

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	College View Nursing Home
Centre ID:	OSV-0000128
Centre address:	Clones Road, Cavan.
Telephone number:	049 437 2929
Email address:	collegeviewnursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	College View Limited
Provider Nominee:	Thérèse McGarvey
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	69
Number of vacancies on the date of inspection:	1

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
22 September 2014 09:30	22 September 2014 17:30
23 September 2014 09:10	23 September 2014 15:45

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

Outcome 01: Statement of Purpose
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
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
Outcome 02: Governance and Management

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to renew registration of the designated centre.

The inspector met with the provider, person in charge and staff team who all displayed a good knowledge of the Authority's Standards and regulatory requirements and were found to be committed to providing quality person-centred care to the residents.

The inspector found that the residents were well cared for and that their nursing and care needs were being met. Residents had good access to general practitioners (GP). The person in charge was fully involved in the management of the centre and was found to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported residents to maintain their independence where possible. There was a variety of social and recreational activities led by a full time activities coordinator.

The building is well maintained both internally and externally. It was found to be comfortable and welcoming. There was a good standard of décor throughout. The inspector was satisfied that the health and safety of residents, staff and visitors in the centre was promoted and protected. The person in charge had sufficiently prioritised the safety of residents in the event of fire.

Some improvements were identified to further enhance the service provided. The action plan at the end of this report identifies these to meet 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.

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 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:
Governance, Leadership and Management

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

Findings:
The statement of purpose submitted required minor review to ensure more clarity in certain aspects. The areas requiring review are outlined below;

A description either in narrative form or a floor plan of all the rooms in the designated centre including their size in metres square and primary function was not included. A named person nominated to deputise in the absence of the person in charge was not identified.

The specific care need that the centre intends to meet requires review to ensure clarity. The role of the activity therapist was not explained and the range of activities provided was not described.

While the statement of purpose indicated the conditions of registration were included in

appendix one, there was no appendix document with the conditions of registration attached to the statement of purpose submitted to the Authority.

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.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There is a residents' guide available containing the information required by the Regulations. However, the guide requires review as the incorrect name of the provider was stated. The guide incorrectly stated who the statutory body the centre was registered by.

While the complaints procedure was displayed in each resident's bedroom it was not displayed in communal areas for visitors to view and provide direction to whom they could raise an issue.

There was not an information display area with relevant brochures to provide age appropriate information to residents in relation to health promotion, protection and finances. While there was a brochure on bereavement support in the oratory there was only one available.

The inspector reviewed a sample of three contracts of care to include the contract for the residents mostly recently admitted to the centre. All contracts were signed by relevant parties. The inspector found that each resident had an agreed written contract which included details of the services to be provided for that resident and the fees payable by the resident. The overall fee was not noted on the contract. Charges payable per all items not included in the overall fee were not outlined clearly in the contract for additional expenses incurred by residents, including fees for chiropody, hairdressing, prescription charges, physiotherapy and clothes labels.

The financial controls in place to ensure the safeguarding of residents' finances were examined by the inspector. There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. A petty cash system was in place to manage small amounts of personal money for residents. A record of the handling of money was maintained for each transaction. Two signatures were recorded for each transaction. The ongoing balance was transparently managed.

The provider is a designated agent to collect pensions for some residents. This arrangement was made in consultation with residents and their next of kin. An accountable system was in place for the management of money collected by the provider on behalf of residents and money was lodged into a sub account of the centre's business account. However, the contract of care did not specify the arrangements for the payment or refund of money owed to the resident.

Judgment:

Non Compliant - Moderate

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge has not changed since the last inspection. She is a registered nurse and holds a full-time post. She was well known by residents. She had good knowledge of residents care needs and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately. She maintained her professional development and attended mandatory training required by the Regulations.

She had attended courses in nutrition in the elderly, end of life care, dementia care and infection control. The person in charge confirmed she assists in the delivery of clinical care in addition to her governance responsibilities ensuring she is appraised of each resident's care needs.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records. Records were stored securely and easily retrievable. Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff.

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. Appropriate insurance cover was in place with regard to accidents and incidents, out sourced providers and residents' personal property.

The directory of residents contained all the information required by schedule three of the regulations and was maintained up to date.

A sample of six five files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the Regulations was available in the staff files reviewed.

Judgment:

Compliant

Outcome 06: 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There is no key senior manager notified to the Authority to deputise in the absence of the person in charge. Formalised arrangements to deputise for the person in charge were not identified.

The provider stated they attend the centre more frequently when the person in charge is on planned leave and is available to provide direction to staff via the phone. The provider has management responsibility for three other care services and is based a considerable distance away from the centre.

Judgment:

Non Compliant - Major

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:

The inspector was provided with a copy of the centre's policy on prevention, detection and response to elder abuse. The policy was specific to the centre and defined the various types and signs of abuse and the reporting arrangements. Protected disclosure procedures to guide staff in their reporting of a suspicion of abuse were documented in the policy.

Residents spoken with stated that they felt safe in the centre. There was a visitors log in place and corridors, exit door and car park were monitored by CCTV. No incidents, allegations or suspicions of abuse have been recorded or notified to the Authority in the preceding 12 months at this centre.

Staff to whom the inspector spoke with were able to confirm their understanding of the features of protection of vulnerable adults and to whom they would report a concern. All staff had up to date refresher training in protection of vulnerable adults. There is a policy on the management of behaviour that is challenging and supportive strategies were in place. Psychotropic medications used were pertinent to specific behaviours and seen to be closely monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values. Risk assessments and care plans for challenging behaviour were completed.

There was a policy on restraint management (the use of bed rails and lap belts) in place. However, the policy and practice was not fully reflective of the national policy on promoting a restraint free environment. A risk assessment was completed prior to using bed rails. Signed consent was obtained by the resident or their representative and the GP. The person in charge told the inspector that each resident with a raised bed rail in place was using it as an enabler, to assist the resident sit up or turn in bed. The rationale for each bed rail was outlined in the risk assessment documentation reviewed.

However, there was limited evidence of exploring alternative options to promote a restraint free environment prior to using bed rails. In the documentation reviewed there

was no details of trialling alternative options and why there were unsuccessful such as ultra low beds, perimeter mattresses or additional mattress by the bed or discussion with other allied health professional to include the physiotherapist or occupational therapist.

There was an ongoing program in staff training in place to include restraint management and behaviours that challenge. However, as evidenced from reviewing staff records, training in the management of behaviour that is challenging had not been provided to all staff.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The governance arrangements to manage risk situations were specified. Responsibility for health and safety procedures and an organisational safety structure was included in the risk management policy.

There was an emergency plan and this was found to be appropriate with identification of services and emergency numbers in the event of a range of possible occurrences. A missing person's policy and procedures on incident reporting and risk escalation were in place. Restrictors were fitted to windows. Thermostatically controlled valves were provided to all dispensing hot water outlets in residents' en-suite bedrooms and radiators were covered to minimise risk of burns. The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff.

The Authority was provided with written evidence from a suitably qualified person confirming the building meets all the statutory requirements of the fire authority in relation to the use of the building as a residential centre for dependent older people in advance of this inspection. There were two residents who smoked at the time of inspection. A plan of care was in place to guide staff. However, residents are not visible in the smoking room which is situated at the end of a corridor a considerable distance from the communal areas. While lighters were held in safe keeping by staff the risk assessments require review to document the level of supervision necessary to ensure the safety of residents while smoking.

Fire safety equipment including the fire alarm, fire extinguishers, emergency lighting and smoke detectors were provided and were serviced quarterly and annually as required.

The procedures to follow on hearing the alarm and action to take on discovering a fire were displayed beside the fire panel. The inspector reviewed the fire safety register and training records. Staff to whom the inspector spoke confirmed their attendance at fire training and gave accounts of their understanding of fire procedures in the event of an outbreak of fire. Staff had completed fire drill practices to reinforce their theoretical knowledge from annual fire training. However, there was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required. Each resident's dependency level was maintained on a list beside the fire panel. However, the type of equipment or level of assistance required to safely evacuate each resident during the day or at night was not outlined.

There were procedures in place for the prevention and control of infection and hand gels were located around the building. Audits of the building were completed at intervals to ensure the centre was visibly clean. However, the current cleaning methods did not minimise the risk of cross contamination. The inspector noted cleaning staff did not have separate cleaning equipment for bedrooms and en-suite bathrooms for routine daily cleaning. The same mop was used to clean each resident's bedroom and en-suite bathroom. There was a different cloth to clean the bedroom and bathroom area. However, it was not changed at regular intervals and the same cloth was used repeatedly to clean different bedrooms.

The training records showed that staff had up-to-date training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents needs. Each resident's moving and handling needs were identified and available to staff at the point of care delivery in bedrooms outlining whether a resident required the assistance of a hoist, size of sling or one or two staff members. Falls risk assessments and dependency levels were regularly reviewed.

There were arrangements in place for recording and investigating untoward incidents and accidents. The inspector noted that falls and near misses were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Record sheets were available to record neurological observations where a resident sustained an unwitnessed fall or a head injury. Individual strategies were outlined and utilised to minimise the risk of residents sustaining a fall to include, sensor mats placed on the floor outside beds and call bells placed close to residents.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a comprehensive medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

The inspector reviewed a sample of drugs charts. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were legible and distinguished between regular and short term medication and antibiotic therapy.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed time-frames. There was space to record when a medication was refused on the administration sheet. Medicines were being stored safely and securely in the clinic room which was secured. The temperature ranges of the medicine refrigerator was being appropriately monitored and recorded.

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. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the balances and found them to be correct.

Judgment:

Compliant

Outcome 10: 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(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed a record of incidents/accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. Quarterly notifications had been submitted to the Authority as required.

Judgment:

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. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The centre can accommodate a maximum of 70 residents who need long-term care, or who have respite, convalescent or palliative care needs. There were 68 residents in the centre during the inspection. There were 26 residents with total or maximum care needs. Nineteen residents were assessed as highly dependent and 15 with medium dependency care needs. Seven residents were assessed as low dependency. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition.

The arrangements to meet residents' assessed needs were set out in individual care plans. 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, the risk of developing pressure sores and cognitive functioning.

The inspector reviewed three resident's care plans in detail and certain aspects within other plans of care to include the files of residents with nutritional issues, forms of restraint in use, potential behaviour that challenges and residents under palliative care. The inspector found that all files reviewed were comprehensive. In the sample of care plans reviewed there was evidence care plans were updated at the required intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan when reviewed or updated. However, this was a signature and date and was not personalised to each resident's plan of care to reflect the individual care being delivered.

The risk assessments completed were used to develop care plans that were person-centred, individualised and described the current care to be given in the main. Care plans for residents with dementia or cognitive impairment and behaviours that challenge required review to ensure they are more person centred. Information such as whom the resident still recognises or what activities could still be undertaken was not evident to guide staff practice.

Staff demonstrated good knowledge and understanding of resident's with behaviours that challenge. However, information from completing behaviour logs was not linked to care plans to detail reactive strategies for behaviours that challenge. Residents had access to GP services and there was evidence of medical reviews at least three monthly and more frequently when required. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. A review of residents' medical notes showed that GP's visited the centre regularly. The GP's reviewed and re-issued each resident's prescriptions every three months. This was evidenced on reviewing medical files and drug cards.

Access to allied health professionals to include speech and language therapist, dietetic service and occupational therapy was available to residents on referral. There were no residents with pressure wounds on the day of inspection.

Judgment:

Non Compliant - Minor

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The building is designed to meet the needs of dependent older people. The building is well maintained both internally and externally. It was found to be comfortable and welcoming. There was a good standard of décor throughout and very high levels of personalisation evident in residents' bedrooms. Residents spoken with confirmed that they felt comfortable in the centre. The centre has a large well furnished and maintained reception which also serves as a sitting area. Sitting / dining rooms are also provided in each unit.

Accommodation comprises 62 single rooms and 4 twin rooms. Fifty nine bedrooms have an ensuite shower, toilet and wash-hand basin. One bedroom is located on the first floor and access is via the stairs fitted with a chair lift. Within the centre, there is a self-contained secure special care unit which accommodates 12 residents with dementia. There are four assisted bathrooms and six assisted toilets provided. The centre has a well equipped hairdressing room. Laundry facilities are provided on-site and are well equipped.

Staff facilitates were provided with space for the storage of personal belongings. Separate toilets and showering facilities were provided for care and kitchen staff in the interest of infection control. A separate cleaning room and sluice areas are available. The centre was maintained in a clean condition. Three cleaning staff are rostered during the week and two at the weekends. However, aspects of decorative maintenance require attention in some bedrooms as the walls were stained above skirting boards.

Judgment:

Non Compliant - Minor

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(s):

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

Findings:

There was a comprehensive complaints policy in place. The person in charge explained issues of concern are addressed immediately at local level without recourse to the formal complaints procedure, unless the complainant wishes otherwise. The inspector reviewed the complaints procedure and noted this displayed on the back of each resident's bedroom door. However, as discussed under Outcome 3, Information for Residents the complaints procedure was not displayed in a prominent position in the communal areas for viewing by everyone visiting the centre. No complaints were being investigated at the time of inspection. A complaints log was in place which contained the facility to record all relevant information about complaints.

A designated individual was nominated with overall responsibility to investigate complaints. A nominated person who would monitor that the complaints process was followed and recorded (independent of the person responsible to investigate the complaint) was not identified. There were not robust internal mechanisms within the centre's policy to resolve complaints. Time-frames to respond to a complaint and investigate were not detailed. The independent appeals process if the complainant was not satisfied with the outcome of their complaint was not fully meeting the requirements of the regulations. The independent appeals procedures referred residents/complainants to agencies which do not assist to resolve issues of concern on behalf of residents.

Judgment:

Non Compliant - Moderate

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

End of life care formed an integral part of the care service provided at the centre.

There was an end-of-life policy in place. The policy reviewed included procedures to guide staff on documenting resident's wishes in relation to end of life, the right to refuse treatment and information on referral to palliative care services for specialist input. Staff spoken with had an understanding of end of life care and the majority of staff had completed training in this area during 2014. Further training on end of life care is planned for the remaining staff to promote their professional development in providing care for residents at end of life.

The policy of the centre is all residents are for resuscitation unless documented otherwise. The end of life plans included discussions in relation to life sustaining treatments. Residents were consulted regarding their future healthcare interventions, personal choices and wishes in the event that they became seriously ill and were unable to speak for themselves. A multi disciplinary approach was undertaken to include the resident where possible, their representative, the GP and the nursing team. End of life care plans were reviewed at required intervals. However, residents with a do not resuscitate (DNR) status in place did not have the (DNR) status regularly reviewed to assess the validity of clinical judgement on an ongoing basis. In medical files reviewed one resident's (DNR) status was not reviewed since February 2014.

Where the need was identified referrals were made to the palliative care team. Records reviewed evidenced good input by the palliative team to monitor and ensure appropriate comfort measures. Medication was regularly reviewed and closely monitored to ensure optimum therapeutic values. The person in charge had a validated pain assessment tool available.

The person in charge stated that upon the death of a resident, his/her family or representatives were offered practical information (verbally) and on what to do following the death of their relative. An information leaflet on how to access bereavement and counselling services is available. However, as discussed under Outcome 3, there was only one copy available.

There was a protocol for the return of personal possessions. Property lists were maintained recording each resident's personal belongings. However, where the family

did not provide a suitcase a specially designed bag to return personal possessions to the families was not available.

Care practices and the facility of the physical environment ensured that resident's needs were met and their dignity respected. Accommodation comprises of 62 single rooms. Families are supported to be with their relative and facilitated to stay overnight. There is a visitor's room. Refreshments are available to visitors. Residents' cultural and religious needs were supported. There is an oratory available to residents to meet their spiritual needs.

Judgment:

Non Compliant - Moderate

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a food and nutrition policy in place which was centre specific and provided detailed guidance to staff. The menu was planned on a four weekly basis and all food was cooked on the premises. The inspector reviewed the menu and discussed options available to residents with the chef. There were nutritious snack options available between meals to ensure sufficient or optimum calorific intake particularly those for those on fortified diets. A trolley served residents mid morning offering a choice of tea/coffee and biscuits. In the afternoon residents were offered a fruit option, with biscuits, tea and coffee.

The inspector observed mealtimes. Residents confirmed they could choose where they wanted to eat. Residents are accommodated in separate dining rooms in each of the units. Meal times were a social occasion and a calm environment was ensured. The dining areas are well decorated with a bright décor. The lunch time menu provided residents with two different options. The menu choices were clearly displayed on a board in the dining room. In the large dining room two menu boards were provided one at each end of the dining room. Residents confirmed their menu choices for lunch and tea mid morning and alternatives were available should they change their mind. Each resident's food likes and dislikes were documented and made know to kitchen staff. Staff had received training in relation to food and nutrition. They demonstrated and articulated good knowledge of how to provide optimal care for residents.

The instructions for foods and liquids that had to have a particular consistency to

address swallowing problems were outlined in care plans and available to catering and care staff. Staff interviewed could describe the different textures and the residents who had specific requirements. Sufficient dining space was available with two separate sittings for lunch and tea. Tables accommodated small groups of residents which supported social interaction. The inspector saw that there were adequate staff available to assist at mealtimes.

Clinical documentation was of a good standard. Assessments, care plans and nursing evaluation notes were reviewed. Residents had care plans for nutrition and hydration in place. There was prompt access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition or hydration. There was evidence of referral to allied services and reviews by the dietician and the speech and language therapist. Care plans were revised to reflect updates following reviews by allied health specialists.

There was ongoing monitoring of residents nutritional, hydration and skin integrity and oral hygiene. Nutritional screening was carried out using an evidence-based screening tool at monthly intervals. Each need had a corresponding care plan which detailed the nursing care, medications/food supplements prescribed; specific care recommendations from visiting inter disciplinary team members and the general practitioners instructions. Residents' weights and body mass index (BMI) were monitored and those identified at risk had their weight reviewed on a more frequent basis.

Staff monitored the fluid intake of all residents following risk assessment. Each resident's daily fluid goal was recorded and fluid charts were totalled and reviewed to ensure the recommended fluid goal was achieved. Detailed dietary monitoring records of food intake were implemented when appropriate. Food records maintained were detailed to a high standard.

Judgment:
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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
There was evidence of a good communication culture amongst residents, the staff team

and person in charge. The inspector observed staff interacting with residents in a courteous manner and addressing them by their preferred name. Residents' civil and religious rights were respected. Residents and staff confirmed that they had been offered the opportunity to vote at each election either in house or their own locality. Residents could practice their religious beliefs. Prayers took place on a weekly basis. During the day residents were able to move around the centre freely. They had a choice of sitting rooms and could move to a smaller quieter room if they wished. There was a visitor's room to allow residents meet with visitors in private.

Residents were able to exercise choice regarding the time they got up and were able to have breakfast at a time that suited them. Staff sat with residents who required assistance with meals, were respectful with their interventions and promoted independence by encouraging residents to do as much as they could for themselves. However, no residents had plate guards or this option was not explored with occupational therapy in documentation examined to promote residents independence in eating by themselves for the longest, safe period possible.

Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage. These were located in easily accessible areas and available to residents daily. A residents' forum was in place. Residents had access to an independent advocate who provided feedback to the person in charge. 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, employed five days each week. The inspector spoke with the activity coordinator who confirmed the range of activities in the weekly program. The activity schedule provided for both cognitive and physical stimulation.

Judgment:

Non Compliant - Minor

Outcome 17: Residents' clothing and personal property and possessions

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector reviewed a policy for the managing of residents' personal property. It provided guidance to staff on the storage and care of residents' belongings. There was evidence that residents had adequate space for their belongings, including secure lockable storage. Each resident was provided with their own wardrobe. The centre provided the service to laundry all residents' clothes and families had the choice to take

home clothes to launder if they wished.

A staff member was assigned to the laundry each day of the week. A clear system was in place to ensure all clothes were identifiable to each resident. The inspector checked items of clothing in the laundry and residents wardrobes and noted names were recorded on all clothing. A property list was completed with an inventory of all residents' possessions on admission and updated at intervals. The inspector noted that resident's bedrooms were personalised with many of the rooms decorated with pictures and photographs.

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):

No actions were required from the previous inspection.

Findings:

The provider employs a whole-time equivalent of 12 registered nurses and 34 care assistants. In addition, there is catering, cleaning, laundry and activity coordinator employed. The inspector viewed the staff duty rota for a three week period. The rota showed the staff complement on duty over each 24-hour period. The person in charge at all times was denoted on the rota. The staff roster detailed their position and full name. The inspector noted that the planned staff rota matched the staffing levels on duty.

There was a detailed policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Recently recruited staff confirmed to the inspector they undertook an interview and were requested to submit names of referees.

There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on caring for residents with dementia and infection control nutritional care. Nursing staff were facilitated to engage in continuous professional development and had completed training

in pain management, end of life care and basic life support.

Judgment:

Compliant

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

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

No actions were required from the previous inspection.

Findings:

There was a management structure in place to ensure the effective governance of the service. The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre. However, there was no key senior manager notified to the Authority to deputise in the absence of the person in charge.

There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge. A system of audits is planned on an annual basis to include clinical data over a wide range of areas namely medication management, nutrition and any accident/falls sustained by residents, number of General Practitioner (GP) visits to each resident, hospital admissions, blood screening and flu vaccine. The inspector found that this information was used to improve the service. Improvement plans to ensure enhanced outcomes for residents were developed.

Monitoring systems require further development by the provider to ensure a more robust approach in line with the requirements of regulation 23. Annual reviews of the quality and safety of care while undertaken by the provider were not completed in consultation with the residents and their families and copies of reports made available to residents.

Judgment:

Non Compliant - Minor

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:

PJ Wynne
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:	College View Nursing Home
Centre ID:	OSV-0000128
Date of inspection:	22/09/2014
Date of response:	28/10/2014

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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose submitted required review to ensure more clarity in certain aspects. The areas requiring review are outlined below;

A description either in narrative form or a floor plan of all the rooms in the designated centre including their size in metres square and primary function was not included.

A named person nominated to deputise in the absence of the person in charge was not

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

identified.

The specific care need that the centre intends to meet requires review to ensure clarity. The role of the activity therapist was not explained and the range of activities provided was not described.

While the statement of purpose indicated the conditions of registration were included in appendix one, there was no appendix document with the conditions of registration attached to the statement of purpose submitted to the Authority.

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

The Statement of Purpose now contains the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

A Copy of the reviewed Statement of Purpose has been sent to the Chief Inspector.

Proposed Timescale: Completed

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:

The guide requires review as the incorrect name of the provider was stated. The guide incorrectly stated who the statutory body the centre was registered by.

Action Required:

Under Regulation 20(1) you are required to: Prepare and make available to residents a guide in respect of the designated centre.

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

This is currently being reviewed.

Proposed Timescale: 30/01/2015

Theme:

Governance, Leadership and Management

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

The overall fee was not noted on the contract. Charges payable per all items not included in the overall fee were not outlined for all additional expenses.

Action Required:

Under Regulation 24(2)(b) 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 fees, if any, to be charged for such services.

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

The Contract has been reviewed to include the overall fee and the charges payable for all additional expenses that are not included in the fee.

Proposed Timescale: Completed

Theme:

Governance, Leadership and Management

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

The contract of care did not specify the arrangements for the payment or refund of money owed to the resident.

Action Required:

Under Regulation 24(2)(c) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of the arrangements for the application for or receipt of financial support under the Nursing Homes Support Scheme, including the arrangements for the payment or refund of monies.

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

The contract has been amended to include arrangements for the payment or refund of money owed to the resident.

Proposed Timescale: Completed

Outcome 06: Absence of the Person in charge

Theme:

Governance, Leadership and Management

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

There is no key senior manager notified to the Authority to deputise in the absence of the person in charge.

Action Required:

Under Regulation 33(1) you are required to: Give notice in writing to the Chief Inspector of the procedures and arrangements that will be in place for the management of the designated centre during the absence of the person in charge, setting out the matters contained in Regulation 33(2).

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

An NF31 has been completed and returned to the Chief Inspector

Proposed Timescale: Completed

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

The policy and practice in the centre on restraint was not fully reflective of the national policy on promoting a restraint free environment. There was limited evidence of exploring alternative options to promote a restraint free environment prior to using bed rails.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Bedrails are not used as a method of restraint. Bedrails are used only as enablers or at specific request of the resident or their next of kin. Any decision to use bedrails is discussed and clearly documented by resident / next of kin, GP, staff nurse and home manager. Alternatives are sought and implemented where possible.

Proposed Timescale: On-going

Theme:

Safe care and support

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

Training in the management of behaviour that is challenging had not been provided to all staff.

Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

This training had already commenced and should be completed in full by 31/01/15

Proposed Timescale: 31/01/2015

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:

The risk assessments require review to document the level of supervision necessary to ensure the safety of residents while smoking.

Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

The risk assessments for smoking clients have been reviewed and level of assistance and supervision required documented.

Proposed Timescale: Completed

Theme:

Safe care and support

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

The current cleaning methods did not minimise the risk of cross contamination. The inspector noted cleaning staff did not have separate cleaning equipment for bedrooms and ensuite bathrooms for routine daily cleaning. The same mop was used to clean each resident's bedroom and ensuite bathroom. There was a different cloth to clean the bedroom and bathroom area. However, it was not changed at regular intervals and the same cloth was used repeatedly to clean different bedrooms.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Individual cloths available for each bedroom and bathroom cleaning. Colour coded mops available for bedrooms & bathrooms.

Proposed Timescale: 31/10/2014

Theme:

Safe care and support

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

There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Evaluation documentation designed and will be used to have recorded feedback for all future fire training. Identified needs will be addressed.

Proposed Timescale: 15/11/2014

Theme:

Safe care and support

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

The type of equipment or level of assistance required to safely evacuate each resident during the day or at night was not outlined.

Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

Clear documentation will be available adjacent to the fire panel which identifies residents and method of evacuation at both day and night.

Proposed Timescale: Completed

Outcome 11: Health and Social Care Needs**Theme:**

Effective care and support

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

The format for agreeing care plans was a signature and date. There was no narrative personalised to each resident's plan of care to reflect the individual care being delivered.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All care plan reviews will have a narrative which will reflect the individual care being delivered to each resident which will be signed by resident or nominated next of kin together with the staff nurse and dated.

Proposed Timescale: 31/12/2014

Theme:

Effective care and support

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

Care plans for residents with dementia or cognitive impairment and behaviours that challenge required review to ensure they are more person centred. Information from completing behaviour logs was not linked to care plans to detail reactive strategies for behaviours that challenge.

Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Care plans will be updated taking account of behaviour logs recorded.

Proposed Timescale: 30/11/2014

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:

Aspects of decorative maintenance require attention in some bedrooms as the wall were stained above skirting boards.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

On-going painting and maintenance of the Nursing Home a priority.

Proposed Timescale: 30/11/2014

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The complaints procedure was not displayed in a prominent position in the communal areas for viewing by everyone visiting the centre.

Action Required:

Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

Complaints procedure will be clearly displayed in several areas of the home. A copy of the complaints procedure given out with contracts of care.

Proposed Timescale: 31/10/2014

Theme:

Person-centred care and support

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

A nominated person who would monitor that the complaints process was followed and recorded (independent of the person responsible to investigate the complaint) was not identified.

Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

This person has been identified and their name put on the Complaints Policy.

Proposed Timescale: Completed

Theme:

Person-centred care and support

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

Time-frames to respond to a complaint and investigate were not detailed.

Action Required:

Under Regulation 34(1)(d) you are required to: Investigate all complaints promptly.

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

This has been detailed and added to the up-dated Complaints Procedure.

Proposed Timescale: Completed

Theme:

Person-centred care and support

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

The independent appeals procedures referred residents/complainants to agencies which do not assist to resolve issues of concern on behalf of residents.

Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

The complaints procedure has been updated to take account of action required.

Proposed Timescale: Completed

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Residents with a do not resuscitate (DNR) status in place did not have the (DNR) status regularly reviewed to assess the validity of clinical the judgement on an ongoing basis.

Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

This will be reviewed 3 monthly and documented.

Proposed Timescale: 31/01/2015

Theme:

Person-centred care and support

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

Where the family did not provide a suitcase a specially designed bag to return personal possessions to the families was not available.

Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

We now have ordered hospice bags to return personal possessions to residents who have no bags of their own.

Proposed Timescale: 30/11/2014

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No residents had plate guards or this option was not explored with occupational therapy in documentation examined to promote residents independence in eating by themselves for the longest, safe period possible.

Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

There are a range of plate guards available and specialist plates with adapted moulded sides to enable residents to remain independent. There are a range of adapted cutlery and drinking cups to enable residents. We will review residents care plans to ensure that such detail is adequately recorded.

Proposed Timescale: 30/10/2014

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:

Annual reviews of the quality and safety of care while undertaken by the provider they were not completed in consultation with the residents and their families

Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation

23(1)(d) in consultation with residents and their families.

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

Annually residents / families are asked to complete questionnaires which are reviewed by the Registered Provider to ensure that we provide a quality and safe service for our residents.

Proposed Timescale: On-going / annually

Theme:

Governance, Leadership and Management

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

Copies of reports of annual reviews of the quality and safety of care were not made available to residents.

Action Required:

Under Regulation 23(f) you are required to: Make available a copy of the review referred to in regulation 23(d) to residents and, if requested, to the chief inspector.

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

The report of annual reviews of the quality and service of care are available to residents and their families, staff and visitors. A copy of same is available in the visitor's room

Proposed Timescale: On-going