

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	St Brigid's Home
Centre ID:	ORG-0000472
Centre address:	Crooksling, Brittas, Co. Dublin.
Telephone number:	01 458 2123
Email address:	eileen.maher1@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Michael Knowles
Person in charge:	John Nestor
Lead inspector:	Linda Moore
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	58
Number of vacancies on the date of inspection:	8

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 12 June 2014 07:30 To: 12 June 2014 17:45

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

Outcome 07: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies and analysed survey questionnaires which relatives submitted to the Authority prior to the inspection. Inspectors met residents, relatives, staff and observed practice on inspection. Documents were also reviewed such as training records and care plans. The person in charge who completed the provider self-assessment tool had judged that the centre was compliant in relation to both outcomes.

While areas of non compliance were identified under the nutrition and End of Life Care outcome, overall the inspector found a high level of 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. This was reflected in positive outcomes for residents, which were confirmed by residents and relatives and evidenced throughout the inspection.

Residents requiring end of live care received a high quality and person-centred service at this stage of life. The inspector noted many examples of good practice in this area and staff were supported by prompt access to palliative care services. The

care plans did not properly guide the care to be delivered. Questionnaires were received from a number of relatives of deceased residents which showed that families were satisfied overall with the care given to their loved ones. However the restrictions in the layout of the centre did not always facilitate choice for residents. The overnight facilities also required improvement.

The nutritional needs of residents were met to a high standard. However, some improvement was required regarding gaps in the maintenance of documentation and the care plans did not fully direct the care to be delivered. Assistance at meal times required improvement. Residents were provided with food which was varied and nutritious and respected their preferences. There was a good standard of nutritional assessment and monitoring and residents had very good access to the general practitioner (GP) when indicated. Residents and relatives provided feedback to the inspector, regarding food and nutrition, which was very positive.

The inspector observed a number of areas of non-compliance in other outcomes during the inspection. These included:

- Medication management practices
- Bedrails were loose which may have been an entrapment risk for residents
- Management of a resident with epilepsy
- Allocation of staff and supervision of residents
- Opportunities for residents to participate in activities

These matters are discussed further in the report and in the Action Plan at the end of the report.

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 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:

No actions were required from the previous inspection.

Findings:

The inspector noted that despite purchasing additional new beds for the centre, a number of the bedrails were loose and may be an entrapment risk for residents.

The medication trolley was left open during the medication round where residents with a cognitive impairment wandered. This was addressed when raised.

Other aspects relating this outcome were not reviewed during this inspection.

Judgement:

Non Compliant - Moderate

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:

Care planning, as it relates to nutrition and end of life, was reviewed under this outcome. A minor non-compliance as detailed under Outcome 15 was identified.

The inspector noted that while there were some activities for residents in the afternoon, there was limited access to any activation for residents in the morning time, particularly for those with a cognitive impairment. While two activity staff members were allocated, they were both on leave on the day of the inspection. Staff told the inspector they did not have time to provide activation to residents. The main source of stimulation in the sitting rooms were the televisions on in the background, while most of the residents slept.

Other aspects relating this outcome were not reviewed during this inspection.

Judgement:

Non Compliant - Moderate

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:

The dining space did not meet residents needs. See outcome 15.

There were one dining area on one of the units which was not adequate in size, apart from that there was no separate dining space on any of the units. Sitting/dining room accommodation is provided in enclosed verandas which are referred to as solariums. This resulted in residents spending all day in the same area.

Judgement:

Non Compliant - Moderate

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Overall residents received a high standard of end-of-life care which respected the values of the individual and resulted in positive outcomes for residents. However there were areas for improvement in the assessment and care planning, the layout of the units.

There was a policy on end-of-life care which was centre specific and provided guidance to staff. This was not fully implemented. A staff member discussed the post death review with the inspector but there was no documentary evidence that this had been completed in line with the policy.

Staff members were knowledgeable about this policy and had signed that they had read the policy. The person in charge had not identified any areas for improvement in the self assessment.

The inspector reviewed documentation for a number of residents in relation to end-of-life care planning. The inspector found that many of the residents had a care plan in place which dealt with future health care needs in the event that the resident became seriously ill and was unable to articulate their needs. There was some evidence of resident and family involvement in the development of these plans. The decisions concerning future health care needs had been discussed with the GP and were documented.

The inspector found that while assessment for palliative care and end of life and care plans was in place, the assessments were incomplete or stated "unable to express" and there was no evidence that alternative means of gathering this information was considered. Care plans were not comprehensive and did not fully reflect the physical, emotional, psychological and spiritual needs. Staff said these were a work in progress.

There were residents receiving active end-of-life care at the time of inspection and the inspector reviewed their care. The inspector found that while the care was being delivered, the care plans did not guide care. There was no care plan for a resident with epilepsy whose condition had deteriorated and was at end of life.

The staff stated that the centre received support from the local palliative care team when required. The service was accessible upon referral by the nurses and GP, the inspector saw that there was prompt access to the service when required. Staff members were knowledgeable about how to initiate contact with the service. This was documented in resident's files.

The inspector reviewed questionnaires returned by the relatives of residents who had died in the centre. Sixty percent of questionnaires issued had been returned to the Authority. This information showed that all respondents were very satisfied with the care which had been provided at the time of death. Relatives commented that they would have liked a single room as there was limited space to be with their relatives. With the exception of the two single bedrooms, the remainder of the bedrooms were institutional in nature with large multi-occupancy bedrooms ranging from three to ten beds in each

room. Therefore a single room was not made available for residents for end-of-life care.

There was an overnight room in the centre which relatives could use to be with the resident when they were dying. However this was being used to store equipment for residents and the couch was in a poor state of repair. This had been a room used by security in the past and the CCTV was on display in the corner.

Residents reported a high level of satisfaction with the support and respect shown by staff members following the death. Residents and relatives also stated that staff members were caring and respectful and they were comfortable confiding in them. Resident's right to refuse treatment was documented and reflected in the care plan as it arose.

The procedure for the return of resident's personal possessions required improvement. The provider had purchased bags with the name of the centre which are used to handover personal possessions. However while there was a signature of a relative when property was returned, this did not include the items returned and was not counter signed by any staff member.

Records showed that a number of staff had received training in end-of-life care in 2014 and this was ongoing. However many of the staff nurses spoken to on the day had not received the training and said they would welcome the opportunity. Some of the residents, spoken to by the inspector, stated that their religious and spiritual needs were respected and supported and that their wishes regarding their preferences and choices at their end of life had been discussed with them or their family. Staff said they would like training to equip them with the tools to talk to residents about their wishes. Some of the residents told the inspector that they chose not to discuss their wishes with staff and this was respected but was not documented. Overall these documented were not comprehensively completed.

Mass services took place each Sunday in the Oratory and in rotation in the other units on a Tuesday. Communion was offered weekly. Access to other religious representatives from other faiths was available if requested. Last rites were provided and documented. Respect for the remains of the deceased was noted and documented and family were consulted throughout the whole process.

Residents and visitors were informed sensitively when there was a death in the centre. The staff informed the residents and it was announced at mass. A symbol was placed on the resident's door to inform all staff, residents and visitors when a resident was at end of life.

The inspector read the information available for distributing to families following the death of a loved one. The inspector read this document and found that it provided a lot of useful information including details of how to register a death and details of professional support services.

Judgement:

Non Compliant - Moderate

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

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

Findings:

Residents received a varied and nutritious diet that was tailored to meet individual preferences and requirements. However, some improvement was required in the maintenance of the care plans. Assistance at meal times required improvement.

There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. Staff members spoken to by the inspector were knowledgeable regarding this policy. The person in charge had not identified any areas for improvement in the self assessment document that was submitted to the Authority.

The inspector observed the service of breakfast and the main meal to residents. Residents had a choice of being served breakfast in their rooms or in the dining/day areas. There were one dining area on one of the units which was not adequate in size, apart from that there was no separate dining space on any of the units. Sitting/dining room accommodation is provided in enclosed verandas which are referred to as solariums. This resulted in residents spending all day in the same area.

Residents, spoken to by the inspector stated that they enjoyed the breakfast provided and they were offered choice. The provision of modified consistency diets had improved since the previous inspection.

The inspector also observed the main meal and found that it was hot and attractively presented. Residents were offered a choice of food at each meal time and individual preferences were readily accommodated. The nursing staff monitored the meal times closely. Residents, who required their food to be modified, for example pureed, were served this food in individual portions and had the same choice of food at the main meal. Regular fluids were provided during the day. Portion sizes were appropriate and second helpings were offered. Residents who required assistance at this meal received this in a sensitive manner. However this required improvement. The inspector observed that appropriate assistance was not provided to all residents and brought this to the attention of the nurses. One resident was in a semi reclined position which placed the resident at risk. This was addressed. Many of the bed tables used to rest a meal on in the dining/ sitting areas were not appropriate for residents and residents were seen to be having difficulty reaching these tables at times. Some of the residents spent time in their beds due to their condition, the inspector observed staff standing at the residents beds assisting them with a meal. This may not be an enjoyable experience for residents. The meal time provided opportunity for social interaction between staff, residents and

relatives.

Residents who required specialised diets and altered consistency meals were facilitated and staff members were very aware of individual resident's requirements. The inspector saw that advice from the speech and language therapist (SALT) was implemented for individual residents. Residents who required dietary restrictions due to medical grounds were facilitated, such as diabetic diets.

However fortification of foods required improvement. There was a lack of clarity as to who was responsible for fortifying meals and the inspector noted that cream and butter was added to the food in the kitchen and again at unit level when this was not always required.

There was good ongoing monitoring of residents nutritional and hydration needs and residents at risk were reviewed by the dietician and speech and language therapist as required. Residents were also reviewed at the multi disciplinary meeting. Residents had good access to the general practitioner (GP) and dentist.

Overall there were care plans for nutrition and hydration in place based on regular nutritional assessments which were up to date. However, they needed to be improved. Care plans for residents who had lost weight recently did not fully direct the care to be delivered.

The person in charge had implemented a system of review of residents needs based on the information collected on a monthly basis. There were evidence of audits of care plans, however the findings and actions were not documented. Other audits such as the meal time experience and the processes in place were not completed.

There was a clear, documented system of communication between nursing and catering staff regarding residents' nutritional needs and preferences. Inspectors spoke to the chef who was knowledgeable about modified consistency diets. Overall responsibility with regards to resident's dietary needs rested with the nurse manager. There was a two weekly menu plan in place and the menu had been audited by the dietician in order to ensure that it was nutritionally balanced. The chef had addressed any areas identified. The dietician showed the inspector the review of the menu which had improved outcomes for residents.

The inspector spoke to many residents regarding food and nutrition. Overall the response was uniformly positive with residents and relatives expressing a high level of satisfaction with the choice of food, the meal times and the overall dining experience. Residents stated that they could request additional snacks or drinks if they were feeling hungry and relatives were also facilitated to dine with residents. There were kitchenettes throughout the centre where safe facilities were available for staff to provide residents with snacks at any time. There were two kitchenettes for relatives to make their own refreshments should they chose too.

Residents were actively encouraged to provide feedback on the catering services; this was ascertained through the residents committee meeting. However the information was not always relayed to the catering staff. The staff on the units also did not have access to the committee meeting minutes. There was no opportunity for the catering

staff to ascertain feedback following the meals to improve the quality of the service. A drugs and therapeutic committee met monthly and discussed end of life, medications and nutrition issues.

Staff had received training in the area of nutrition and were knowledgeable in these areas. Inspectors visited the kitchen and found that it was maintained in a clean and hygienic condition with ample supplies of fresh and frozen food.

Judgement:
Non Compliant - Minor

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:
No actions were required from the previous inspection.

Findings:
The system to manage residents finances required improvement, see outcome 14.

Judgement:
Non Compliant - Minor

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:
No actions were required from the previous inspection.

Findings:
The inspectors found that while it appeared that there were adequate numbers of staff on duty, based on the assessed needs of the residents. The inspector was not satisfied with the supervision arrangements in the sitting/dining areas on the morning of the

inspection. The allocation and supervision of staff required improvement. Residents who had high dependency needs were left unsupervised at times during the morning and staff concurred that this was the case on other days. The inspector noted that there was no staff member allocated to sit with a resident at their end of life when the family were not in the centre.

Judgement:

Non Compliant - Moderate

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:

Linda Moore
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Regulation Directorate
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Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Brigid's Home
Centre ID:	ORG-0000472
Date of inspection:	12/06/2014
Date of response:	11/07/2014

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 provider had not taken all reasonable measures to prevent accidents to any person in the designated centre.

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 designated centre.

Please state the actions you have taken or are planning to take:

A Risk Management Maintenance Meeting is held monthly to ensure that outstanding maintenance issues are addressed, and remedial actions carried out promptly. Risk

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

assessments are carried out in all locations and actions are taken to minimise risk to all persons in St Brigid's Home. Education for all staff in risk management is provided. Safe access and egress signs, and equipment is provided in compliance with the Fire Policy.

St Brigid's Home implements insofar as is practicable the restraint policy of the HSE. Staff routinely check the non-integrated bed rails to ensure they are positioned securely and correctly. An ongoing bed replacement programme is in place. Twenty two new beds with integrated bed rails are now in use.

Staff are fully aware that the medicines trolley must be kept locked at all times when not in use. Staff have been directed to re-read the Medication Policy.

Proposed Timescale: 11/07/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents were not provided with opportunities to participate in activities appropriate to his or her interests and capabilities.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

Please state the actions you have taken or are planning to take:

Each resident will have a Care Plan which clearly documents their interests hobbies and leisure activities. Activities for residents will be reviewed and provided in each location. A calendar of the Activities Programme/schedule is displayed in each unit. Staff will enable and support residents to participate in their chosen activities.

Proposed Timescale: 11/07/2014

Theme:

Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents needs were not set out in the care plans.

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:

Each resident will have an individualised care plan which will be updated at least three monthly or sooner if there is change in their status. Further education on best practice in care planning is being organised for staff in the coming months.

Proposed Timescale: 11/07/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Adequate dining space was not provided.

Action Required:

Under Regulation 19 (3) (g) part 1 you are required to: Provide adequate sitting, recreational and dining space separate to the residents private accommodation.

Please state the actions you have taken or are planning to take:

Measures have been taken to extend and maximise as far as is possible the residents' dining area within the infrastructural limitations of St. Brigid's Home. However, we are aware that these measures do not meet HIQA requirements.

The HSE's initial viability plan in respect of it's long term care bed stock clearly indicated that the existing buildings at St. Brigid's cannot meet the 2015 Environmental Standards. The action plan arising out of this study will confirm this. This Action Plan will be completed during 2014. It will be followed by an engagement nationally within the HSE and the Dept. of Health to deliver the required outcomes for the residents at St. Brigid's and their families. The Provider will keep the Authority informed of it's plans and decisions in relation to St. Brigid's Home.

Proposed Timescale: Ongoing

Proposed Timescale:

Outcome 14: End of Life Care

Theme:

Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The end of life policy did not guide practice.

Action Required:

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

Please state the actions you have taken or are planning to take:

The End of Life Policy is currently being reviewed and modified. The End of Life Policy will include written operational policies and protocols for end of life care. The advanced care planning for end of life care will be documented in consultation with the resident and their family or friend(s). The End of Life Review Section will be addressed at Unit level and completed at the clinical review meetings.

Proposed Timescale: 11/07/2014

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Due to the layout of the premises, residents were not facilitated to the option of a single room.

Action Required:

Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

Please state the actions you have taken or are planning to take:

There are a limited number of single rooms available at St. Brigid's Home. Every effort is made by the local management team to facilitate choice for each resident at end of life including access to a single room.

Proposed Timescale: 11/07/2014

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Appropriate assistance was not provided to all residents at meal times.

Action Required:

Under Regulation 20 (4) you are required to: Provide appropriate assistance to residents who, due to infirmity or other causes, require assistance with eating and drinking.

Please state the actions you have taken or are planning to take:

Staff have been directed to provide appropriate assistance to residents at meal times. Each resident's level of assistance at mealtimes is documented in their care plan.

Proposed Timescale: 11/07/2014

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:

The records of residents property required improvement.

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:

A Patient's Property Record Book for St. Brigid's Home is issued to each unit. This book records the valuables, aids/appliances and money brought into the facility, and is signed by the resident/relative and the admitting nurse on the day of admission. A copy is given to the resident/relative, a copy is placed in the resident's medical notes and the original remains in the book.

A Triplicate book is supplied to each unit to record clothing and footwear. Similarly, a copy is given to the resident/relative on admission. A Personal Property and Possessions Policy is read and signed by staff in all units.

Proposed Timescale: 30/09/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The supervision arrangements in the sitting/dining areas on the morning of the inspection required improvement. There was no staff member allocated to sit with a resident at their end of life.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

Adequate staffing to ensure safe care that meets the assessed needs of residents will be provided at all times in the sitting/dining areas. On investigation of the inspector's finding, it was established that a staff member had been assigned to sit with the resident, but had temporarily been out of the room to acquire medication for this resident.

Proposed Timescale: 11/07/2014

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some of the staff had not received training in end-of-life care to provide evidenced-based care.

Action Required:

Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

Please state the actions you have taken or are planning to take:

Staff training in End of Life Care is ongoing and all staff involved in direct patient care will receive this training. Twenty nine staff have received training this year thus far and further education is being arranged.

Proposed Timescale: Ongoing

Proposed Timescale: