

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Shannagh Bay Nursing Home
Centre ID:	ORG-0000095
Centre address:	2-3 Fitzwilliam Terrace, Strand Road, Bray, Wicklow.
Telephone number:	01 286 2329
Email address:	info@shannaghbay.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Shannagh Bay Healthcare Limited
Provider Nominee:	Pauline Smith
Lead inspector:	Gary Kiernan
Support inspector(s):	Carol Grogan Day 2; Deirdre Byrne Day 1;
Type of inspection	Unannounced
Number of residents on the date of inspection:	40
Number of vacancies on the date of inspection:	4

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.

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 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 3 day(s).

The inspection took place over the following dates and times

From:	To:
13 May 2014 10:30	13 May 2014 15:30
19 May 2014 09:30	19 May 2014 11:00
04 June 2014 10:00	04 June 2014 16:30

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

Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This follow up inspection was carried out in response to areas of significant risk identified during previous inspections. Inspectors also assessed compliance with a number of signed undertakings, given by the provider, during a meeting with the Authority on 6 May 2014. It was necessary to verify that proportionate action had been taken in response to the deficits and areas of risk identified. This follow up inspection was carried out over three inspection days as satisfactory assurances were not evident at the end of the first day of inspection.

Overall inspectors found that satisfactory progress was being made to implement and sustain improvements aimed at improving outcomes for residents. The provider and person in charge demonstrated a very clear commitment to addressing all areas of concern in a timely way and cooperated thoroughly with the inspection and regulatory process. Over the three days of inspection there was evidence of increasing levels 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. The provider employed the services of a consultant in order to provide training to staff and develop and implement a programme of improvement for the centre.

Improved practice was noted in relation to meeting the health and social care needs of residents. However, the system of assessment and care planning to guide the delivery of care continued to be unsatisfactory. Improvements were also required in the area of pain management, nutritional management and in meeting the social needs of residents.

Risk management procedures had improved and the risk management policy was being implemented. Improved safety arrangements were in place for smokers and were implemented by the staff. However, inspectors were concerned that up to date moving and handling assessments were not in place for residents and residents' moving handling needs were not reflected in the care planning documentation.

The action in relation to medication management from the previous inspection was addressed. Improved practice was also noted in relation to the cleaning and maintenance of the physical environment. Improved procedures were in place for meeting residents' privacy and dignity needs. Systems for the reviewing and improving the quality and safety of care were in the process of being implemented. 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), Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 06: Safeguarding and Safety

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

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that steps had been taken to sufficiently promote the safety of residents.

At the previous inspection it was found that the provider had not taken sufficient action to ensure the safety of all residents further to a serious fatal incident in the centre. Inspectors found that improved arrangements were now in place. The provider had conducted an individual risk assessment for each resident in the centre in order to identify their safety and supervision requirements. Inspectors read a sample of these assessments and found that they were detailed and examined relevant areas such as smoking and residents' risk of leaving the centre unsupervised.

Improved safety arrangements had been put in place for those residents who smoked. Interventions such as one on one supervision, smoking aprons and removal of lighters and matches were in place based on individual risk assessment. The risk register was updated to reflect these revised arrangements.

Judgement:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that the provider had taken steps to address the failings from the previous inspection. However, a satisfactory system for the assessment and documentation of residents moving and handling needs was not in place.

Steps were being taken to implement the risk management policy. For example the inspector read minutes of recent clinical governance meeting which showed that relevant areas of risk were being considered and addressed. In addition to the improved smoking arrangements and individual risk assessments for residents, described under Outcome 6, a comprehensive environmental risk assessment had been carried out for the premises. Inspectors reviewed this document and found that it was detailed and covered all areas in the centre. Prompt action was taken in relation to any areas of risk identified. For example, on day three of inspection, technicians were in the centre upgrading the fire doors. Staff members were aware of their obligation to report any areas of risk to management and there was reporting system in place to facilitate this.

On day one of this inspection, inspectors were concerned to note that a resident, reviewed at a previous inspection, had sustained a repeated fall. Inspectors found there had been a failure to implement the necessary learning and supervision arrangements further to the first fall. Over the course of this inspection, the person in charge took steps to ensure that there was improved management of this issue. Residents' falls assessments were found to be up to date. Post falls assessments were carried out and the person in charge put systems in place to ensure that residents who were at risk of falling were appropriately supervised. The person in charge discussed further plans and documentation which she was in the process of implementing as part of an improved falls prevention programme. Inspectors reviewed a sample of the new falls assessment documents which the person in charge had already completed and found that it was detailed and identified relevant falls prevention interventions specific to the resident.

A number of residents had very specific moving and handling needs. However, inspectors found that moving and handling assessments were not reviewed on a regular basis or when there was a change in the condition of the resident. For example, in the case of one resident the moving and handling assessment was dated in 2012. Inspectors also found that residents care plans for mobility did not accurately describe their moving and handling needs. For example, one resident, used two different types of hoist for different transfers, however, this was not risk assessed and not documented. Inspectors were concerned that lack of an appropriate system of risk assessment and care planning for moving and handling could result in an injury to a resident. The training records indicated that staff members had up-to-date training in moving and handling.

The previous inspection found the emergency plan was not sufficiently detailed to guide practice in the event of a full evacuation of the centre. Inspectors found that this matter had been satisfactorily addressed.

Judgement:

Non Compliant - Moderate

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

The issues identified at the previous inspection were satisfactorily implemented.

Inspectors found that policies and processes were in place for the safe management of medications.

During this inspection, it was noted that the provider and person in charge had taken action to ensure that a checking system had been put in place for all medications which were transcribed. Inspectors reviewed a sample of records which had been transcribed and found that all transcribed medications were now checked by a second nurse in order to confirm accuracy. The medication recording forms had been amended to include a prompt for this signature.

The provider and person in charge had also taken action to ensure that nurses were not disturbed during the medication round. Nurses had been provided with high visibility clothing to indicate when medication administration was taking place and inspectors found that staff had been advised of the need to avoid disturbing nurses at this time.

Judgement:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Care and Support

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found that the action from the previous inspection had been addressed.

There had been improved practice in relation to the notification of serious incidents to the Chief Inspector in accordance with the requirements of the Regulations. The Chief Inspector was notified of all relevant incidents in a timely manner.

Judgement:
Compliant

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

Theme:
Effective Care and Support

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

Findings:
The provider was taking steps to address this action in accordance with the timeframe agreed in the previous action plan response.

There was a schedule of audits in place for 2014 which covered important areas of risk in the centre such as medication and falls. Audit templates had been produced for use in the centre. The provider was also working with a healthcare consultant in order to conduct a gap analysis in order to identify areas for improvement.

The person in charge in consultation with the healthcare consultant was also in the process of developing updated weekly and monthly monitoring templates for key performance indicators. These documents were shown to the inspector and covered areas such as falls, infections and the development of pressure areas.

Judgement:
Compliant

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:

The actions from the previous inspection, which related to provision of dementia care and behaviours that challenge had been addressed. However, inspectors found that there continued to be deficiencies in the care planning process and in the provision of meaningful social engagement to all residents. Satisfactory systems were not in place for those residents who experienced pain and for residents who experienced weight loss.

Residents had good access to the general practitioner (GP) and an out of hours service was available. An in-house occupational therapist was working on a full time basis in the centre. Residents also had good access to a range of allied health professionals such as the dietician, speech and language therapist (SALT) and physiotherapist.

Inspectors were concerned that the standard of assessment and care planning had not improved sufficiently and as a result was not guiding the care of residents. As a result, this posed a risk to residents. Inspectors found examples where care plans had not been put in place to describe residents' needs and care plans which had not been updated to reflect the changing needs of residents. For example, residents, who had contractures and required assistance with mobility exercises, did not have care plans which described the appropriate administration of this therapy. Inspectors were concerned that these treatments were administered in the absence of any written instruction or supervision by the appropriate clinical staff. Inspectors noted other examples where residents had experienced weight loss and the care plans were not updated. The relevant care plans had also not been updated in the case of resident who had developed an infection and had been prescribed antibiotic therapy. The provider was required to submit a plan for the comprehensive review of all care plans in light of the above findings. In the addition to this the provider undertook to provide additional training for the relevant staff in care planning.

In the case of residents who experienced pain, nursing staff noted this in the daily progress notes and the GP prescribed pain relief as appropriate. However, nursing staff informed inspectors that the pain assessment tool which was in use in the centre was not fit for purpose as it did not provide for accurate assessment of increasing or decreasing pain levels and it also was not appropriate for use with residents who had dementia or communication difficulties. Pain assessments were not carried out pre and post administration of pain relief medications in order to assess its effectiveness. The person in charge undertook to promptly address this matter.

Inspectors reviewed practice in relation to the management of nutrition and found that insufficient progress had been made in this area. In the case of a resident who had experienced weight loss the centre's nutritional policy was not adhered to. The resident was administered the prescribed supplements and was reviewed regularly by the GP. However, the resident was not weighed at the required intervals and was not referred for the review by the dietician in accordance with the centre's policy on nutrition. Inspectors found that there had been improved practice in relation to the management of restraint. On day one of this inspection, inspectors were concerned to note, that a lap

belt was being used to restrain a resident who had previously been assessed as being unsuitable for this intervention. Inspectors brought this to the attention of the provider and person in charge and found that appropriate alternative arrangements were being implemented on the two subsequent days of inspection. Inspectors reviewed the restraint assessment documentation and found evidence of improved practice. Alternatives to restraint were being considered and the person in charge was aware of the requirement to work towards a restraint free environment in accordance with national guidelines.

Inspectors also found that there had been improvements in meeting the needs of residents with dementia and behaviours that challenge. Care plans had been revised and updated for residents who were affected by these issues. Referrals were made where appropriate to the relevant allied health professional and staff training in these areas had been organised. Staff spoken to by inspectors during this inspection displayed better knowledge of the care needs of residents with behaviours that challenge and dementia.

Inspectors identified ongoing concerns with regard to the provision of suitable opportunities for social engagement for all residents. While there was a social programme in place which catered for the needs of some residents, this programme was not based on the assessed needs of residents. Up to date social care assessments were not in place for all residents and the care plans did not describe residents' interests or how they liked to spend the day. This was particularly evident in the case of some residents who had more complex needs or communication difficulties.

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:

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

Findings:

There continued to be areas of non compliance with regard to the physical environment. However, the provider had submitted plans to the Authority with regard to the refurbishment of the entire premises. Inspectors found that these works were being carried out in accordance with the timeframe agreed with the provider further to the previous inspection.

The provider had taken steps to improve the bedroom accommodation and was in the

process of fully refurbishing one of the multi-occupancy bedrooms. As part of this refurbishment the provider had reduced the capacity of the room from three beds to two beds. Inspectors found this provided for improved space and privacy in this room.

On all three days of this inspection the premises was found to be clean and the provider had put systems in place to monitor hygiene levels on a regular basis. The rear yard had been cleared of debris and over growth and now was more attractive for residents to look out at. The rubbish storage area had been relocated from the front of the centre and this area had been made more attractive with planting and window boxes.

Judgement:

Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

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

Findings:

This action had been addressed since the previous inspection. Practice in relation to complaints management was now satisfactory.

The procedure for complaints was displayed in the entrance hall and it clearly identified the person in charge as the complaints officer. Complainants who were not satisfied with the initial response to their complaint were directed to an independent appeals process. There was a comprehensive centre-specific policy in place which provided clear guidance to staff. The person in charge and other staff demonstrated a positive attitude towards complaints. Inspectors found that all complaints were now appropriately investigated and a record of all investigations made was maintained.

Judgement:

Compliant

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:

This action had been addressed since the previous inspection.

The previous inspection found that residents who required a modified consistency diet did not have the same range and choice of food as other residents. The provider and chef had taken action to address this matter and there was now a good choice of foods for all residents at all meal times.

Judgement:

Compliant

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection:

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

Findings:

This action had been addressed since the previous inspection.

Inspectors reviewed the arrangements for meeting the privacy needs for residents and found that improved practices were in place. Where bedroom doors were maintained in the open position, at the request of residents, alternative arrangements were implemented to meet their privacy and dignity needs. Residents were facilitated to dine in rooms which were appropriate for this purpose.

There was improved consultation with residents. A residents forum meeting had taken place and a meaningful action plan was drawn up to address any issues which were raised.

Judgement:

Compliant

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:

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

Findings:

This action had been addressed since the previous inspection.

As highlighted under Outcome 12 the inspector had taken steps to improve the bedroom accommodation. As a result the issue regarding space for the storage of personal items had been addressed in full.

Judgement:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

Outstanding requirement(s) from previous inspection:

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

Findings:

This action had been addressed since the previous inspection.

Inspectors found that the provider had organised a substantial amount of training for staff in areas such as care planning, falls prevention, fire safety and nutrition. There was a training plan in place which showed that a significant amount of additional training was planned in areas such as behaviours that challenge, dementia and diabetes.

Judgement:

Compliant

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:

Gary Kiernan
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 report¹

Centre name:	Shannagh Bay Nursing Home
Centre ID:	ORG-0000095
Date of inspection:	13/05/2014
Date of response:	04/07/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 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:

A satisfactory system was not in place for the safe management of residents' moving and handling needs.

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:

All residents to be reassessed by the Occupational Therapist to identify their moving

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

and handling needs by nursing staff. This shall include an assessment of risk to the resident the moving and handing requirements may pose. (complete)
Based on the assessment above each residents moving and handling needs shall be clearly documented in their care plan. (complete)
All nursing staff shall be provided with training on conducting nursing assessments, this shall include moving and handing training. (1st session complete awaiting 2nd session)
All nursing staff shall be provided with training on care plan development. (August)
All moving and handing care plans shall be reviewed by the Director of Nursing on monthly basis to ensure they are up to date and reflect each resident's needs.
An audit of care plans shall be conducted on a quarterly basis and resultant actions implemented.

Proposed Timescale: 11/08/2014

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:

The systems for the assessment and management of residents who experienced pain were not satisfactory. The management of resident's nutritional needs was not satisfactory.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

A new pain assessment tool has been introduced in the Centre that is fit for purpose and more appropriate for the resident population. (complete)

All residents who require it shall be reassessed using the new pain assessment tool by nursing staff. (complete)

Nursing staff shall reassess resident's pain pre and post administration of pain relief medication. This process shall be reflected in the pain management policy.

The Director of Nursing shall review on a monthly the quality of pain assessments and the subsequent actions taken to ensure pain is being managed effectively in the Centre.

An education session on the Centre's nutrition policy shall be scheduled to ensure all nursing staff are familiar with all aspects of the policy.

Nursing staff shall weigh all residents at the required interval as stated in the Centre's nutrition policy minimal monthly intervals.

The Director of Nursing shall monitor compliance with the nutrition policy on a monthly to ensure all staff are adhering to the policy.

Proposed Timescale: 11/08/2014

Theme:

Effective Care and Support

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

Satisfactory arrangements were not in place to provide for meaningful social engagement for all residents.

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:

The social needs for each residents shall be assessed using the "Key to me" tool.

A person-centred care plan shall be developed for each resident shall be developed to reflect their needs identified in the assessment above.

A new activities schedule shall be developed to reflect the needs of the residents. This shall include residents who have complex needs.

The Director of Nursing shall review each residents care plan on a monthly basis to ensure their social engagement needs are met.

Proposed Timescale: 18/08/2014

Theme:

Effective Care and Support

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

Care plans were not developed for all residents' identified needs. Care plans were not updated to reflect residents' changing needs.

Action Required:

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

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

All residents shall be reassessed by nursing staff to identify their needs to ensure each resident specific health and social care needs are identified.

All care plan shall be updated based on needs assessed to ensure each plan is person centred and clearly guides care.

Care plans shall be reviewed on a monthly by the Director of Nursing to ensure they are specific and guides care.

New polices and procedure on assessment and care plan developed shall be developed to improve evidence based practice.

An education programme on the new polices shall be rolled out when they are completed.

All nursing staff shall be provided with training on conducting nursing assessments.

All nursing staff shall be provided with training on care plan development.

An audit of care plans shall be conducted on a quarterly basis and resultant actions implemented.

Week of 7/07/14

We have looked at the nurses daily routine and have organised that for 1-2 hours each day a nurse will work on care plans. The care plans are constantly being audited at the moment by the Registered Provider and Director of Nursing and any issues identified are then rectified that day by the nurse. If the nurses have any queries the Director of Nursing is available to offer guidance.

A Key To Me Assessments are currently being completed for all residents, to date there are 23 completed. For those who cannot give us the information a copy of a key to me has been sent to the next of kin. We have to wait for those to be returned thus the delay in the remained being completed.

Care plans have been up dated where a resident has Diabetic, Catheter, Tracheostomy, Peg, to include the care of same. We also have a form on Epic for Catheters and Pegs, with a link to the daily check list.

Assessments on activities and social needs are completed; the care plans are being done at present following the assessment.

Proposed Timescale: 31/07/2014