

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Gascoigne House
Centre ID:	OSV-0000038
Centre address:	37/39 Cowper Road, Rathmines, Dublin 6.
Telephone number:	01 496 9944
Email address:	sshields@cowpercare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Cowper Care Centre Limited
Provider Nominee:	Seamus Shields
Lead inspector:	Linda Moore
Support inspector(s):	Valerie McLoughlin
Type of inspection	Unannounced
Number of residents on the date of inspection:	42
Number of vacancies on the date of inspection:	2

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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 16 January 2015 09:50 To: 16 January 2015 17:00

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

Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

Inspectors followed up on the actions identified at the inspection of 13 and 14 August 2014.

Inspectors met with residents and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Reports of previous inspections of Gascoigne House Nursing Home can be found on www.hiqa.ie.

Inspectors met the person in charge and provider nominee during this inspection.

The provider had invested resources into the care practices since the previous inspection. Overall, inspectors found improvements across almost all areas during the inspection. Additional twilight staff nurse were in place since the previous inspection and additional training had been provided to staff.

Overall the care plans had improved. Improvements were also made to fire safety.

Areas identified for further improvement included:

- Risk Management
- Staffing Levels

These items are discussed in the body of the report and are included in the Action Plan at the end of this report.

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

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):

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

Findings:

There were improvements made in this area since the previous inspection. Inspectors were satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the Regulations.

The policy on the protection of vulnerable adults was revised and guided practice. However, while the risk management policy was revised and met the requirements of the regulations it was not guiding practice. See Outcome eight for further detail.

Inspectors found that residents records were not maintained in line with schedule 3 of the Regulations. See outcome 8.

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):

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

Findings:

Inspectors noted improvements in this area since the previous inspection.

The use of medication to manage resident's behaviour had improved. There was evidence of alternatives that were tried prior to the use of the medication. Inspectors noted that residents who received (as required) PRN medication to manage behaviours that were challenging were reviewed by the psychiatry of older age and geriatrician and the plan of care was revised.

There were a number of residents in the centre who displayed behaviours that were challenging. Staff had been provided with in service training since the previous inspection. Care plans were revised and now included the triggers and the therapeutic interventions and they were being implemented. Behavioural charts were now being completed, they included the antecedent, behaviour and consequence.

Inspectors read the restraint policy and the behaviours that challenge policy and noted that overall, these policies adequately guided practice.

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:

Inspectors noted that while there had been improvements in this area since the previous inspection, further development was required to fully meet the requirements of the regulations. Missing person profiles were in place for all residents at risk of elopement since the previous inspection.

A risk management policy was in place; which met the requirements of the Regulations. There was now a system in place to identify and respond to risk, however it needed to be improved. The provider said he was actively in the process of addressing this further. There was a risk register in the process of being developed. There were some risk assessments completed but they were not comprehensive and did not include all of the control measures to mitigate the risk of future occurrences. These included risks associated with smoking, cleaning products, resident going missing and choking risks, for example. While there was a monthly environmental assessment completed, this was not comprehensive.

The care plans of residents who smoked has been revised to include provision for safe

environment and supervision. This did not include all control measures, such as the flammability of residents clothing.

A number of accident and incidents for 2014 were being recorded and these were being reviewed weekly and monthly at the management meetings. However, inspectors noted that the provider was in the process of implementing a computerised incident reporting system and the nurses were not yet familiar with the system.

Nursing staff could not locate incident reports of incidents which occurred in December 2014. Therefore learning could not take place. The provider said that additional training was planned to ensure all staff were proficient in this area. While neurological observations were completed following these falls, these could not be located for residents who fell in December 2014. See action under outcome 5.

Fire safety

This action from the previous inspection was reviewed on this inspection and was found to be addressed. The fire procedures were revised in the dementia unit and inspectors found that they would guide night staff in responding to a fire.

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):

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

Findings:

Inspectors noted improvement in this area since the inspection, however the medication policy was still not been fully implemented in practice.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift.

Medication fridges now had daily temperature checks completed. The maximum dose of as required medication was now prescribed for all residents.

There were appropriate procedures for the handling and disposal of unused and out of date medicines but this had not been implemented in all instances as inspectors observed out of date medication in the fridge for a resident who was no longer in the

centre.

Overall, inspectors were satisfied with the administration practices in the centre. However inspectors found that prescriptions had not been adhered to for a resident on two occasions in December 2014.

There was now a medication management protocol now in place for residents who had epilepsy and who may experience status epilepticus. However, this had not been adhered to on two occasions in December 2014.

Medication that required to be crushed had been individually prescribed. However nurses administered medication which should not be crushed (certain medications have a special release mechanism designed to slowly release a certain amount of medication over a given extended time, If the medication is altered or destroyed in any way, the medication can be released too fast) and this may have had a negative effect on the resident.

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:

Inspectors followed up on the actions from the previous inspection and were satisfied that aspects of the residents' healthcare needs were met to a good standard, however residents were still not all provided with opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Improvements were noted in care planning but this was not consistent, the management of epilepsy and behaviours that challenge had improved.

Improvements were noted in the documentation of residents' care needs at their end of life. Staff were more aware of the resuscitation status of residents. The person in charge spoke of the plans to implement a system to review the status.

While many of the care plans were up to date and would guide care, these were not consistently updated when a residents condition changed, such as in the area of wound

care and nutrition. One residents wound had healed, however the care plan still identified it at a grade two.

Wound Care

None of the residents had pressure sores in the centre. Inspectors noted that there were adequate records of assessment and appropriate plans in place to manage the wounds. Records showed that some residents wounds had improved. An evidence-based policy was in place and was this used to guide practice. Several of the nursing staff had attended an update on best practice in wound management. Staff spoken to were knowledgeable of the strategies to be taken to prevent pressure ulcers.

The provider told inspectors of the plans to ensure availability of a wound care specialist to the centre in the near future.

Nutrition

There were policies on nutrition and hydration which were being adhered to and supported good practices.

There was access to a dietician in house if required. The malnutrition assessment was correctly completed on this inspection.

Falls Management

Inspectors read the care plans of residents who had fallen and saw that risk assessments were undertaken and a care plan was devised. Preventative measures undertaken included the use of bed alarms and hip protectors. There was an adequate policy in place on falls prevention to guide staff.

Judgment:

Non Compliant - Minor

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

At the previous inspection, inspectors found that there was insufficient space between the beds in the twin bedrooms for the use of assistive equipment and staff described how they moved the furniture around the rooms in order to assist residents. This action was addressed. Inspectors observed that the frame of the bed had been reduced in size and staff were enabled to use assistive equipment easily in these bedrooms.

Judgment:

Compliant

Outcome 13: Complaints procedures

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

Theme:

Person-centred care and support

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

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

Findings:

This action was addressed. Complaints were well managed. The complaint's policy was revised since the inspection and it now met the requirements of the Regulations. It included the complaints officer and the nominated person as per Regulation 34. The complaints procedure was on display throughout the centre.

There were no verbal complaints since the inspection. Inspectors noted that the recording mechanism had improved, in that it would now include the detail of the action taken and the satisfaction of the complainant. There was one written complaint which was being investigated.

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):

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

Findings:

The assistance of residents at meals had improved since the previous inspection. Overall staff were seen assisting residents discreetly and respectfully as required. Inspectors noted however that while staff were patient and supported residents, due to the condition of the resident, the meal time took up to one hour and resident's meal were going cold during this time. Some of the residents were provided with a supplement drink to increase their calorie intake directly following their main meal which they may have had difficulty taking so soon after eating.

Inspectors saw residents being offered a variety of drinks throughout the day.

Inspectors met with the chef who demonstrated an in depth knowledge of residents' dietary needs, likes and dislikes and this was documented.

Inspectors found that weight records showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a regular basis. However inspectors noted the nutrition care plan did not consistently guide care.

Judgment:

Non Compliant - Minor

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):

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

Findings:

Inspectors noted that there was some improvement in this area since the previous inspection. The provider said he was actively addressing this area.

There were limited activities for residents in the morning of the inspection and while some residents enjoyed an activity in the afternoon, many of the residents sat without engaging. Residents told inspectors there were limited activities and they found the day long.

There was an activity schedule and this included SONAS programme (a therapeutic communication activity primarily for older people, which focuses on sensory stimulation), dog therapy and physiotherapy programmes. This was in written format and was not accessible for residents.

Judgment:

Non Compliant - Moderate

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

There had been some improvements in this area. The provider said this was in the process of addressing this action and the timeframe for completion was the 26th January 2015. Relatives and staff continue to inform inspectors that at times, there were inadequate levels of staff on duty. Inspectors were not satisfied with the staff nursing numbers on night duty based on the number of residents and layout of the centre. The provider had increased the nursing staff on duty with an additional twilight nurse on duty until 21:00 since the previous inspection. He planned to roster two nurses over night and interviews were in process.

Inspectors had identified additional training required since the previous inspection. This was addressed and was ongoing. Staff had recently received training in epilepsy, use of restraint, risk management, behaviours that challenge and wound care and further training was planned.

Inspectors spoke with the staff member working in the laundry and found that they were knowledgeable about the different processes for different categories of laundry. There was documentary evidence that all staff in all areas were alerted if a resident had an infection. However due to the changeover of staff in the laundry, the staff member was still not made aware of the residents with an infection in the centre. See Outcome eight.

Judgment:

Non Compliant - Moderate

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:

Linda Moore
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Gascoigne House
Centre ID:	OSV-0000038
Date of inspection:	16/01/2015
Date of response:	06/02/2015

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:

Nursing staff could not locate incident reports of incidents which occurred in December 2014 or the treatment provided to the resident.

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:

1. The Person in Charge will ensure that paper and electronic records of incidents are maintained until the electronic system is fully operational.
2. Records management will be reviewed and a system of filing implemented which will seek to reduce the risk of documents being mislaid or lost and will ensure ease of retrieval of documents.

Proposed Timescale: 28/02/2015

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The risk management policy was not being implemented in practice.

Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

The existing Risk Register will be reviewed and updated to include all risks and hazards identified on assessments, audits and inspections. Same will be maintained and kept current by the Person in Charge and the Facilities Manager.

2. The Environmental Risk Assessment will be reviewed and updated to include all control measures to mitigate the risk of future occurrences. This will be carried out at least monthly by our health and safety staff and outcomes will be discussed in the management meetings. This will also be comprehensively documented in the risk register and will be communicated to staff in staff meetings.

3. The Care Plan for the resident who smokes has been revised to include additional control measures such as education of resident regarding flammable materials. This has been discussed with the resident and the Next of Kin.

Proposed Timescale: 28/02/2015

Theme:

Safe care and support

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

Staff in the laundry were not informed of the residents in the centre with an infection.

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:

1. A notice board was set up in the laundry room to be used as communication tool to ensure that all laundry staff are aware of the infection risks in handling clothing of residents with a known infection.
2. The person in charge will also ensure that this board is kept updated by visiting the area on daily basis during his morning rounds. In his absence, the CNM or ACM on duty will fulfil this responsibility.

Proposed Timescale: 09/02/2015

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:

Care plans did not consistently guide care.

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:

1. The Clinical Nurse Managers are instructed to carry out an audit of Care Plans within 24 to 48 hours following a change in the resident condition to ensure the change has been accurately documented.
2. The Person in Charge will include confirmation that the care plan of the resident has been updated as part of Weekly Clinical House Report.
3. A new comprehensive audit format has been introduced and will be used to ensure care plans are fully compliant and consistent.
4. Auditing information will also be included in the Service Report that is presented to the Management Team on a monthly basis.
5. Staff have been instructed to follow written instruction and not accept verbal instruction from allied health professionals to avoid discrepancies in information

received and communicated to staff.

6. Training on care planning is ongoing.

Proposed Timescale: 28/02/2015

Theme:

Effective care and support

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

A high standard of evidenced based care was not consistently delivered in medication management.

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:

1. The Person in Charge met with the Pharmacist regarding regular review of crushable medications and to provide advise regarding alternative preparations if the residents medications are not crushable.
2. Monthly Medications stocks review will also include medicines kept in the fridge. The medication stock logbook has been updated to reflect these reviews. Expired medications will be removed and near expiry medications will be highlighted.
3. All nursing staff who have undertaken Epilepsy Training will also undertake Medicine Management training with focus on adherence to medication management protocol.

Proposed Timescale: 09/02/2015

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Some dependant residents meals were going cold before the meal was completed.

Action Required:

Under Regulation 18(1)(c)(i) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

1. The meal presentation for those residents who take time in eating their lunch shall

be updated to ensure two or more small portions are made available rather than one large portion. This will ensure food is warm when eaten.

2. Staff have been reminded to strictly follow the scheduled times for supplement drinks (10am and 2.30pm).

3. The house management team will also continue to supervise meals to ensure staff are compliant with these changes.

Proposed Timescale: 09/02/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Residents were not provided with activities in accordance with their interests and wishes.

Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

1. It has been agreed to restructure and enhance the current activity programme with a group now established to move this forward. Surveys have been undertaken to get resident feedback and advise on appropriate activities program that will enhance the residents' quality of life.

2. The Person in Charge also met with staff and residents to get views on further improving activities.

3. Activities are promoted on a daily basis to encourage residents to participate in existing activity programs.

4. A weekly activity programme is in the process of development which will be circulated to residents on a weekly basis.

Proposed Timescale: 28/02/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

There were insufficient numbers of staff nurses on night duty based on the number and dependency of residents and the layout of the centre.

Action Required:

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

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

1. A recruitment campaign to employ additional nurses is ongoing. We are committed to having 2 nurses on night duty to improve skill mix. There will be two nurses and two health care assistants on 20:00 to 8:00 shift instead of one nurse and three health care assistants.
2. We are now engaging with politicians and will seek a meeting with the Minister for Health in an effort to remove, or at least ease, a) the roadblock that exists in having foreign nurses' qualifications recognised – this is currently taking between six months and one year - and b) the availability of places approved for prescribed adaptation courses – there is currently well in excess of a year's waiting time for such a course. We have experienced eighteen and twenty-two months waiting time and have been told that there is a waiting list already formed for 2016.

Proposed Timescale: 31/03/2015