

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Deerpark Nursing Home
Centre ID:	OSV-0000222
Centre address:	Deerpark, Lattin, Tipperary.
Telephone number:	062 55121
Email address:	deermairead@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Deerpark Nursing Home Limited
Provider Nominee:	Mairead Perry
Lead inspector:	Louisa Power
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	3

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:
15 December 2014 09:55	15 December 2014 20:45
16 December 2014 08:55	16 December 2014 14:30

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

Outcome 01: Statement of Purpose
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 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

Summary of findings from this inspection

The inspection was an announced renewal of registration inspection, took place over 2 days and was the sixth inspection of the centre by the Authority. As part of the inspection process, the inspector met with the provider nominee, person in charge residents, relatives, visitors and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, risk management documentation and staff records. The documentation submitted by the providers as part of the application process was submitted in a timely and precise manner and was also reviewed prior to the inspection including questionnaires completed by residents and relatives; the feedback was positive and is referenced in the body of the report.

Overall, the inspector found that the person in charge ensured that residents' medical and nursing needs were met to a good standard. Residents looked well and cared for, engaged readily with the inspector and provided positive feedback on the staff, care and services provided. The inspector found evidence of good practice in a range of areas. The person in charge and staff all interacted with residents in a respectful, warm and friendly manner and demonstrated a thorough knowledge of residents' needs, likes, dislikes and preferences.

The inspector found that the some parts of the premises continued to pose challenges in relation to a lack of space in the dining room, storage and private bedside space for residents. The provider nominee outlined to the inspector that she had overcome a number of obstacles and the plan for the expansion and development of the centre in order to comply with the Regulations and Standards would commence in the near future and be completed within the next 12 months. The plan includes a new kitchen, additional dining space, extended laundry facilities and a number of new bedrooms which will allow for the occupancy of bedrooms accommodating more than two residents to be reduced.

A number of additional improvements were identified to enhance the substantive evidence of good practice and to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The provider nominee arranged for two actions to be completed immediately after the inspection and the amended documents were submitted to the inspector. The outstanding required improvements are set out in detail in the action plan at the end of this report and include:

- Medication management
- development of personal evacuation plans
- review of documentation practices to ensure consistency and accuracy.

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 consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. The inspector noted that the statement of purpose was made available for residents, visitors and staff to read.

The written statement of purpose described a service that provided care in "a friendly and caring environment". The inspector observed that the ethos of care as described in the centre's statement of purpose was actively promoted by staff.

However, the following items listed in Schedule 1 of the Regulations were not detailed in the statement of purpose:

- Information set out in the Certificate of Registration
- description (either in narrative form or a floor plan) of the rooms in the designated centre including their size.

The statement of purpose did not contain a review date; therefore it was not clear if the statement of purpose had been reviewed in the previous year. This was brought to the attention of the provider who arranged for the omitted items to be included and an updated statement of purpose was submitted to the Authority after the inspection.

Judgment:

Non Compliant - Minor

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 evidence of a clearly defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision.

The inspector observed a good and supportive working relationship between the person in charge and the provider nominee. Two managers had been recently appointed in the centre and the Authority had been informed in line with the Regulations. One manager had taken over a number of the administrative roles from the provider nominee including payroll. The other manager was overseeing and managing the planned development and expansion works. The inspector was satisfied that the management system in place ensured that service provided was safe, appropriate, consistent and effectively monitored.

Staff with whom the inspector spoke were clear about the management structure and the reporting mechanisms. The inspector saw evidence of continued investment in the centre to ensure effective delivery of care in accordance with the statement of purpose including installation of new fitted storage and vanity stations in the bedrooms.

The person in charge informed the inspector that she was working to co-ordinate an audit plan for 2015. The results of the regular audits will form part of the annual review of quality and safety of care.

Audits were made available to the inspector from 2014. Audits were completed in pertinent areas to review and monitor the quality and safety of care and the quality of life for residents such as nutrition, restraint, infection prevention and control, medication, falls, wound care and care planning. The audit in relation to falls was multi-disciplinary. The audits identified areas for improvement and audit recommendations. Improvements were brought about as a result of learning from audits such as improved documentation.

Judgment:

Compliant

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):

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

Findings:

A residents' guide was available which included a summary of the services and facilities provided, procedure respecting complaints and the arrangements for visits. The guide had been reviewed in 2014 and the inspector saw copies were made available to residents. However, the resident's guide did not contain the terms and conditions relating to residence in the designated centre. This was outlined to the provider who arranged for the omitted information to be included and the updated version was submitted to the Authority following the inspection.

The inspector reviewed a sample of residents' contracts of care and noted that contracts were signed and dated by the resident or their representative within one month of admission. The contract set out the services to be provided, the overall basic fee for the provision of care and services, any monies received from state support schemes and the residual fee for which the resident was liable as applicable to each resident. Details of any additional services that may incur an additional charge were included.

Judgment:

Non Compliant - Minor

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 centre was managed by a suitably qualified and experienced nurse with clear lines of authority, accountability and responsibility for the provision of service.

The person in charge had been in post since July 2011. The person in charge was employed full time and was a nurse with more than three years experience in the area of nursing of the older person within the previous six years. The roster reflected that the person in charge also works night shifts and weekends. The person in charge had completed a post graduate staff management qualification in 2013.

The person in charge provided evidence of ongoing professional development appropriate to the management of a residential care setting for older people, including short courses on nutrition, infection prevention and control, clinical audit, food safety and medication management. The person in charge was also an accredited manual

handling instructor.

While speaking with the inspector, the person in charge demonstrated comprehensive knowledge of residents, their care needs and a strong commitment to ongoing improvement of the quality of the services provided. She was seen and reported to be visible, accessible and effective by staff, residents and relatives. Residents and relatives were observed to be relaxed and comfortable in her presence.

The person in charge demonstrated good knowledge of the relevant legislation and her statutory responsibilities. The person in charge is engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

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 records listed in Schedules 2, 3 and 4 of the Regulations were maintained in the centre. All of the key policies as listed in Schedule 5 of the Regulations were in place. Records were made available to the inspector which confirmed that staff had read and understood the policy and staff demonstrated a clear understanding of these policies.

Records were kept securely, were accessible and were kept for the required period of time. Residents' records were kept in a secure place. The inspector found that the system in place for maintaining files and records was very well organised with clear systems in place.

The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

Residents' records as required under Schedule 3 of the Regulations were maintained. However, some records were not complete. Based on a sample viewed, medication

administration records did not accurately record all medications administered and the times administered. The times on the prescriptions did not match the times on the medication administration record. The inspector noted that a medication was administered but not recorded on the medication administration record for a number of days.

The residents' directory was maintained electronically, was up-to-date and contained all matters referred to in article 19. Entries to the nursing records were maintained in line with relevant professional guidelines. Daily records were completed.

Records listed in Schedule 4 to be kept in a designated centre were all made available to the inspector.

Records relating to inspections by other authorities were maintained in the centre and the inspector viewed documentation relating to food safety and fire safety.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the Regulations.

Judgment:

Non Compliant - Moderate

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 had been no periods where the person in charge was absent from the centre for 28 days or more since the last inspection and there had been no change to the person in charge. The provider was aware of the obligation to inform the Chief Inspector if there is any proposed absence of the person in charge and the arrangements to cover for the absence.

The inspector was satisfied that there were suitable arrangements made for the management of the centre the absence of the person in charge. A senior staff nurse is identified as the person to act as the person in charge in her absence. The senior staff nurse has worked in the centre for many years. The senior staff nurse demonstrated good, sound clinical knowledge and that she had a good understanding of her responsibilities when deputising for the person in charge.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that systems were in place to protect residents from being harmed or suffering abuse. Residents were provided with support that promoted a positive approach to behaviour that challenges. A restraint-free environment was promoted.

The person in charge and all the staff spoken with confirmed that there had been no incidents of alleged, suspected or reported abuse in the centre since the previous inspection.

There were organisational policies in place in relation to the protection of vulnerable adults, which had all been reviewed in 2014. The policy was comprehensive, evidence based and would effectively guide staff.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Staff with whom the inspector spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. Residents with whom the inspector spoke confirmed that they felt "safe" in the centre, that the staff were "kind" and "patient" and that they knew who to talk to if they needed to report any concerns of abuse. There was a nominated person to manage any incidents, allegations or suspicions of abuse. Residents and staff were able to identify the nominated person.

The inspector was satisfied that there were transparent systems in place for the management of residents' finances. Complete financial records that were easily retrievable were kept on site in respect to each resident. The inspector saw that an itemised record of charges made to each resident, money received or deposited on behalf of the resident, monies used and the purpose for which the money was used was maintained. Invoices were seen to be all itemised. There was a system in place to verify that residents receive services, which are billed directly to the provider who then charges the resident.

A centre-specific policy in relation to the management of behaviour that is challenging was made available to the inspector and had been reviewed in July 2014. The policy was comprehensive and evidence based. Records confirmed that training was provided to relevant staff in the response and management of behaviour that is challenging.

Care plans demonstrated that there were clear strategies in place to manage behaviour that challenges. Detailed psychiatric assessment had been completed. Staff were able to describe the strategies in use. Strategies demonstrated a positive approach to behaviour that challenges including the use of distraction techniques. Multi-disciplinary input was sought when appropriate.

In relation to restraint practices, the inspector observed while that bedrails were in use, their use followed an appropriate assessment. The inspector noted that signed consent from residents was secured where possible and the use of bedrails was discussed with residents' representatives as appropriate. Multi-disciplinary input was sought when planning the use of restrictive procedures. There was a centre-specific policy on the use of resident restraint, which had been reviewed in July 2014. This policy included a direction to consider all other options prior to using restraint. A risk-balance tool was completed for residents prior to the use of a bedrail; a comprehensive care plan was developed and reviewed every four months. However, documentation for monitoring and observation of a resident while a bedrail was in place was not consistent; this is covered in outcome 8.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:
Safe care and support

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

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

Findings:

Overall there was evidence that the provider was committed to protecting and promoting the health and safety of residents, staff and visitors.

There was a health and safety statement in place which was last reviewed in March 2014. This outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy which outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. The risks identified specifically in the Regulations were included in the risk register.

There was evidence that risk assessments had been implemented in practice and were kept under continual review.

The inspector saw that there was a comprehensive emergency plan in place, reviewed in April 2014 and covered events such as natural disasters and utility failure.

The inspector saw that accidents and incidents were identified, reported on an electronic incident form and there were arrangements in place for investigating and learning from accidents.

Suitable fire equipment was provided throughout the centre. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. Fire records were comprehensive, accurate and easily retrievable. The training matrix and person in charge confirmed that all staff employed receive annual fire training on an ongoing basis. Staff demonstrated good knowledge on the procedure to follow in event of a fire, including phased evacuation of residents and the availability of safe areas and compartments. The fire alarm is serviced on a quarterly basis, most recently in September 2014. Fire safety equipment is serviced on an annual basis, most recently in March 2014. Emergency lighting had been serviced annually, most recently in August 2014. Fire drills took place on a monthly basis, on the day and night shift and all staff had attended a fire drill since the last inspection. Records of weekly fire checks were made available to the inspector. These checks included inspection of escape routes, emergency lighting, fire notices and equipment. Written confirmation from a competent person had been submitted prior to the inspection that all requirements of the statutory fire authority had been complied with.

The inspector noted that personal evacuation plans (PEEPs) had not been developed for residents. Staff with whom the inspector spoke outlined that ski sheets were available under residents' beds to evacuate residents and staff were able to clearly articulate knowledge on the use of these devices. However, there was no plan in place for the safe evacuation and placement of all residents in the centre from all locations, taking into account the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident.

A designated smoking room was provided for residents, a centre-specific policy was in place for residents who smoke and each resident who smoked was individually assessed. The individualised risk assessments were adequate and there was evidence of the implementation of the identified controls. The risk assessments included assessment of the need for observation or supervision and were reviewed every four months or more frequency if a resident's condition changes. The smoking area was mechanically and externally ventilated, equipped with fire fighting and fire detection equipment, a means to raise the alarm, viewing pane, fire resistant furniture and a fire retardant apron.

The training matrix and person in charge confirmed that all staff were trained in the moving and handling of residents. Staff demonstrated a good understanding of the use of the hoist and contemporary moving equipments. Lifting and moving equipment was serviced annually in line with manufacturer's guidelines, most recently in July 2014. Each resident had a personalised manual handling plan which was reviewed every four

months or more frequently if a resident's condition changes. The review was multi-disciplinary and was carried out by a physiotherapist, nurse and healthcare assistant. The inspector spoke with staff who demonstrated comprehensive knowledge of each resident's personalised manual handling plan and this was evidenced in practice. Hand rails and grab rails were installed throughout the centre.

Infection control practices were guided by centre-specific policies which had been reviewed in 2014. There was a contract in place for the disposal of clinical waste and records were maintained of removal and transport. Hand washing and sanitising facilities were readily accessible to staff and visitors. Designated hand washing facilities were provided in the laundry and sluice rooms. However, designated hand washing facilities were not provided in or adjacent to the pamper/hairdressing room. Access to high risk areas, such as the sluice, was seen to be restricted at all times. Staff stated that they had access to sufficient personal protective equipment such as aprons and gloves. The inspector spoke with a member of housekeeping staff. There was evidence of a regular colour-coded cleaning routine that adequately prevented against cross contamination. There was evidence of good communication in relation to healthcare acquired infections (HCAI) and cleaning staff were aware of appropriate cleaning requirements for any HCAI. On the first day of inspection, the inspector observed that the housekeeping trolley was stored for a short period of time in the sluice room. The trolley was not decontaminated after being removed from the sluice. This practice compromises the prevention of cross contamination.

As outlined in outcome 7, staff with whom the inspector spoke outlined that the resident's safety was being monitored closely every two hours when the bed rails were in place. However, based on a sample of records reviewed, the practice was inconsistent and the electronic system recorded that periods of over four hours may have elapsed before a staff member recorded that a safety check had been performed. Therefore, it could not be confirmed that adequate measures were in place to control risks associated with bedrails such as entrapment.

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:
The centre-specific policies on medication management were made available to the inspector which had all been reviewed in 2014. The policies were comprehensive and

evidence based. The policies were made available to staff who demonstrated adequate knowledge of this document.

Medications for residents were supplied by a local community pharmacy. There was evidence of appropriate involvement by the pharmacist in accordance with guidance issued by the Pharmaceutical Society of Ireland.

The inspector noted that medications were stored in a locked cupboard or medication trolley. The temperature of the medication refrigerator was noted to be within an acceptable range; the temperature was monitored and recorded twice daily. Medications requiring refrigeration were stored appropriately. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

Staff reported and the inspector saw that no residents were self-administering medication at the time of inspection. The practice of transcription was in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais.

Where medications were to be administered in a modified form such as crushing, this was not individually prescribed by the medical practitioner on the prescription chart. The management of verbal/telephone orders for warfarin was not in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais; this is covered in outcome 11.

Records confirmed that appropriate and comprehensive information was provided in relation to medication when residents were transferred to and from the centre.

The inspector saw that medication incidents were identified and reported in a timely manner. There was evidence that learning from medication incidents was implemented. A medication management audit was completed quarterly, most recently in October 2014.

The inspector noted that medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medications. Medication administration sheets were not complete and accurate; this is covered in outcome 5.

Medications which are out of date or dispensed to a resident but are no longer needed were stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A record of the medications returned to the pharmacy was maintained which allowed for an itemised, verifiable audit trail.

Judgment:
Non Compliant - Moderate

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.

<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector noted that a comprehensive record of all incidents was maintained. Notifications to the Authority were made in line with the requirements of the Regulations.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 11: Health and Social Care Needs</i> <i>Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.</i></p>
<p>Theme: Effective care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: There was evidence that timely access to health care services was facilitated for all residents. The person in charge confirmed that a number of GPs were attending to the needs of the residents and an "out of hours" GP service was available if required. The records confirmed that residents were assisted to achieve and maintain the best possible health through regular blood profiling, quarterly medication review and annual administration of the influenza vaccine. Residents were referred as necessary to the acute hospital services and there was evidence of the exchange of comprehensive information on admission and discharge from hospital. In line with their needs, residents had ongoing access to allied healthcare professionals including optical, chiropody, physiotherapy, psychiatry and dietetics.</p> <p>The inspector reviewed a selection of electronic care plans. There was evidence of a pre-assessment undertaken prior to admission for residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including mobility, nutrition, communication, personal care, mood and sleep. There was evidence of a range of assessment tools being used and ongoing monitoring of falls, weight, mobilisation and, where appropriate, fluid intake. Each resident's care plan was kept under formal review as required by the resident's changing needs or circumstances and</p>

was reviewed no less frequently than at four-monthly intervals. The development and review of care plans was done in consultation with residents or their representatives and the inspector saw that this consultation was current for the care plans reviewed.

Each resident had the right to refuse treatment. This was seen to be respected and documented appropriately in the electronic patient record.

Records confirmed that appropriate and comprehensive information was provided when residents were transferred to and from the centre.

Wound management was seen to be in line with national best practice. Wound management charts were used to describe the cleansing routine, emollients, dressings used and frequency of dressings. Wounds were examined on a daily basis. The dimensions of the wound were documented and photographs were used to evaluate the wound on an ongoing basis. There was evidence of appropriate input being sought from specialist tissue viability services.

There was a strategy in place to prevent falls whilst also promoting residents' independence. An evidence-based assessment tool was used to assess residents' risk of falls on admission and at least every four months thereafter. A physiotherapist visited the centre regularly. The physiotherapist completes a comprehensive treatment form after each consultation. The incidence of falls is monitored on an ongoing basis. A falls audit is completed on a quarterly basis and the inspector noted a review was completed after each fall and preventative measures, such as hip protectors, sensor mats and ultra low beds, were implemented.

As outlined in outcome 9, the management of verbal/telephone orders for Warfarin was not in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais. The record of the verbal/telephone order did not document the time of the order and the prescriber's confirmation of the order. The orders were not repeated to a second nurse.

There was a range of activities offered including gentle exercise, arts and crafts, card making, quizzes and live music. Residents with whom the inspector spoke had very much enjoyed the Christmas party, especially the live music and the opportunity to dance.

Residents were facilitated to attend activities external to the centre. A resident with an intellectual disability attended a local day service Monday to Friday. Some residents attend their local day centre on a weekly basis. Residents often went out for meals with family and friends. A resident with whom the inspector spoke had celebrated a significant birthday with her family at a local hotel on the weekend before the inspection and had enjoyed going out to celebrate the occasion. A number of residents had gone with staff to the local town to do Christmas shopping.

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:

The centre was a purpose built single-storey building built in an "L" shaped configuration. The entrance was wheelchair accessible and led to the main reception area; to the left was a smoking room for residents and to the right a conservatory. Communal accommodation consisted of the conservatory, one large dayroom, a dining room and a small quiet room. However, the existing dining room could only accommodate 14 residents and meals were served in a single sitting. A separate dining table was observed to be required in the dayroom and several residents took their meals where they were seated and bed-tables were used to facilitate this.

Residents were accommodated in four single bedrooms, one of which was en suite with shower, toilet and wash-hand basin and three with wash-hand basin facilities. There were eight twin-bedded and one three-bedded room with en suite toilet and wash-hand basin. One four-bedded room and a three-bedded room with separate wash hand basins shared a toilet that was accessed from both rooms. Each bedroom provided adequate storage for personal possessions including a lockable storage space. Adequate screening was provided in shared bedrooms.

The twin bedrooms provided at least 8.8m² per resident and adequate private and communal accommodation. The layout of the twin bedrooms was suitable to meet the needs of residents. There were three bedrooms that provided accommodation for more than two residents. Two of these bedrooms, bedroom 3 and bedroom 4, provided less than 7.4m² per resident as required under the National Quality Standards for Residential Care Settings for Older People in Ireland. The inspector observed limited space was available around the bedside. The provider outlined to the inspector that residents were not accommodated in these bedrooms if their needs could not be met e.g. if using electric wheelchairs. The inspector spoke with residents who were accommodated in these bedrooms who outlined that the bedrooms did provide adequate private space for their needs.

There was a bathroom with bath, assisted shower, assisted toilet and wash hand basin, two further non-assisted toilets and wash-hand basin. There was a hairdressing/pamper room with an enclosed non-assisted shower and hairdressing sink. The nurses' station was located centrally and provided good observation of all resident accommodation

areas.

There was a secure decking area for residents' use to the front of the building that was accessed from the main dayroom. There was adequate car parking to the front of the building. Beyond the car parking was a large lawn with attractive water feature.

Internally, the inspector found the premises to be visibly clean, well maintained, adequately heated, lighted and ventilated and in good decorative order. The necessary sluicing facilities were provided and access to high risk areas such as the sluice room and the laundry was restricted. There was a designated wash hand basin provided in the laundry. The provider outlined to the inspector that only personal laundry was done on site and all other laundry was outsourced to an external provider. Even though the laundry area was limited, it was adequate to meet the existing arrangements. As discussed in outcome 8, the housekeeping trolley was observed to be stored in the sluice room.

Circulation areas, toilet facilities and shower/bathrooms were adequately equipped with hand-rails and grab rails. Emergency call facilities were in place that were accessible from each resident's bed and in each room used by residents.

A separate kitchen was provided and was located off the main dining room. The inspector observed the kitchen to be visibly clean and well-organised. There were suitable and sufficient cooking facilities, kitchen equipment and tableware. Staff were provided with changing and sanitary facilities.

The issues identified in relation to the premises were discussed at length with the provider. A development and expansion plan that includes a new kitchen, expanded dining facilities, extended laundry and additional bedrooms was outlined to the inspector. The additional bedrooms would allow for the occupancy of bedrooms accommodating more than two residents to be reduced. The provider outlined her ongoing commitment to the development and expansion of the centre and had experienced some barriers to their commencement. A manager had been employed to oversee the redevelopment and expansion plan. The provider reassured the inspector that she anticipated that the works would be completed within the next 12 months.

Judgment:

Non Compliant - Moderate

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:

The inspector noted that there was a centre-specific comprehensive complaints policy, last reviewed May 2014. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was displayed prominently at the main reception area and was included in the statement of purpose.

The inspector reviewed the electronic complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. Complaints were seen to be investigated promptly.

Residents and relatives with whom the inspector spoke were able to identify the complaints officer, stated that any complaints they may have had were dealt with promptly and were satisfied with the complaints procedure.

Judgment:

Compliant

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 centre-specific policy on end of life care was made available to the inspector and had been reviewed in February 2014. The end of life policy was augmented by a policy on resident resuscitation status and management, reviewed in July 2014. The inspector noted that the policies were comprehensive and evidence based.

The inspector reviewed the care plan of a resident who was receiving end of life care and noted appropriate care was provided. The resident's physical, emotional, social, physiological and spiritual needs were being met. The end of life care plan had been reviewed and updated following deterioration in the resident's condition. The care plan outlined the resident's preference as to place of death and this was seen to be facilitated.

Religious and cultural practices were facilitated. Members of the local clergy visited residents on a regular basis. The person in charge confirmed that ministers from a range of religious denominations were facilitated to visit. Mass was celebrated on a weekly basis. Access to specialist palliative care services was available on a 24 hour basis from South Tipperary hospice home care team.

The inspector noted that arrangements were in place for capturing residents' end of life preferences. Discussions regarding end of life care with residents and representatives were documented and seen to be meaningful and comprehensive, capturing residents' wishes on preferred place of death, spirituality and religion at end of life and funeral arrangements. The person in charge stated that residents were provided with the choice of a single room if they were not already in one as they reached their end of life. The centre-specific policy stated and the person in charge confirmed that, if possible, the option to go home for end of life care was facilitated. The inspector saw that this information was recorded in the resident's care plan and the care plans were reviewed and updated on a four monthly basis or more frequently if a resident's needs changed.

The inspector noted that any decisions not to attempt resuscitation were seen to be based on clear clinical rationale and discussions and decisions were clearly recorded and reviewed as appropriate.

Family and friends were suitably informed and facilitated to be with the resident at end of life. Overnight facilities were not available for families within the centre but staff stated that family members who chose to remain overnight were made comfortable. Tea/coffee and snacks were provided and available at all times.

The inspector noted that practices after death respected the remains of the deceased person and family members were consulted for removal of remains and funeral arrangements. Staff with whom the inspector spoke confirmed that staff members and residents were all informed and support was given when appropriate.

The end of life policy stated that personal possessions were returned in a sensitive manner and staff with whom the inspector spoke demonstrated an empathetic understanding of the needs of resident and family at end of life.

Judgment:
Compliant

Outcome 15: Food and Nutrition

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

Theme:
Person-centred care and support

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

Findings:
There were centre-specific policies in place in relation to meeting the nutritional and hydration needs of residents that had been reviewed in 2014.

The food served was sufficient in quantity, freshly prepared, nutritious and wholesome and was of a good standard. The inspector observed that there was a clear, documented system between nursing and catering staff regarding residents' meal choices and preferences. The inspector spoke with the catering staff on duty who demonstrated comprehensive knowledge of residents' preferences and dietary needs. There was evidence that choice was available to residents for breakfast, lunch and evening tea with respect to menu options and dining location. The menu for the day was displayed in the day room and the inspector observed staff informing residents of meal choices. As outlined in outcome 12, space in the dining room was observed to be limited.

Breakfast was served to residents between the hours of 07:00 hrs to 09:30 hrs. Residents had a choice for breakfast; hot/cold cereals, eggs, breads, toast and beverages. Lunch was served at 12:30 hrs and the inspector observed the meal to be unhurried and a social occasion. The evening meal was served at 16:30 hrs with a further supper at 20:00 hrs. The inspector noted that sufficient portions were plated and attractively presented in an appetising manner. Staff demonstrated awareness of residents' preferences and the inspector observed a choice of snacks being made available. Night staff had access to the kitchen to make hot drinks and a light snack for residents.

The inspector saw that residents were provided with a range of hot and cold drinks; fresh water was available at all times from a dispenser in day room. Care staff were observed to record residents' fluid intake into the computerised system. Nursing staff reported monitoring the fluid balance of residents with specific requirements.

Residents were encouraged to remain independent and assistance was offered in a discreet and respectful manner. Gentle encouragement was given to residents who were reluctant to eat. Residents with whom the inspector spoke were complimentary of the meals and snacks served; declaring that they receive "the best of food".

It was observed that every effort was made to present modified diets in an attractive manner. Staff with whom the inspector spoke demonstrated adequate knowledge of residents' needs in relation to diet and fluids of modified consistency and this was evidenced in practice.

The inspector noted that, where a resident received enteral nutrition, there was evidence of regular input by the dietician. Care plans reviewed demonstrated the management of the tube site, enteral tube and the associated complications were in line with best practice.

Residents' weights were monitored on a monthly basis and the Malnutrition Universal Screening Tool (MUST) was also utilised in practice. The inspector saw that residents looked well, weights were stable, residents were not experiencing weight loss and nursing staff understood the relevance of weight loss when computing the MUST.

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):

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

Findings:

The inspector found the centre to be relaxed and person-centred. There was a good level of visitor activity noted by the inspector throughout the day and residents with whom the inspector spoke reported that there was no restriction on visitors. A quiet room was provided for residents to meet visitors in private

Residents were consulted about how the centre was planned and run. A monthly residents' meeting was facilitated and minutes from most recent meeting were made available to the inspector. Feedback sought during this meeting informed practice and suggestions, e.g. new menu options, were seen to be implemented.

Residents' capacity to exercise personal autonomy and choice was maximised. Staff were observed to provide residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals and their choice of activities. Residents were facilitated to personalise their bedrooms with photographs and furniture from home. Residents' routines were documented clearly in their care plans and staff were seen to respect these. For example, some residents preferred to have a lie in and a late breakfast was facilitated.

Residents are facilitated to exercise their civil, political and religious rights. Residents were conversant in current affairs and reported being afforded the opportunity to vote. Mass was celebrated in the centre on a weekly basis. The person in charge confirmed that ministers from a range of religious denominations were facilitated to visit.

The inspector observed televisions and radios in the communal areas. Residents also had access to televisions in their bedrooms and newspapers were delivered every day. Residents' personal communications were respected and residents had access to a private telephone.

The inspector saw that residents received care that was dignified and respected their privacy at all times. Staff knocked and awaited permission before entering residents' bedrooms. Staff addressed residents by their preferred names. Screening curtains were used in shared rooms when personal care was delivered. CCTV cameras were not in use in areas where residents would have a reasonable expectation of privacy.

The person in charge confirmed that an independent advocacy service is available to residents when required. The inspector saw evidence of communication between the person in charge and the service but residents had not yet availed of this service.

Staff with whom the inspector spoke were aware of the different communication needs of the residents. Individual communication requirements were highlighted in care plans and reflected in practice.

The inspector observed that activities were provided for residents including live music, arts and crafts. The activities schedule was prominently displayed. The pamper/hairdressing room was frequently used for hairdressing and nail treatments. Female residents, in particular, informed the inspector that they enjoyed this individual activity. A weekly gentle exercise programme was facilitated; records of resident participation were maintained and the programme facilitator provided a quarterly report. Residents can opt out of activities if they so wish.

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

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

Findings:
The inspector observed that there was adequate storage provided for residents' personal possessions. Each resident also had access to separate locked storage for valuables. A record was kept and maintained of each resident's personal property. This record was updated periodically.

Residents' personal clothing was laundered on-site and clothing was labelled to ensure that residents' own clothing was returned to them. Residents reported that their laundry was always returned to them.

There was a centre-specific policy on residents' personal property and possessions which had been reviewed in April 2014.

Residents with whom the inspector spoke confirmed that they could retain control over their personal possessions and clothing.

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:

There was a planned roster in place. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers and skill-mix were appropriate to meeting the assessed needs of the complement of residents accommodated.

There was a registered nurse on duty at all times and a record is maintained of current registration details of nursing staff. Staff were observed to competently deliver care and support to residents that reflects contemporary evidence based practice.

A sample of staff files was reviewed and contained all of the required elements. The inspector saw that there was a selection of healthcare reading materials and reference books stored in the nurses' office. The inspector noted that copies of both the Regulations and the Authority's Standards were available. Staff were also able to articulate adequate knowledge and understanding of the Regulations and the Authority's Standards.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies - the programme reflected the needs of residents. All staff employed had attended mandatory fire, manual handling and elder abuse training. Further education and training completed by staff included nutrition, management of pressure sores, food hygiene, management of hazardous chemicals and food allergy.

The inspector noted that regular meetings took place for nursing, care and kitchen staff. Topics discussed include infection prevention and control, staff allocation, medication, documentation and menu ideas. Staff were supervised appropriate to their role and a formal system of annual appraisal had been implemented. The inspector observed and staff confirmed that the person in charge was approachable, supportive and had

retained a strong clinical role. Based on a review of the roster, the person in charge worked a number of night and weekend shifts to ensure supervision of all staff.

A centre-specific policy on recruitment, selection and vetting of staff, reviewed in July 2014, was made available to the inspector. The inspector noted that effective recruitment procedures were in place including the verification of references.

Records made available to the inspector confirmed that the person in charge had confirmed that the appropriate vetting had been completed and that adequate insurance cover was in place for work experience students. The person in charge confirmed that volunteers were not attending the centre.

Judgment:
Compliant

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:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Deerpark Nursing Home
Centre ID:	OSV-0000222
Date of inspection:	15/12/2014
Date of response:	19/01/2015

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 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:

Medication administration records did not accurately record all medications administered and the times administered.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

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

the Chief Inspector.

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

Since visit all staff have been communicated with via our electronic message board, the importance of accurately recording all medication administered and the times of administration, an immediate improvement has been noted. Recent medication audit undertaken.

Proposed Timescale: 19/01/2015

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:

Records in relation to safety checks whilst bed rails are in place were inconsistent.

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:

following inspection, immediate steps have been take to ensure all staff are recording bed rail checks at night time, 2 hourly and documented in touch screen as per policy. Physical restraint audit recently completed. Problems have been highlighted and this will be addressed at the next training session, to take place within the next 3 months.

Proposed Timescale: 01/05/2015

Theme:

Safe care and support

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

Designated hand washing facilities were not provided in or adjacent to the hairdressing room.

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:

Hand washing basin now installed : This action now completed

Proposed Timescale: 19/01/2015

Theme:

Safe care and support

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

A housekeeping trolley was stored in the sluice room.

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:

This was a onetime error, the trolley is never left or stored in this room. But on the day of inspection, the cleaning staff, put it in there without thinking. This error was discussed and won't be repeated. Also will be reiterated at future training.

Proposed Timescale: 19/01/2015

Theme:

Safe care and support

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

PEEPs were not available for residents.

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:

Following discussions with physiotherapist and PIC, these have now been undertaken and completed for all residents, staff are in the process of reading and signing them off.

Proposed Timescale: 19/01/2015

Outcome 09: Medication Management

Theme:

Safe care and support

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

Where medications were to be administered in a modified form such as crushing, this

was not individually prescribed by the medical practitioner on the prescription chart.

Action Required:

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

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

Medication 'Kardex' has now been revised to accommodate specific instructions for 'crushing' medications, and signed by GP.

Proposed Timescale: 19/01/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

The management of verbal/telephone orders for Warfarin was not in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais

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:

Following inspection and the advice of the inspector, we have now undertaken to have 2 individuals; one will be a qualified nurse, to listen to the INR results and the Warfarin Dose via our loud speaker on the phone. This then is recorded in our Warfarin Books, and signed by both parties.

Proposed Timescale: 19/01/2015

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:

Bedrooms 3 and 4 provide less than 7.4m² per resident and little private bedside space for residents.

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:

New plans have been drawn up, and sent to inspector for review. These will be incorporated in new build.

Proposed Timescale: 30/06/2016

Theme:

Effective care and support

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

Dining facilities were inadequate to accommodate all residents.

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:

Awaiting commencement of new build, (imminently) in which the dining facilities will be adequate to accommodate all residents.

Proposed Timescale: 30/06/2016