

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Rochestown Nursing Home |
| Centre ID: | OSV-0000275 |
| Centre address: | Monastery Road, Rochestown, Cork. |
| Telephone number: | 021 484 1707 |
| Email address: | rochestownnursinghome@yahoo.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Brenda O'Brien |
| Provider Nominee: | Brenda O'Brien |
| Lead inspector: | Breeda Desmond |
| Support inspector(s): | John Greaney |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 22 |
| 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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 30 September 2014 06:30 To: 30 September 2014 14:30

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

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| Outcome 02: Governance and Management |
| Outcome 03: Information for residents |
| Outcome 04: Suitable Person in Charge |
| 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 |

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on two specific outcomes, End of Life Care and Food and Nutrition. In preparation for this thematic inspection the provider and the previous person in charge attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The provider and person in charge completed the provider self-assessment tool and judged that the centre was in minor non-compliance regarding food and nutrition and compliant with end-of-life care.

The inspectors met residents and staff and observed practice on inspection. Documents were reviewed such as policies, training records, care plans, medication management charts, staff files, complaints log and minutes of residents' meetings.

Residents were complimentary of the quality and choice of food at meal times. There was evidence of improvements arising from the findings of the self-assessment questionnaires and these will be discussed under the relevant outcomes in the report. Staff spoken with by the inspectors exhibited knowledge about the residents and their care needs and were observed caring for residents in a respectful manner.

The person in charge and clinical nurse manager (CNM) were newly appointed. However, there were no references for these two persons in their personal files when

those files were inspected by the inspectors, even though both staff members had taken up post. Misleading information was given to the inspectors on the day of inspection, and subsequently in the summary written references. The summary written references submitted on 30/09/14 to the Authority did not correlate with the phone references verified by the inspectors. Subsequently, a meeting was convened on 23 October 2014 with the provider and centre administrator to highlight and discuss poor recruitment practices in the centre and to put the provider on notice in relation to this failing. An improvement action plan was issued to the provider on 24 October 2014 to ensure compliance with the Section 77 (c) Health Act 2007 (as amended). The improvement action plan response was included in the action plan at the end of this report.

The actions necessary to ensure compliance with the Health Act 2007 (as amended) (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 are detailed in the action plan at the end of this report and these include:

- 1) recruitment practices
- 2) premises
- 3) aspects of staff files
- 4) contracts of care
- 5) security of the medication trolley
- 6) fire safety precautions.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

This was the centre's first inspection by the Authority.

Findings:

Non compliances were discussed under Outcome 14 End of Life Care.

Judgment:

Non Compliant - Major

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:

Findings were discussed under Outcome 14, End of Life Care.

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.

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| <p>Theme: Governance, Leadership and Management</p> |
| <p>Findings: Non-compliances were described under Outcome 14 End of Life Care.</p> |
| <p>Judgment: Non Compliant - Major</p> |

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.

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| <p>Theme: Governance, Leadership and Management</p> |
| <p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> |
| <p>Findings: Findings were discussed under Outcome 14 End of Life Care.</p> |
| <p>Judgment: Non Compliant - Moderate</p> |

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

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| <p>Theme: Safe care and support</p> |
| <p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> |
| <p>Findings: Findings were discussed under Outcome 14 End of Life Care.</p> |

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Findings described under Outcome 14 End of Life Care.

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:

Effective care and support

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

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

Findings:

Findings were described under Outcome 14, End of Life Care.

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:

The provider's self-assessment and overall assessment of compliance identified compliance with Outcome 14 (Regulation 13, Standard 16) End Of Life Care and the inspector concurred with these finding. Areas of non-compliance related to recruitment practices, staff files, premises, fire safety precautions, contracts of care, security of the medication trolley and care planning reviews.

The inspectors noted that the end-of-life care policy was up to date; it dealt with all stages of end-of-life care. Evidence was demonstrated to show that planning of care was done in consultation with the resident and/or their next-of-kin as described in the Regulations. The sample of care plans reviewed demonstrated that residents had end-of-life care plans which described actions, intervention and wishes of residents and included areas such as pain relief, spiritual, social, emotional, psychological and environmental wishes. There were separate care plans for palliative care and another for sleep, rest and spirituality. The palliative care plan was activated when this speciality was clinically indicated and all residents had a plan of care for sleep, rest and spirituality.

The sample of care plans reviewed demonstrated that residents had risk assessments in place to inform care of the resident. While many of them had timely reviews, others did not, for example, two were last reviewed February 2014, one in August 2013 and another in October 2011. One resident's oral assessment demonstrated that while he had a dry mouth and pain on swallowing, a care plan was not in place to ensure appropriate care.

The inspectors reviewed care plans of deceased residents and current residents and noted that residents had timely access to the General Practitioner (GP), specialist services, and palliative care with pain management. Residents were provided with the services of the GP of their choice and the ability to maintain their own GP wherever possible. Residents received timely medical reviews, bloods were taken frequently and their medication was reviewed on a three-monthly basis or sooner if required. Out-of-hour's medical service was available.

The inspectors were satisfied that residents' other healthcare needs were met. A chiropodist service was available on monthly basis. A physiotherapist was available for residents if physiotherapy was required. The provider had completed a course on activities co-ordination and residents gave positive feedback regarding the increase in array of activities, for example, the external secure outdoor space was newly refurbished

and contained raised herb and flower beds which residents had planted up; there was also several garden tables and chairs and residents relayed that they enjoyed barbecues throughout the summer. Photographs of residents enjoying baking were displayed in the dining space.

There was evidence that medication management was regularly reviewed by the GP. Education sessions were facilitated for staff regarding different aspects of residents' medication management with associated illnesses. Medication management audits were completed and the new person in charge stated that he intended to continue with audits as part of the continuous quality improvement strategy. Medication errors recording were in place and demonstrated that issues were reported and followed up on with all staff to ensure continuous learning and mitigate risk of recurrence.

The medication management policy was up-to-date and comprehensive. The inspector accompanied the nurse on a medication round and this was completed in line with professional guidelines. While the medication trolley was locked when not in use it was not chained to the wall as described in their medication management policy and in compliance with best practice professional guidelines. Controlled drugs (CDs) were checked and maintained in line with professional guidelines.

Contracts of care formed part of residents' overall care planning documentation. These detailed the fees to be charged as well as additional fees to be charged; they were signed on admission by the residents or their next-of-kin where appropriate. When a change of conditions of the contract occurred, for example, when fees were changed, these were recorded in the original contract of care and signed by the provider, however, a new contract was not issued or the resident did not co-sign the new conditions of the contract.

Staff files were reviewed including the newly appointed person in charge and deputy person in charge. Even though both had taken up post, all the documents listed in Schedule 2 to be held in respect of the person in charge and each member of staff were not in place including references. Inspectors were provided with information/documentation in relation to references that was inadequate and appeared to be misleading and was in contravention of Section 77 (c) of the Health Act (as amended). A provider's meeting was convened on 23 October 2014 to highlight and discuss this misleading information, inadequate references and poor recruitment practices and to put the provider on notice in relation to this failing. The Authority requested an improvement plan be submitted by the provider to demonstrate the necessary remedial actions to ensure regulatory compliance. The action plan response from the improvement action plan was included in the action plan at the end of this report.

Staff training records indicated that staff had up-to-date end-of-life care training. This was facilitated by the previous person in charge. The incumbent person in charge outlined that he planned to complete the Further Education and Training Awards Council (FETAC) level 6 to enable him to facilitate further in-house training for staff. An 'end-of-life' box was evidenced which contained written information regarding support, bereavement and practical information for staff and relatives.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre, and ministers from other religious denominations visited upon request.

Family and friends were facilitated to be with the resident at end of life. However, the provider self-assessment stated that there were overnight accommodation facilities for next-of-kin, however, these were not available. Previous inspection reports detailed that appropriate screening was not in place in multi-occupancy bedrooms to ensure privacy and dignity of residents. The provider outlined that a programme of works had been initiated whereby disposable blue clinical bed-space curtains were in place in three bedrooms and the remainder were due for replacement. The inspectors requested that this would be reviewed. While these disposable curtains were in compliance with infection prevention and control, they did not contribute to a homely environment as described in their Statement of Purpose. There was no private space available for residents to meet with their relatives or friends. While some of the fire safety mechanisms attached to bedroom doors operated appropriately, others did not; the magnet attached to the bedroom doors was affixed by a screw to the door and not attached with an appropriate fitting. The inspectors requested that this be addressed before close of business on the day on inspection and the provider gave assurances that this would be addressed by their fire safety engineer.

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:

The inspector reviewed the person in charge's self-assessment questionnaire of compliance with Outcome 15 (Regulation 18, Standard 19) Food and Nutrition. The person in charge had assessed that the centre had a minor non-compliance regarding food and nutrition and the inspector concurred with this finding. Other areas of non-compliance related to the premises.

The inspectors observed mealtimes including breakfast, mid morning refreshments and lunch. Breakfast was served from 07:00hrs in residents' bedrooms and the dining room. Staff were observed serving breakfasts where residents were given choice and meals were served in a friendly manner. Mid-morning fluids and snacks were served from

09:00hrs onwards and mid-afternoon snacks and drinks were from 15:00hrs; lunch was served in the dining room from 11:30hrs; the first tea sitting was at 15:30hrs and the second sitting was 16:00hrs. There was a tea-round at 20:00hrs and residents were offered home baking and biscuits. The inspector noted that staff levels were adequate to meet the needs of the residents during mealtimes. Staff were observed assisting residents, particularly residents with a cognitive impairment, in a discreet manner. Meal times were unhurried and residents received their meal in a timely manner. The inspector observed staff asking residents their choice at each meal and menus with choice were on display in the dining room. The inspector joined residents at lunch time in the dining room and this was a relaxed social occasion. Meal times were discussed at length at the feedback meeting at the end of the inspection and inspectors requested that mealtimes be reviewed. While three residents spoken with stated they rose early and requested an early breakfast and this was facilitated, the inspectors deemed that lunch and tea time was too early and not at a time which was consistent with normal family or home life.

Information was relayed to kitchen staff by the nurse on admission of a new resident and following review by the dietician, speech and language therapist or GP. There was evidence that residents were reviewed by a speech and language therapist, dietician and a nutritional risk assessment tool was part of documentation. This was completed on admission and three-monthly thereafter. There was evidence that staff completed a daily record of residents' nutritional and fluid intake/output when the resident's condition warranted, however, records reviewed demonstrated that this fluid balance record was not maintained accurately and fluids given were not consistent with specialist recommendations and this was highlighted to the person in charge. Residents were routinely weighed every month.

Documentation submitted to the Authority indicated the following specialist dietary requirements for residents:

- 5 were on low fat diets
- 4 required extra calories
- 3 were on a modified consistency diet
- 8 residents were on nutritional supplements
- 1 was on fortified supplements.

The inspectors reviewed the kitchen and the chef demonstrated knowledge of specialist dietary requirements and consistencies and was up-to-date in her training regarding food safety. The metal splash-back behind the cooking hobs was used as a notice board with paper and plastic documents attached by magnets and this was highlighted as a risk and the items were immediately removed. While the chef identified specific preparation areas for foods, for example, raw meat, vegetable or baking areas, there was no advisory signage for this; also forms and documents were attached to shelving and behind storage areas in the kitchen making effective cleaning difficult. The dry-foods storage unit required replacement as its protective surface was chipped and there was rust evident, making effective cleaning impossible.

Staff had completed training regarding food, nutrition, consistencies and dysphagia (swallowing difficulties).

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| Judgment: Non Compliant - Moderate |
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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:

Breeda Desmond
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

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| Centre name: | Rochestown Nursing Home |
| Centre ID: | OSV-0000275 |
| Date of inspection: | 30/09/2014 |
| Date of response: | 25/11/2014 |

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 02: Governance and Management

Theme:
Governance, Leadership and Management

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

Following on from the inspection on 30 September 2014, inspectors identified that references were not in place for the person in charge or the person participating in the management of the centre, so the provider could not be assured that management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effective.

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

Ms Brenda O Brien was informed of this failing at the provider's meeting on 23 October 2014.

Action Required:

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

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

We have reviewed the policy on Recruitment & Vetting of Staff inc Management of Staff and strengthened it that all the necessary references are in place for Key Senior Management.

Proposed Timescale: 07/11/2014

Theme:

Governance, Leadership and Management

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

Following on from the inspection on 30 September 2014, inspectors found that written information submitted to the Authority pertaining to two references was misleading.

Ms Brenda O Brien was informed of this failing at the provider's meeting on 23 October 2014.

Action Required:

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

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

There was no intention of any employee from Rochestown Nursing Home to mislead the authority. Recruitment policy and procedure has been reviewed.

Proposed Timescale: 07/11/2014

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

A new contract of care was not issued when there was a change in contract details or the resident did not co-sign if new conditions were added to the existing contract.

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:

No change in resident's fees. Change is between nursing home and Fair Deal .New contracts of care been issued for all residents and will be signed by appropriate party. New contract issued if there will be any change in fees for resident/ fair deal.

Proposed Timescale: 20/12/2014

Outcome 04: Suitable Person in Charge**Theme:**

Governance, Leadership and Management

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

Following an inspection 30 September 2014, inspectors found that all items listed in Schedule 2 were not in place for the person in charge or the person participating in the management of the centre.

Action Required:

Under Regulation 14(5) you are required to: Ensure that the documents specified in Schedule 2 are provided by the person in charge.

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

Those two files for person in charge and person participating in management of centre are now complete with regards compliance with schedule 2 (We can't determine compliance with Garda Vetting due to this been outside of our control).

Proposed Timescale: 07/11/2014

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 drug trolley was not securely maintained as described in best practice professional guidelines and the centre policy on medication management.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

Please state the actions you have taken or are planning to take:
Drug trolley securely locked to wall in the nurses station when not in use.

Proposed Timescale: Completed

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:

While some of the fire safety mechanisms attached to bedroom doors operated appropriately, others did not; the magnet attached to the bedroom doors was affixed by a screw to the door and not attached with an appropriate fitting.

Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

Fire safety been reviewed and new mechanism been fitted on bedroom doors which connects to magnetic devices replacing older fitting thus improving fire safety procedure.

Proposed Timescale: 12/12/2014

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:

While many residents had timely risk assessments to inform their care, others did not, for example, two were last reviewed February 2014, one in August 2013 and Another in October 2011.

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:

Care plans updated and reviewed accordingly.

Proposed Timescale: Completed

Theme:

Effective care and support

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

One resident's oral assessment demonstrated that while he had a dry mouth and pain on swallowing, a care plan was not in place to ensure appropriate care.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

Oral assessments are carried out at regular intervals. Specified plan of care has been identified and demonstrated in individual care plan.

Proposed Timescale: Completed

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:

Appropriate screening was not in place in all multi-occupancy bedrooms to ensure the privacy and dignity of residents.

New disposable blue clinical curtains were in place in three multi-occupancy bedrooms, however, they did not contribute to a homely environment as described in their Statement of Purpose.

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:

There is appropriate screening in all multi-occupancy bedrooms. These ensure privacy and dignity for residents and is designed to meet the needs of the resident and help promote infection control.

Proposed Timescale: Completed

Theme:

Effective care and support

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

There was no private space available for residents to meet their relatives or friends.

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:

Visitors room to be done.

Proposed Timescale: 30/06/2015

Theme:

Effective care and support

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

The design and layout of some of the multi-occupancy bedrooms did not meet the needs of residents, as highlighted in previous reports.

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:

All rooms meet needs of residents set out in schedule 6 except for room 10 which refers to condition 7 that when any one of the residents currently accommodated in room No. 10 vacates this room, at which point room No. 10 will be for the accommodation of one resident only.

Proposed Timescale: Ongoing

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:

Lunch was served in the dining space from 11:30hrs; the first tea sitting was at 15:30hrs, both of which were deemed too early and not at a time which was consistent

with normal family or home life.

Action Required:

Under Regulation 18(2) you are required to: Provide meals, refreshments and snacks at all reasonable times.

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

Meal times have been changed after meeting with residents. There are two sittings. First commencing at 12pm. First tea sitting is 4pm.

Proposed Timescale: Completed

Theme:

Person-centred care and support

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

Records reviewed demonstrated that fluid balance records were not accurately maintained and fluids given were not consistent with specialist dietician recommendations.

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:

Monitoring of weight & BMI at regular intervals. Regular consultation with dietician, speech and language therapist & GP. Intake and output chart maintained effectively for residents who are at high risk of malnutrition/ dehydration. All Multi Disciplinary Team recommendations clearly reflect in respective care plans.

Proposed Timescale: Ongoing