensuring the fire checks they are responsible for are carried out.

**Proposed Timescale:** 26/06/2014

**Outcome 08: Medication Management**

**Theme:**
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A risk assessment had not been carried out on a resident who self administered medication.

Two medications, stored in the medication fridge did not have a date of opening documented on them.

The maximum dose of medications prescribed as required (PRN) was not documented in the charts reviewed.

**Action Required:**
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.

**Please state the actions you have taken or are planning to take:**
Action completed.
Comprehensive guidelines and procedures with regard to the management of medications and the administration of medications, including self administration of medication, are in place. The risk assessment tool within the Guidelines will be applied systematically to all residents who self medicate. The CNM2 will remind all staff nurses of this requirement.
The CNM2 will ensure that medications stored in the fridge are checked daily to verify that the date of opening is noted on the bottle as well as reminding nursing personnel of the necessity of doing this at the opening of a new bottle. All staff nurses will be reminded that they should check the date of opening before administering medications. A letter is being sent to all Medical Officers requesting them to note the maximum dose of PRN medications when prescribing.

**Proposed Timescale:** 30/06/2014

**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 keeping each resident's care plan under formal review as required by the resident's changing needs or circumstances and no less frequent than at 3-monthly intervals.

Action Required:
Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

Please state the actions you have taken or are planning to take:
This action has commenced and will be ongoing.
This action has commenced and will be completed by 31 July 2014.

Proposed Timescale: 31/07/2014
Theme:
Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not revising each resident's care plan, after consultation with him/her.

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:
The CNM2 will ensure staff nurses revise the care plans with the residents. The CNM2 will audit the care plans regularly to ensure the residents or their nominated representatives have been consulted regarding all aspects of their care.

Proposed Timescale: 26/06/2014

Outcome 17: Residents clothing and personal property and possessions
Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not maintaining an up to date record of each resident's personal property that is signed by the resident.

Action Required:
Under Regulation 7 (2) you are required to: Maintain an up to date record of each residents personal property that is signed by the resident.
Please state the actions you have taken or are planning to take:
Action completed.
Multitask Attendants have been given the responsibility for this task under the supervision of the CNM2. The CNM2 will audit the property lists on a regular basis to ensure they are being maintained.

Proposed Timescale: 26/06/2014