<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Lake House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000353</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Portnablagh, Dunfanaghy, Donegal.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>074 913 6197</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:lakehousenh@eircom.net">lakehousenh@eircom.net</a></td>
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<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>Sheephaven Properties Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Desmond Gray</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Elizabeth Joan Cowan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Damien Woods</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>38</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>13</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 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 decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 02 April 2014 09:30  
To: 02 April 2014 16:30

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>
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<tr>
<td>Outcome 03: Suitable Person in Charge</td>
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<tr>
<td>Outcome 04: Records and documentation to be kept at a designated centre</td>
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<tr>
<td>Outcome 05: Absence of the person in charge</td>
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<tr>
<td>Outcome 06: Safeguarding and Safety</td>
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<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>
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<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>
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<tr>
<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<tr>
<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
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<td>Outcome 17: Residents clothing and personal property and possessions</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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</table>

Summary of findings from this inspection
This was the 7th Inspection of the centre. The provider had applied to the Health Information and Quality Authority (the Authority) Regulation Directorate for registration renewal under Section 48 of the Health Act 2007. This report sets out the findings of the announced inspection which forms part of the assessment for registration.

The inspector found that the provider, person in charge and staff team conveyed a very positive attitude to the care of older people. They were knowledgeable about the care needs of all residents and conveyed a commitment to supporting residents to ensure a good quality of life. There was social activities available and residents said they could participate or not depending on their interests. The centre provided a
welcoming and home like environment for residents. The front porch area and living rooms provided comfortable spaces for residents and visitors to interact. Rooms and common areas were well maintained.

There were 38 residents living in the centre. Their care needs assessments indicated that 9 were in the independent/low dependent category, 7 had medium range care needs and 22 residents had maximum/high care needs. All residents spoken with on inspection were happy with the centre and felt safe and protected therein.

The healthcare needs of residents were met to a good standard. Residents had regular access to general practitioner (GP) services and to a range of allied health services. Staffing levels adequately met the assessed needs of residents and residents and relatives spoken with said that the care given by staff was of a high standard.

The inspector reviewed the response to the action plan outlined in the monitoring inspection report of 11th June 2013 and identified that while the action requiring a lift be installed had been completed, some additional work is required to ensure the centre meets the requirements of the regulations in respect of the premises.

The finding of the inspection was that the service meets with the requirements of 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 with the exception of the areas for improvement included in the Action Plan at the end of this report.
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

**Findings:**
The inspector was satisfied that the Statement of Purpose (SOP) in general described the aims, objectives and ethos of the centre and the service that was provided. A revised SOP is required to reflect changes to the centre layout and update staffing details since the previous copy of October 2013.

**Judgement:**
Non Compliant - Minor

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

**Findings:**
The inspector found that the centre had an appropriate contract for provision of services in place and the fees to be charged were outlined.

**Judgement:**
Compliant

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
Findings:
The post of person in charge was full-time and held by a registered nurse, Joan Cowan who had the required experience in the area of nursing of older people. The person in charge demonstrated a good level of knowledge of the Regulations and the Authority's Standards and her statutory responsibilities during the inspection. The person in charge described a good working relationship with the provider, whom she met on a regular basis. Minutes of these meeting and actions arising were viewed.

The person in charge was able to clearly describe the needs and requirements of residents in the centre. They were able to identify where improvements had taken place in the centre in the delivery of care and the general environment since previous inspections. Her registration was up to date with a Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).

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

Findings:
All policies listed in Schedule 5 of the Regulations were available and provided clear guidance to staff of the procedures to follow to ensure the delivery of safe quality care to residents. Resident records and files were accessible and clearly understandable. The directory of residents was complete and up to date with all relevant information therein.

The centre had appropriate and adequate insurance in place to meet the requirements of the legislation. Staffing records were maintained and met the regulatory requirements.

Judgement:
Compliant

Outcome 05: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.
Theme:
Leadership, Governance and Management

Findings:
The provider/person in charge was aware of the requirements regarding absence and the notification that had to be supplied to the Chief Inspector advising of such absence. She had not been absent from the centre for any period that required notification.

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

Findings:
The inspector reviewed the centre’s policy on prevention, detection and response to elder abuse. The policy defined the various types and signs of abuse and the reporting arrangements. The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. During discussions with the inspector some staff members demonstrated their knowledge regarding reporting mechanisms within the centre and what to do the in the event of a disclosure about actual, alleged, or suspected abuse.

The centre acts as agent for a number of residents in respect of their financial affairs and maintained clear, accurate records of relevant transactions undertaken on their behalf. There were however no clear authorisations in some cases for the centre to undertake this activity. It was explained that they undertook same when residents had been admitted to the centre from other designated centres.

Judgement:
Non Compliant - Minor

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:
The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
At the previous inspection, residents were maintained on two, or more, floors without the provision of a lift and there were concerns about residents on the first floor having no alternative means/plan of escape/exit in the event of the main stairwell being unsafe to use. In response to the action plan the provider had installed a new lift. The fire safety concern was reviewed and certification provided by a competent person to say that the upstairs evacuation plan and provision was suitable.

The Inspector found that the provider had taken steps to promote the safety of residents. A comprehensive safety statement was available which provided guidance on responding to a range of clinical and non-clinical risks. There were arrangements in place for recording and investigating accidents and incidents. All staff had up to date training in manual handling. A moving and handling assessment was available for residents.

Fire safety was appropriately managed. All staff had up to date fire safety training and had participated in regular fire drills to ensure they are aware of the procedures to follow to include simulated evacuation and safe placement of all persons in the event of fire. Staff spoken with was clear about the procedure to follow in the event of a fire. The inspector viewed the fire records which showed that fire equipment and fire alarm system was serviced as required. The inspector found that all fire exits were clear and unobstructed during the inspection.

Measures to control and prevent infection including policies and practices were in place. Hygiene measures including hand sanitizers and protective equipment were available throughout the building. The current cleaning methods minimised the risk of cross contamination and the centre was clean and odour free on the day of inspection.

**Judgement:**
Compliant

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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

**Findings:**
The inspector reviewed the medication management policy and found that policies were in place, to ensure guidance to staff from ordering, prescribing, storing and administration of medicines to residents. The inspector observed a nurse on the medication round. Photographic identification was available for each resident to ensure the correct identity of the resident receiving the medication, and to reduce the risk of medication error. The inspector found that, the nurse was knowledgeable regarding medication in use. Medications that require strict control measures were kept in a secure cabinet, nurses kept a record of all controlled drugs and when the inspector checked a
selection of MDA drugs found them to match the record.

The inspector was satisfied that medication was administered in accordance with the centre’s policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines.

**Judgement:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 09: Notification of Incidents</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</em></td>
</tr>
</tbody>
</table>

**Theme:**
Safe Care and Support

**Findings:**
Good records were maintained regarding incidents and accidents and all relevant notifications had been submitted to the in a timely and complete manner.

**Judgement:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 10: Reviewing and improving the quality and safety of care</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>The quality of care and experience of the residents are monitored and developed on an ongoing basis.</em></td>
</tr>
</tbody>
</table>

**Theme:**
Effective Care and Support

**Findings:**
The centre produced an annual quality audit and this was reviewed on inspection. It covered matters from rating the quality of overall care, the opinion of respondents on the person in charge and their opinion on how complaints or concerns were dealt with. The overall responses mirrored those in the relative and resident questionnaires reviewed before inspection in giving a very positive opinion on the quality of care in the centre.

**Judgement:**
Compliant
**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

**Findings:**
The inspector reviewed 3 resident’s care plans. In the sample of care plans reviewed there was evidence care plans were updated at the required three monthly intervals or in a timely manner in response to a change in a resident’s health condition. The inspector found a good standard of evidence-based care and appropriate medical and allied health care access. Recognised assessment tools were used to evaluate residents’ progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, tissue viability and cognitive functioning. There was a record of each resident’s health condition and treatment given completed daily. The care plans were person-centred, directly relevant to the assessment outcomes detailed and took account of resident’s wishes as well as their healthcare status. Staff demonstrated good knowledge and understanding of each resident’s health status and social preferences in conversation with the inspector.

Residents had access to GP services and there was evidence of medical reviews at least three monthly and more frequently when required. A review of residents’ medical notes showed that GP’s visited the centre regularly. There was evidence of referral to allied services such as speech and language and occupational therapy. Access to physiotherapy was available to residents.

There were opportunities for all residents to participate in activities. There was a structured program of activities in place which was facilitated by the activities coordinator. The activities co-ordinator had prepared life books with residents and had established good links with local schools, historical society and community organisations. Residents spoken with said they enjoyed in particular the music sessions. The activities co-ordinator was enthusiastic and committed to her role which was commented on positively by relatives visiting the centre on the day of inspection.

**Judgement:**
Compliant
**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 premises is well maintained, clean and safe. The provider had undertaken works since the last inspection to improve the physical environment for both residents and staff. These included the provision of a lift to the first floor and new staff facilities in a premises directly adjacent to the centre. The living areas and dining room were domestic in nature and had comfortable and appropriate seating. The front conservatory overlooking the main street and beside the entrance was constantly in use by residents to sit and talk amongst themselves or with visitors. There is a pleasant internal courtyard and visitors room available. Residents rooms were appropriately furnished and decorated.

In discussions with the provider they indicated that they are planning to continue with renovations to ensure the centre meets all regulatory requirements. There are a number of multi-occupancy rooms that will require a reduction in bed numbers to ensure they meet the regulations. Additional bathrooms/toilets and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection are also required.

There was appropriate equipment such as hoists and adaptive beds that were serviced regularly and had relevant certifications of same available which was checked on inspection and found to be current.

**Judgement:**
Non Compliant - Moderate

**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
**Findings:**
The complaints policy was reviewed and was found to be in compliance with requirements of the Regulations. In conversation with relatives they expressed their satisfaction that issues raised by them around concerns that had over care of residents were resolved expeditiously. A review of the complaints log confirmed same.

The provider, person in charge and assistant director of nursing explained to the inspector their approach to complaints and complaints resolution which mirrored that outlined in the policy as seeking to resolve complaints as they were brought to their attention.

**Judgement:**
Compliant

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### 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

**Findings:**
The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided in the centre. The centre had an end of life care policy to guide staff and this was reviewed along with the self assessment document on end of life care submitted as part of the thematic inspection process.

End of life care plans are reviewed on at least a 3 monthly basis. An examination of resident files confirmed this was the case. The care plans indicated clearly the wishes of the resident in respect of their end of life care. The centre has good links with all the local religious communities. Staff had undergone training in palliative care and end of life planning.

**Judgement:**
Compliant

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### 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
Findings:
Prior to inspection, the centre submitted a self assessment from as part of the Thematic programme for inspections in the area of food and nutrition. This was reviewed prior to inspection and the self assessment findings were reflected on inspection. Residents were provided with food and drink in quantities adequate for their needs. Resident’s weights were recorded according to the clinical status of the resident.

The inspector met with the chef. She was knowledgeable regarding residents’ likes, dislikes and special dietary needs. A record of this information was maintained in the kitchen. She informed the inspector that some resident’s meals were fortified and residents were also being prescribed supplements where necessary. She could clearly and accurately describe what exact dietary needs were required. The was a rolling menu on a 4 week cycle with choices daily for meals. Tea and snacks were noted to be served throughout the day.

The inspector observed the serving of lunch and saw that the food was served in an appropriate manner and residents spoken with were complimentary of the food. Adequate staff were in attendance to provide appropriate support and assistance to residents. Residents spoken with expressed satisfaction with the food and dining experience in the centre.

Judgement:
Compliant

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

Findings:
Residents’ privacy and dignity was respected by staff with bedroom doors and other areas were made private when personal care was being delivered. Staff interacting with residents in a courteous manner with staff and residents relating in a comfortable way. There is an open visiting policy and contact with family members was facilitated and supported. Visitors were noted to come and go regularly throughout the day. Residents’ independence was promoted by staff. The inspector saw staff assisting residents to walk in a reassuring and patient manner. Residents who had cognitive issues were assisted in a quiet and helpful way to elicit their needs. Some staff were native Irish speakers which assisted in dealing with residents whose first language was Irish.

Residents said they had opportunities to discuss issues as they arose with members of staff. There was also a meeting on quarterly basis with staff and residents to discuss improvements or issues that had arisen and these meetings were minuted. Issues that
arose were satisfactorily addressed to the residents satisfaction.

Judgement:
Compliant

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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

Findings:
There was adequate space provided for residents’ personal possessions. There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents.

Judgement:
Compliant

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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

Findings:
The inspector was satisfied that staffing levels and the skill mix in place was appropriate to meet the needs of residents. There were recruitment procedures that ensured that staff were appropriately selected and vetted and confirmation that staff were mentally and physically fit to undertake the roles for which they were employed. The inspector examined the files of three staff members as part of the assessment of this outcome.

Staff were supported by supervision from the person in charge, staff meetings and regular feedback. Staff said they could highlight issues without difficulty and said that the person in charge was receptive to ideas for change. The inspector reviewed staffing levels with the person in charge who said she based these on the dependencies and needs of residents. Staff who were absent on sick or other leave were covered from the existing staff compliment.
The inspector spoke with staff members and found that they were knowledgeable about the residents’ individual needs, the centre’s policies, fire procedures and the procedures for reporting alleged elder abuse. The inspector saw them responding to residents’ needs in a respectful manner. Staff told the inspector that they were well supported by the provider/person in charge.

Staff were provided with all relevant mandatory training and with access to additional courses. Records of participation were included on staff files.

**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:**

Damien Woods  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
### Provider’s response to inspection report

<table>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000353</td>
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<tr>
<td>Date of inspection:</td>
<td>02/04/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>01/07/2014</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 01: Statement of Purpose

**Theme:**  
Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The statement of purpose requires updating to reflect changes since October 2013

**Action Required:**  
Under Regulation 5 (3) you are required to: Keep the Statement of purpose under review.

**Please state the actions you have taken or are planning to take:**  
The Statement of purpose has been revised to reflect all the changes that have occurred in the Lake House Nursing Home. Please find attached a copy of the revised Statement of purpose.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Proposed Timescale: 01/07/2014

**Outcome 06: Safeguarding and Safety**

**Theme:**
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Clear authorisations and records of such were not in place where the centre acted in an agency capacity for residents.

**Action Required:**
Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
Authorisation of residents finances form has been devised, this form has been completed by the residents in question and is filed in their documentation.

Proposed Timescale: 01/07/2014

**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:
Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

**Action Required:**
Under Regulation 19 (3) (j) part 1 you are required to: Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.

**Please state the actions you have taken or are planning to take:**
We are in negotiations with the architects at the moment about refurbishment of bathroom and bedroom facilities. Plans will be available to yourself for approval before the 30th of September 2014. Building work will be completed by the 1st of April 2015 to comply with the standards.

Proposed Timescale: 01/04/2015
**Theme:**
Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There are a number of multi-occupancy rooms that will require a reduction in bed numbers to ensure they meet the regulations.

**Action Required:**
Under Regulation 19 (3) (e) part 2 you are required to: Provide adequate private accommodation for residents.

**Please state the actions you have taken or are planning to take:**
We are in negotiations with the architects at the moment about refurbishment of the multi-occupancy bedrooms. Plans will be available to yourself for approval before the 30th of September 2014. Building work will be completed by the 1st of April 2015 to comply with the standards.

**Proposed Timescale:** 01/04/2015