

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Oakwood Private Nursing Home
<b>Centre ID:</b>	OSV-0000373
<b>Centre address:</b>	Circular Road, Ballaghaderreen, Roscommon.
<b>Telephone number:</b>	094 986 1033
<b>Email address:</b>	info@oakwood.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Oakwood Private Nursing Home Limited
<b>Provider Nominee:</b>	Declan McGarry
<b>Lead inspector:</b>	Thelma O'Neill
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	29
<b>Number of vacancies on the date of inspection:</b>	6

## 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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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:	To:
01 July 2014 10:30	01 July 2014 19:30

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

Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This inspection was unannounced and was the fifth inspection of the centre by the Authority. The inspection was carried out over one day and focused on six core outcomes, as well as the areas of practice that required improvement; as set out in previous inspection reports. The provider and person in charge had addressed four of the eight actions in the previous monitoring inspection report satisfactorily. Three were partially progressed, and one action was not fully reviewed during this inspection. Some previous actions in relation to staffing are re-stated in the action plan at the end of this report.

Oakwood Nursing home is a single-storey building. It can accommodate up to 36 residents. It provides nursing care to individuals over the age of 18 years of age who have long term care needs and those who need respite, convalescent or palliative care.

The centre is owned and managed by a husband and wife team, Declan and Eithne Mc Garry. Declan Mc Garry is the registered Provider and Eithne Mc Garry is the person in charge. The person in charge is supported in her role by the provider, a senior nurse, nursing staff, care assistants and ancillary staff.

The centre is located within a residential area close to the town centre. There is a pedestrian footpath leading to the shops, business facilities and church nearby. There are four twin bedrooms and 28 single bedrooms of which 20 included a toilet

and wash-hand basin. There were two assisted bathrooms that were accessible by wheelchair users, and toilets located close to communal areas around the building. An extension is currently under construction to accommodate extra residents. The inspector found evidence of a commitment by the provider and person in charge to continually work to meet the requirements of the regulations. Residents were routinely seen by their general practitioner (GP) and timely access to medical care was ensured.

The inspector identified some aspects of the service that needed improvement. The staffing level during the day and at the weekend required further review to ensure residents' needs are adequately met. The Action Plan at the end of the report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 02: Governance and Management***

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.*

**Theme:**

Governance, Leadership and Management

**Findings:**

There was clearly defined management structure's that identifies the lines of authority and accountability in this centre. For example, the person in charge worked full time in the centre during the week, and was also on call out of hours. In the absence of the person in charge, a senior staff nurse deputised.

The inspector found that the services provided were safe, appropriate to residents, consistent and effectively monitored. However; it was noted from the staff duty roster on one occasion that a nurse on the night shift finished duty at 9am in the morning and commenced duty again at 3pm that afternoon. This was in breach of the Working Time Act 1997, as they did not have a rest period of not less than 11 consecutive hours in each period of 24 hours.

The quality of care and experience of the residents was regularly monitored. There was evidence to show that the person in charge had systems in place to monitor the delivery of safe, quality care services. The inspector noted that a number of quality audits were completed by the person in charge, for example; an audit had been completed of the number of residents that had fallen in the centre including when and where the falls had taken place. There was also a record of a food audit, that had been completed with each resident, to request their opinion of the quality and quantity of food provided in the centre. This audit showed that residents were very satisfied with the food that they had received. However; there was no documented evidence to show how these audits informed the quality of the care provided to the residents, or improved clinical practice.

**Judgment:**

Non Compliant - Minor

***Outcome 03: Information for residents***

*A guide in respect of the centre is available to residents. 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.*

<b>Theme:</b> Governance, Leadership and Management
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> The inspector spoke with a number of residents regarding the care they were receiving in the centre, generally all the residents spoken with were very happy with the care they received. However, one resident asked the inspector to view their contract of care as they were unaware how much they were paying for their care in the centre. In view of this request, the inspector and the person in charge examined the contract of care for this resident and informed the resident of the fees that were being charged. The resident stated that she was not aware a contract of care had been signed by her next of kin on her behalf.
<b>Judgment:</b> Non Compliant - Moderate

<b><i>Outcome 04: Suitable Person in Charge</i></b> <i>The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.</i>
<b>Theme:</b> Governance, Leadership and Management
<b>Findings:</b> Eithne Mc Garry is the person in charge of this centre. She is a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service. The person in charge worked full-time in the designated centre and had the minimum requirement of three years experience in the area of nursing of the older person within the previous 6 years.  She demonstrated a very good clinical knowledge and had a good knowledge of the legislation and of her statutory responsibilities. The person in charge was engaged in the governance, and operational management and administration of the centre on a regular and consistent basis. Residents were all able to identify the person in charge to the inspector.
<b>Judgment:</b> Compliant

**Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Measures to protect residents being harmed or suffering abuse were in place, and there were no allegations of abuse reported to the inspector during the inspection. There was a policy on the prevention, detection and response to abuse in place. All staff had received up to date training on safeguarding and safety; however, the staff training policy on safeguarding residents was to train staff every four years. The person in charge agreed to change the centre's policy to every three years, in keeping with national standards and evidence-based best practice.

Staff spoke with were knowledgeable as to what constitutes abuse and knew what to do to report, allegations, suspicions or disclosure, including who to report an incident to. The person in charge assured the inspector that there was no any barriers for staff or residents to disclose abuse. Residents spoke with stated that they felt safe in the centre and they would report any problems to the person in charge; and that she was very nice.

**Judgment:**

Compliant

**Outcome 08: 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(s):**

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

**Findings:**

The centre has policies and procedures relating to health and safety. A health and safety statement and risk management policy were in place; however, they were not signed by the person in charge/ provider, and were not dated and there were no review dates on the policies viewed.

Satisfactory procedures were in place for the prevention and control of health-care-associated infections. The Inspector viewed the procedures taken during a recent outbreak of an infectious disease and spoke with the person in charge regarding the governance and management of such an outbreak. Cleaning staff also spoke with the inspector regarding infection control procedures and could outline relevant measures to control same.

The person in charge had completed an falls audit of the number of resident's that had fallen in the centre between January and June this year. The audit identified eleven falls had taken place; three in the hallway, seven in the bedrooms and one in the bathroom, the majority of falls had taken place in the afternoon/ evening time.

The inspector noted that previous inspection reports had identified actions around low staffing levels in the afternoons/ evening time and these actions had not been satisfactory addressed. The Inspector spoke with the physiotherapist and she outlined her workload in the centre, as well as the centre's procedure for managing falls. The Inspector was assured from the information received from the physiotherapist that a good post falls prevention strategy was in place.

All staff had received training in the safe moving and handling of residents. The person in charge had a training matrix in place that identified when staff had received training and the dates the next training was due.

The Inspector discussed the fire evacuation procedure with the person in charge, who outlined the emergency evacuation procedure to the inspector. The Inspector found that there were fire doors in place, including emergency release mechanism which would compartmentalise each wing of the centre in the event of a fire. The fire doors had a two hour fire protection barrier to allow time for residents to be evacuated through the nearest exit. There was evidence in the staff training records of fire training, including the practical use of how to use fire extinguishers.

There was an enclosed garden with seating, however construction works on this area was ongoing and safety precautions were not in place to prevent residents falling while in this area. The Inspector advised the provider to cordon off this area from the residents while work was ongoing. All entrance and exit doors were ramped ensuring ease of access for residents.

The inspector observed that the main bathroom was being used as a store room for equipment and unavailable for residents to use. The person in charge informed the inspector that this was being used as a store while building works were taking place. However the equipment would be removed from the bathroom immediately.

**Judgment:**

Non Compliant - Moderate

***Outcome 09: Medication Management***

*Each resident is protected by the designated centre's policies and procedures for medication management.*



<p><b>Theme:</b> Safe care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> A medication management policy was in place which provided guidance for staff to manage aspects of medication from ordering, prescribing, storing and administration. The inspector reviewed the medication arrangements with one of the nurses. Photographic identification was in place on the front of the medication charts for most of the residents to ensure the correct identity and, reduce the risk of medication error. Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. The control drugs register was observed by the inspectors, and stock levels were recorded at the end of each shift and recorded in the register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1988 and found to be compliant.</p> <p>The medication charts were regularly reviewed since the last inspection and the inspector reviewed a sample of medication charts used to prescribe, and administer medication. The inspector found that there was not clear directions on the times medication should be administered as kardex viewed by the inspector stated AM or PM or TID. The Inspector also noted that nurses were transcribing prescriptions onto medication charts and there was no clear area for the nurses to sign beside where they had transcribed. There were no labels on a number of medicine boxes, which is not in keeping with good medication management practices as guided by An Bord Altranais agus Cnáimseachais na hÉireann/ Nursing and Midwifery Board of Ireland</p>
<p><b>Judgment:</b> Non Compliant - Moderate</p>

<p><b>Outcome 11: Health and Social Care Needs</b> <i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.</i></p>
<p><b>Theme:</b> Effective care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p>

**Findings:**

The Inspector was satisfied residents' health care needs were met and that each individual had the opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. Resident's weights were monitored monthly, and there was evidence that all residents, who consented, had received the flu vaccine. There was evidence that residents' were regularly reviewed by their GPs. and the out-of-hours GPs service. A range of services were provided on referral, including speech and language therapy (SALT), physiotherapy and dietetic service. The physiotherapist worked in the centre two days a week and inspector spoke with the physiotherapist, and she outlined her treatment plan for some of the residents in the centre. Pre and Post falls assessments were also included as part of her daily work. The physiotherapist reviewed all residents as required and inspectors saw her mobilising residents throughout the inspection. Records of all referrals were maintained on each resident's file.

Residents assessed needs were set out in individual care plans and maintained on the centres electronic care planning system. There was evidence of good involvement of the resident or their next of kin in the resident's medical reviews, and care plans viewed had been reviewed within a three month period.

The inspector viewed the details and clarity of the information recorded in the resident's care plans and found that a clear picture of the residents overall health was evident. For example, residents with diabetes had up to-date care plans recorded; including, dietary needs, residents monthly weights, BSL and BMI's. Medication reviews were up to date and regular medical reviews by the General Practitioner were also recorded on the medical files viewed. There were no residents with wounds or actively receiving palliative care on the day of inspection.

The inspector reviewed the care plan of a resident with challenging behaviour. There was evidence that the resident had been referred to a psychiatrist for a mental health review. The care plan detailed the care provided to this resident and staff spoken with conveyed good knowledge of the resident's behaviour and the strategies they used to manage any episodes of challenging behaviour that mostly happened in the evening.

There were a number of bed rails in use, and the inspector viewed risk assessments completed with consideration identified of the risks associated with the use of bed rails. The centres policy on restraint was available to provide guidance to staff on best practice.

A range of health promoting activities was available. The physiotherapist held exercise sessions with some of the residents during the week. A programme of events was in place and included religious ceremonies, music, art and crafts and many more. Residents were seen enjoying various activities during the inspection. An activity co-ordinator was employed two days a week, and other staff assisted delivering the programme which included arts, crafts, bingo, music and gardening and other staff members also provided activities. The inspector observed the coordinator assisting residents in both group and individual activities. Residents told the inspector they enjoyed the activities and said they felt free to not participate if they didn't feel like it.

**Judgment:**  
Compliant

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**  
Workforce

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The provider employs 36 staff in total which includes nine registered nurses and 19 care assistants 3 cleaners and 5 kitchen staff, staff are employed on a full-time and part-time basis. The inspector viewed the staff duty rota for a four week period. The rota showed the staff complement on duty over each 24-hour period. The staff roster detailed their full name but it did not clearly identify their position in the centre. The inspector noted that the planned staff rota matched the staffing levels on duty.

A senior nurse deputised for the person in charge when she was absent. Part-time staff did additional hours to cover other staff's absences. However; It was noted on one occasion during the month, from the staff duty roster, that a nurse on the night shift finished duty at 9am one morning and commenced duty again at 3pm that afternoon. This was in breach of the Working Time Act as they did not have a rest period of not less than 11 consecutive hours in each period of 24 hours worked.

The person in charge told inspector that they based staffing levels on the assessed needs of residents, including their health and social needs and that there were sufficient number of nursing and care staff rostered throughout the day and at night. However; previous inspections had requested that staffing be reviewed, for example; at the weekend when there was only one nurse on duty with two care assistants in the afternoons, when the person in charge is not on duty as an extra nursing support.

The inspector reviewed the number of care assistants rostered during the day, and found that on some afternoon's there were only two carer's and one nurse rostered over a five hour period to attend to 29 residents. This level of staffing has the potential to compromise the care and welfare of residents.

Staff had up-to-date mandatory training and access to education and training to meet the needs of residents. One staff member was qualified to train on health and safe moving and handling of resident and she provided most of that training to the staff in the centre.

**Judgment:**  
Non Compliant - Moderate

### **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

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

### ***Report Compiled by:***

Thelma O'Neill  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Oakwood Private Nursing Home
<b>Centre ID:</b>	OSV-0000373
<b>Date of inspection:</b>	01/07/2014
<b>Date of response:</b>	04/08/2014

#### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

#### Outcome 02: Governance and Management

##### Theme:

Governance, Leadership and Management

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

A nurse on the night shift finished duty at 9am one morning and commenced duty again at 3pm that afternoon, in breach of the Working Time Act 1997.

##### **Action Required:**

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

Staff rosters are now compiled ensuring the effective delivery of care and ensuring compliance with the Working Time Act 1997.

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

**Proposed Timescale:** 10/08/2014

**Theme:**

Governance, Leadership and Management

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

The audits taken to monitor quality and safety of care were not fully developed to enhance the service provided.

**Action Required:**

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

Findings from audits are analysed and discussed by management and staff from the relevant areas audited. These findings continue to inform and guide change and improve the service we provide to our residents.

Findings from audits are discussed with staff on a one to one level. Going forward all audit findings are discussed at team meetings. Staff who do not attend team meetings are asked to read the minutes of these meetings and keep up to date with all learning.

Feedback from audits is also given to residents from the person in charge during resident meetings and daily interactions.

**Proposed Timescale:** 10/08/2014

**Outcome 03: Information for residents**

**Theme:**

Governance, Leadership and Management

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

Ensure all residents are provided the opportunity to sign their contacts of care on admission and that the contacts of care clearly state the fees charged for accommodation and other services provided.

**Action Required:**

Under Regulation 24(2)(a) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.

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

All contracts of care are signed by the resident or by their next of kin. Where possible contracts of care are signed by the resident. Each contract of care clearly outlines the fees charged for accommodation and other services provided.

**Proposed Timescale:** 10/08/2014

**Outcome 08: 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:**

Hazard's were not clearly signposted and cordoned off to prevent risk of falls or other adverse outcomes.

**Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The garden area referred to above is now complete and is safely accessible to all residents.

**Proposed Timescale:** 10/08/2014

**Theme:**

Safe care and support

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

A health and safety statement and risk management policy were in place but they were not signed by the person in charge/ provider, and were not dated and there were no review dates on the policies viewed.

**Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Our risk management policy includes hazard identification and risk assessment. This policy is now signed by the provider. All policies are for review every three years minimum or more often if indicated.

**Proposed Timescale:** 20/08/2014

### **Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

There were no labels on a number of medicine boxes and this was not in keeping with good medication management practices.

**Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Medications are at all times administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product. Each person's medication now has a printed pharmacy label with drug, directions for administration and patient details.

**Proposed Timescale:** 10/08/2014

**Theme:**

Safe care and support

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

Transcribed prescription records did not have an appropriate area for the nurses to sign on the medication kardex.

**Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All medications are at all times administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

The newly formatted medication prescription kardex has a column for the nurse to sign where they have transcribed a medication.



**Proposed Timescale:** 20/08/2014

**Theme:**

Safe care and support

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

There were not clear directions on the times medication should be administered; for example; kardex viewed stated AM or PM or TID.

**Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

A revised medication prescription format (as shown to the inspector) which was being trialled for a number of residents is now being rolled out for all residents. This includes an area to identify times of administration.

This prescription kardex will also have a column for the nurse to sign where they have transcribed a medication.

Each resident's medication now has a printed pharmacy label with drug name, directions for administration and patient details.

**Proposed Timescale:** 20/08/2014

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

There were not appropriate staff numbers and skill mix to meet the assessed needs of residents and to the size and layout of the designated centre at all times.

**Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

We continuously review our staffing rota so that the numbers and skill mix of staff are appropriate to meet the assessed needs of residents while taking into account the size and layout of the home to ensure a high standard of safe clinical care.

This is an on-going assessment of care needs.

**Proposed Timescale:** Ongoing