

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mac Bride Community Nursing Unit
Centre ID:	OSV-0000647
Centre address:	St. Mary's Crescent, Westport, Mayo.
Telephone number:	098 25592
Email address:	michael.fahey@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Martin Greaney
Lead inspector:	Nan Savage
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	28
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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: To:
03 September 2014 11:00 03 September 2014 19:00

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

Outcome 01: Statement of Purpose
Outcome 05: Documentation to be kept at a designated centre
Outcome 08: Health and Safety and Risk Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two outcomes, End-of-Life Care and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes.

The inspector reviewed policies and analysed surveys, which relatives submitted to the Authority prior to the inspection and also food and nutrition questionnaires completed by residents during the inspection. The inspector observed practice on inspection and met with residents, the person in charge and staff. Documents were reviewed such as training records and care plans. The person in charge completed the provider self-assessment tool and had assessed that the centre was compliant in relation to food and nutrition and minor compliant in end-of-life care. However, the inspector found that significant improvements were required in both areas and some improvements that had been identified by the person in charge as part of these assessments, had not been addressed. The inspector also noted that some information submitted in the provider self-assessments did not correspond with the inspector's findings.

There was evidence of some good practice in aspects of both outcomes. However, the inspector was concerned that a number of improvements were required in order to comply 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 inspector also identified additional issues that related to other outcomes including risk management, the physical environment, staffing arrangements and the statement of purpose. The inspector brought a risk relating to very hot water at a residents' hand-wash basin to the immediate attention of the person in charge. The person in charge responded promptly and put measures in place to address this risk. Requested information was submitted after the inspection to confirm that this risk had been addressed.

There was good access to the general practitioner (GP) and palliative care services. However, the person in charge had not arranged timely access to health care professionals such as speech and language therapy (SALT) and dietetics.

The inspector found specific measures were in place to support residents at end-of-life, although significant improvement was required to the assessment and care planning process to ensure all residents' needs were appropriately met and a high standard of evidence based practice was provided at this stage of life. The person in charge and staff spoken with were very sensitive to the needs of residents and families. Relatives of deceased residents expressed satisfaction with the care provided to their loved ones by the centre.

Some good practice was also observed in relation to food and nutrition. However, the centre policy on nutrition and hydration had not been adequately implemented to ensure residents' nutritional needs were consistently met. Significant improvement was required to some residents' assessments and care plans to ensure each residents' nutritional needs were consistently met. The inspector also noted that adequate measures had not been taken to ensure residents received a varied diet that offered choice at each meal time. The inspector found that the dining room did not comfortably and safely support residents' needs during meals.

Staff had received limited training on end-of-life care and nutritional management. The inspector also noted that a required action from the previous inspection that related to the provision of up to date moving and handling training to all staff had not been fully addressed. The inspector noted that 12 staff had still not received this training, as required.

These matters are discussed further in the report and required actions outlined in the action plan.

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 inspector reviewed sections of the statement of purpose that related to the staffing and the premises and found that it did not accurately reflect the current arrangements in place. The statement of purpose had not been reviewed and updated when required. The current version shown to the inspector was dated January 2013.

The inspector was informed by staff and the person in charge that there were some staff on long term leave, but the whole time equivalent compliment had not been updated to reflect this. The inspector also noted that the measurements for single bedrooms were inaccurate and indicated that the rooms were much larger than they actually were.

Judgment:

Non Compliant - Moderate

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:

As noted under Outcome 14, the end-of-life care policy did not provide direction to staff on the procedures in place for the use of medical interventions and did not reflect some of the current arrangements in the centre. Also, the system in place to ensure that staff had read and understood policies was not robust. Staff were aware that there was a centre policy on the end-of-life but not all staff had read the policy and were sufficiently familiar with the content.

As detailed under Outcome 15, the centre policy on nutrition provided good guidelines for staff. However, the inspector found that the policy had not been adequately implemented.

Some records were not kept up to date, accurate or available on the day of inspection. For example, minutes of residents' meetings were not available and residents' property lists had not been maintained up to date and a record was not kept of items that were returned to the resident's next of kin after the resident had deceased. This is further covered under Outcomes 11, 14 and 15.

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 inspector was concerned that a required action identified on previous inspections had been partially completed. At the time of the last inspection the majority of staff did not have up-to-date safe moving and handling training. On this inspection, the inspector noted that while training had been provided to a number of staff, there were 12 staff that had not attended an update in this area. An action relating to this non-compliance is included under Outcome 18.

The inspector identified that the water temperature available at a hand-wash basin in a residents' bedroom was very hot and posed a potential risk of harm. The inspector brought this to the attention of the person in charge who took prompt action during the inspection to address this risk. Requested information has been received by the Authority to confirm that this matter had been addressed and that the temperature of the water was now at a safe temperature.

Other aspects relating to this Outcome were not reviewed on this inspection.

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:
Person-centred care and support

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

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

Findings:
Care plans did not consistently guide practice. The inspector specifically reviewed the assessment and care planning process for residents' nutritional needs and end-of-life care and found that improvements were required as described under Outcomes 14 and 15. An outstanding action from previous inspections that related to consultation with residents as regards to their care plans had not been fully addressed.

Input had been obtained from allied health professionals including the dietitian and speech and language therapist (SALT) and this was documented in residents' files. However, the inspector found that some residents did not have timely access to these services, when required. For example, a resident had been referred to the dietitian in June 2014, but had not yet been assessed. The inspector was informed that some residents' dietary requirements had changed but these residents had not been reassessed.

The inspector read that residents had good access to their general practitioner (GP) and medication records demonstrated that nutritional supplements were administered as prescribed.

Other aspects relevant to this outcome were not reviewed during this inspection

Judgment:
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. 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:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was inadequate space for each resident's use in the dining room and this impacted on the quality and safety of the dining room experience for some residents. The inspector saw that there was limited usable space for residents when seated in the dining room. Staff were attentive to residents and assisted those that required support in the dining room. Despite their best efforts, the physical constraints of the room meant that residents were seated quite tightly together and this impacted on some residents' ability to move safely in the room. At one stage the inspector saw a resident having to step over another resident's feet to get pass. The inspector read correspondence dated 5 August 2014 in which the person in charge had raised the size of the dining room as an issue.

While this inspection was focussed on end-of-life care and food and nutrition, the inspector noted some additional issues that related to the physical environment and brought these to the attention of the person in charge.

The inspector found that male residents located on one corridor did not have ready access to a shower in the vicinity of their bedrooms and there was no bath in the centre should a resident wish to have a bath instead of a shower. The person in charge informed the inspector that plans had been approved to provide two additional shower rooms and a bath.

The inspector visited some residents' bedrooms with the person in charge and found that the single bedrooms were relatively small. The inspector queried the suitable of these rooms for residents that required the use of assistive equipment such as hoists. The person in charge confirmed that this was a challenge and that they had planned to install overhead hoists into these rooms. The inspector requested the person in charge to submit scaled measurements of the usable space in these rooms.

Other aspects relating to this outcome were not reviewed on this inspection.

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):

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

Findings:

The inspector noted that overall measures were in place to support residents' needs at end of life. There was evidence that residents' spiritual needs were met and their dignity was respected. However, significant improvements were required to some aspects of decision making processes and the care planning process to ensure residents' wishes and needs were fully met. A required action relating to care planning specifically is referenced under Outcome 11. The inspector also found that an issue relating to the recording of residents' end-of-life wishes had only been partially addressed and therefore remained outstanding from previous inspections.

The inspector reviewed four questionnaires that were returned by the relatives of residents who had passed away in the centre. Relatives indicated that they were satisfied with the care provided by the centre during end of life.

The end-of-life care policy had been updated in June 2014. The inspector reviewed the policy and noted that it provided guidance to staff on areas including the provision of care in relation to physical, emotional, psychological and spiritual needs. However, the policy did not provide direction to staff on the procedures in place for the use of medical interventions and did not reflect some current arrangements in the centre. There was also some conflicting information regarding notification requirements to the Authority.

Staff were aware that there was a centre policy on the end-of-life but not all staff had read the policy and were sufficiently familiar with the content. Measures had not been adequately implemented to ensure that staff had read and understood the policy. An action relating to centre's end-of-life policy is documented under Outcome 5.

The inspector examined the arrangements for capturing end-of-life wishes and the associated care plans for residents. From the sample of files reviewed residents' end of life wishes had not been consistently captured for all residents and in some cases where they had been completed, regular reviews had not taken place. One resident had an end-of-life care plan that had only been developed the day before the resident was deceased.

In some cases the assessments and the resident's care plan had not been used to adequately capture residents' preferences and future health care decisions including any specific medical interventions that had been agreed. There was no documentary evidence that the care plan was developed in consultation with the resident.

The inspector found that the provider and person in charge had established links with the palliative care team. The person in charge and staff described how this service had been used in the past.

Staff had received limited formal training on end-of-life care. From speaking with the person in charge and reviewing staff training records, one staff member had completed formal training on end of life. Staff spoken with reported that the local hospice team provide advice and the person in charge reported that she had arrangements in place to provide training to staff on end-of-life care during the next three months. A required action relating to training is referenced under Outcome 18.

The person in charge had not implemented a system to review practices in relation to end of life. As detailed in the provider self-assessment on end-of-life care, the person in charge confirmed that she planned to carry out post death audits.

The inspector reviewed arrangements in place for management of deceased residents' personal belongings and found that improvement was required. The inspector viewed records and noted that residents' property lists had not been maintained up to date and a record was not kept of items that were returned to the resident's next of kin. A required action relating to this outcome is included under Outcome 5. The inspector found that adequate laundry facilities were in place and that residents' clothes were labelled which ensured the safe return of clothes to the resident.

The majority of residents resided in single rooms and the person in charge and staff indicated that to date most residents that died in the centre where facilitated with a single bedroom. The inspector noted that there were four two-bedded rooms in the centre. Three of the relatives that returned questionnaires also reported that their loved one had access to a single room at this time and one relative indicated that the resident was cared for in a shared room. The person in charge informed the inspector that a previously used multiple occupancy bedroom had been converted into a single room for the sole use of residents' at end-of-life.

Residents were supported and facilitated to practice their religious and spiritual beliefs. Some residents confirmed that this included weekly mass in the centre and the administration of Holy Communion. The person in charge and some staff confirmed that residents at this stage of life had access to a priest as required. Systems were in place to support any future residents from other religious denominations. The inspector also found that an oratory area was provided in the centre.

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):

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

Findings:

Residents were provided with food and drinks at times and in quantities that appeared adequate for their needs. Food was appropriately prepared, cooked and served. However, the inspector was not satisfied that adequate arrangements had been put in place to ensure residents were consistently offered and received a varied diet that included choice at mealtimes and in a manner that catered for their needs. Significant improvements were also required to the care planning process to ensure all residents' nutritional needs were consistently managed by staff as referenced under Outcome 11.

Adequate measures were not in place to ensure residents' dietary requirements were appropriately met. The inspector noted that some residents were provided foods that were contrary to the assessed requirements from the speech and language therapist (SALT) which may have placed these residents at risk. The inspector noted that two residents had been assessed by the SALT in April 2014 as requiring a modified diet but these residents received foods that were not of the correct specified consistency. The inspector brought this concern to the immediate attention of the person in charge. The person in charge was unsure of these residents' individual dietary requirements and staff informed the inspector that the residents' dietary intake had improved and they were able to consume a normal diet. The staff deviation from the original specialised diet had not been captured in the residents associated documentation used to guide staff practice.

The inspector was not satisfied that adequate systems were in place to ensure residents received a varied diet that offered choice at each meal including those residents on modified diets. Sufficient information was not maintained on residents' current dietary requirements and preferences. There was also no documented menu cycle in place and the inspector saw that there was no choice available for dinner and dessert. Instead, the approach to menu planning appeared haphazard and some meals were changed on the day for the evening tea. Residents that spoke with the inspector were not aware of what was on the menu and did not know if there was a choice available. While staff asked residents for their preferences during the evening meal, the inspector noted that some residents were not asked this during the lunch meal. Furthermore, the menu was displayed on a small board and was not clearly visible for all areas in the dining room.

The inspector saw that there were snacks and drinks available during the inspection and some residents confirmed that this was normal.

The person in charge had put in place a system to monitor residents' nutritional requirements but improvements were required to ensure residents' current needs were met and to support continuity of care. There was a detailed nutrition policy in place which provided guidance to staff on nutritional management. However, the person in charge

charge had not put in place an effective system to ensure staff had fully implemented the policy.

From the sample of residents' files reviewed some had informative nutritional care plans that had been recently updated, although, they were not consistently used to inform staff practice. The inspector found that there was an inconsistent approach to assessment and care planning as other residents had no care plan in place or the plan had not been kept up to date and did not reflect some staff practice. A nutritional assessment tool had been used to inform some plans and guide staff practice but some were incomplete and had not been adequately linked to the associated care plan or reviewed when required.

While there was evidence that most residents' weights were monitored monthly and in some cases more regularly, the inspector noted that this had not been consistently implemented for all residents. A formal process was implemented to monitor residents' food and fluid intake however, the quantities of food consumed by some residents that required close monitoring were not sufficiently documented at some meals.

Input had been obtained from allied health professionals including the dietitian and SALT and this was documented in residents' files. However, some residents did not have timely access to these services, when required. A required action relating to this issue is included under outcome 11. Residents had access to other allied health professionals such as dental services when required. The inspector noted that residents that required their meals fortified received this in accordance with the dietician's recommendations. Foodstuffs were available for residents with conditions such as diabetes. The inspector read that residents had good access to their general practitioner (GP) and medication records demonstrated that nutritional supplements were administered as prescribed.

The inspector noted that staff provided assistance in an appropriate and sensitive manner to residents. However, there was inadequate space available in the dining room and this impacted on the quality and safety of the dining room experience for some residents. The inspector saw that most residents had their meals in the dining room but the space was very restricted. While the inspector noted that some residents had their meals in their bedroom by choice, other residents had no choice in the location where they had their meals. The inspector saw that some of these residents had their meals on a mobile table in the day room. A required action relating to the inadequacy of the dining room is included under Outcome 12.

The inspector joined residents during the main lunch time meal and evening tea. The dining experience was unhurried and staff were attentive to residents. Meals were suitably heated and nicely presented and the inspector found that on the day of inspection there were adequate staff present and supervising the meal times. Most residents spoken with and who completed the Authority's questionnaire on food and nutrition gave overall positive feedback on their meals and service although some improvement was identified in relation to staffing at mealtimes and choice.

Formal training had been provided on aspects of nutritional management. The inspector noted that some staff had attended training on food safety in September 2013. The person in charge informed the inspector that training on managing residents with

dysphagia was scheduled on 25 September 2014.

Judgment:

Non Compliant - Moderate

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 were examples where the person in charge and staff interacted appropriately and sensitively with residents, however, some terminology used was inappropriate. For example, reference was made to 'feeding' the residents and referring to them as patients. This type of unsuitable language was also used in some centre policies.

Other aspects relevant to this outcome were not reviewed during this inspection.

Judgment:

Non Compliant - Minor

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

Training and education that had been provided in relation to nutritional management and end-of-life care were reviewed on this inspection, as described in Outcomes 14 and 15. The inspector also reviewed the provider's response to required actions from previous inspections that related to the provision of mandatory up-to-date training in safe moving and handling and an aspect of staffing. Other areas of this outcome were not reviewed on this inspection.

The inspector was concerned that the provider and person in charge had not continually reviewed and adjusted staffing levels and skill mix in accordance with factors including residents' dependency levels and their changing needs. The inspector was also concerned that the dependency levels provided on the day of inspection were inaccurate. For example, a significant number of residents that had been listed as medium were maximum dependant. From a review of the roster and speaking with staff, the inspector noted that despite an increase in residents' dependency levels staffing arrangements had overall remained the same on most shifts. On some shifts the person in charge had rostered an additional staff member to support in areas such as nutritional management, but she confirmed that this had not been consistently achieved.

As noted under Outcomes 14 and 15, while some training had been provided on end-of-life care and aspects of nutritional management this training was very limited. A number of staff had attended training on food safety and one nurse had received training on end-of-life care. As noted under Outcome 15 the person in charge reported that training on managing residents with dysphagia was scheduled on 25 September 2014. She also informed the inspector that plans were in place for some additional staff to training on food safety and end-of-life care.

As noted under outcome 8, the inspector also followed up on a required action from previous inspections that related to the provision of up to date mandatory training in safe moving and handling of residents. The inspector was concerned that all relevant staff had still not received this training.

Judgment:

Non Compliant - Major

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:

Nan Savage
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:	Mac Bride Community Nursing Unit
Centre ID:	OSV-0000647
Date of inspection:	03/09/2014
Date of response:	29/09/2014

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 did not accurately reflect all aspects of the service in accordance with Schedule 1 of the Regulations.

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

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

Residents in Designated Centres for Older People) Regulations 2013.

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

The SOP has been reviewed and updated to accurately reflect all aspects of the service.

Proposed Timescale: 15/10/2014

Theme:

Governance, Leadership and Management

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

The statement of purpose had not been reviewed and updated when required.

Action Required:

Under Regulation 03(2) you are required to: Review and revise the statement of purpose at intervals of not less than one year.

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

The SOP has been reviewed and updated to accurately reflect all aspects of the service.

Proposed Timescale: 15/10/2014

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

The centre policies on end-of-life care and nutrition had not been adequately implemented.

The policy on end-of-life care did not provide direction to staff on the procedures in place for the use of medical interventions and did not reflect some current arrangements in the centre.

Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

The end of life policy and the nutritional policy has been updated to comply with best practice.

Proposed Timescale: 31/10/2014

Theme:

Governance, Leadership and Management

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

Some records were not kept up to date, accurate or available on inspection.

Action Required:

Under Regulation 21(6) you are required to: Maintain the records specified in paragraph (1) in such manner as to be safe and accessible.

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

Records will be maintained as up to date and accurate.

Proposed Timescale: 15/10/2014

Outcome 11: Health and Social Care Needs

Theme:

Person-centred care and support

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

An end-of-life and nutritional care plan was not developed for all residents where required and some care plans had not been reviewed.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

Every registered nurse will ensure that every resident has an end of life and nutritional care plan. The decision making process has been discussed with staff at a recent team meeting on 14th October 2014. The end of life and nutritional policies were discussed.

Proposed Timescale: 31/10/2014

Theme:

Person-centred care and support

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

Residents were not consistently consulted as regards their care plans.

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:

Every registered nurse will review their care plan in accordance with regulation 05(4) and 5(3). Following consultation with resident and family as appropriate. This was discussed at the nurses meeting on 14th October 2014.

Proposed Timescale: 31/10/2014**Theme:**

Person-centred care and support

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

Some residents did not have timely access to SALT and dietetic services.

Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

The SLT and dietician have been contacted and a date given to visit the unit to review every resident in October 2014.

Proposed Timescale: 31/10/2014**Outcome 12: Safe and Suitable Premises****Theme:**

Person-centred care and support

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

Some deficits were identified in the physical environment that did not comply with the Regulations and Standards.

- There was inadequate space for each resident's use in the dining room and this impacted on the quality and safety of the dining room experience for some residents.
- Male residents located on one corridor did not have ready access to a shower in the vicinity of their bedrooms.

- There was no bath in the centre should a resident wish to have a bath instead of a shower. The person in charge informed the inspector that plans had been approved to provide two additional shower rooms and a bath.
- Some single bedrooms did not meet the needs of residents that required assistive equipment.

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:

The issues raised will be referred to our estates dept. to be addressed as part of the works required in the unit to comply with registration requirements for June 2015.

Proposed Timescale: 15/10/2014

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:

Some aspects of decision making processes did not ensure that residents' wishes and needs were fully considered.

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 implemented immediately. Care plans have been reviewed and the decision making process discussed with staff. Residents must be involved in every aspect of their end of life care and their wishes respected.

Proposed Timescale: 31/10/2014

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Some residents did not receive the assessed modified diet as prescribed by the speech and language therapist (SALT).

Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

This will be implemented.

Proposed Timescale: 31/10/2014

Theme:

Person-centred care and support

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

Adequate arrangements had been put in place to ensure residents were consistently offered and received a varied diet that included choice at mealtimes.

Action Required:

Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

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

Menus are now in place and they clarify the varied diet and choice offered to residents. These will be sent as an attachment.

Proposed Timescale: 15/10/2014

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:

Some terminology in use was inappropriate and not respectful of residents' abilities.

Action Required:

Under Regulation 09(1) you are required to: Carry on the business of the designated centre with regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

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

All staff have been asked to say that they are 'assisting with feeding' rather than 'feeding' a resident. A notice has been placed in the staff room and nurses station. This will be discussed at the next staff meeting.

Proposed Timescale: 05/10/2014

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

The provider and person in charge had not continually reviewed and adjusted staffing levels and skill mix in accordance with residents' dependency levels and their changing needs.

Action Required:

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

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

Staffing levels will be reviewed by the provider and person in charge to ensure that they are adequate for safe care of the residents.

Proposed Timescale: 15/10/2014

Theme:

Workforce

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

All relevant staff had not attended training in end-of-life care and aspects of nutritional management.

A number of staff had not received up to date mandatory training in safe moving and handling of residents.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Training has been booked on Moving and Handling (1st October 2014), End of Life and Nutritional care.

Proposed Timescale: 31/12/2014