<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Blackrock Abbey Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000118</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Cockle Hill, Blackrock, Dundalk, Louth.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>042 932 1258</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:maryc@talbotgroup.ie">maryc@talbotgroup.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Orkcalb Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary Clemenger</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louisa Power</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>58</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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</table>
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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 March 2015 13:15</td>
<td>02 March 2015 19:20</td>
</tr>
<tr>
<td>03 March 2015 11:30</td>
<td>03 March 2015 17:20</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 03: Information for residents</th>
<th>Outcome 05: Documentation to be kept at a designated centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Outcome 08: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Outcome 11: Health and Social Care Needs</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
</tr>
<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Outcome 18: Suitable Staffing</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This was an unannounced inspection which took place over two day(s). The purpose of the inspection was to examine medication management practices and to follow up on the action plan submitted following the last inspection. As part of the inspection process, inspectors met with the person in charge, residents, visitors and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, policies and procedures, contracts and staff records.

There was evidence that corrective actions had been implemented since that last inspection. Bedrooms on the ground floor were personalised and decorated with momentos and photographs. A multi-disciplinary annual review for all residents had been implemented.

Overall, inspectors found evidence of good practice in some areas. Comprehensive and evidence based policies and procedures were in place. Medication management practices were generally in accordance with guidance issued by An Bord Altranais agus Cnáimhseachais. Contracts were in compliance with the Regulations. Complaints were listened to and acted upon promptly.
A number of improvements were identified to comply with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. An action was completed during the course of the inspection in relation to outcome 2. The outstanding required improvements are set out in detail in the action plan at the end of this report and include:

- Provision of meaningful and purposeful activities
- Implementation of policies
- Review of documentation practices to ensure consistency and accuracy
- Fire training.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
Only the component in relation to contracts for the provision of services was considered as part of this inspection. A sample of contracts of care was reviewed by an inspector. The contracts reviewed set out the services to be provided and clearly stated the fees to be charged to the resident.

It was outlined to inspectors that the format of contracts was under review with a new version to be distributed to residents and their representatives shortly.

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:
Only the components relating to the directory of residents and medication management were considered as part of this inspection.
An inspector reviewed the directory of residents and noted that, for residents recently transferred to hospital, the name of the hospital and the date of transfer to the hospital were not recorded.

As outlined in outcome 11, the medication management policy was not always implemented in relation to warfarin management. Where verbal orders were received for warfarin, a designated and centre-specific warfarin chart was used to record this information. This chart was not outlined in the medication management policy.

As outlined in outcome 11 and based on a sample reviewed, medication administration records were not always complete. Medication administration sheets were sometimes left blank where medication was due to be administered. Therefore, there was not a complete record of each medicine administered signed and dated by the nurse administering the medicines.

Judgment:
Substantially 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:
Only the components in relation to financial charges made to residents and chemical restraint were considered as part of this inspection.

An inspector reviewed the arrangements and documentation relating to billable services for residents. Where residents received services, that were billed to the provider (who in turn charged the resident), there was a system in place to verify the amounts were correct. Copies of individualised receipts were made available to the inspector. Information on the receipts correlated with the total amount charged to residents.

Staff with whom inspectors spoke demonstrated knowledge of chemical restraint. There was evidence of input from the psychology and psychiatric team in relation to the prescribing of chemical restraint. The centre-specific policy in relation to the management of challenging behaviour included a commitment to a restraint free environment.

However, based on a sample reviewed, an inspector noted that documentation in
relation to chemical restraint was not in accordance with "Towards a Restraint Free Environment in Nursing Homes", a policy document published by the Department of Health. The full assessment prior to the prescription and administration of chemical restraint was not always documented in the resident's care plan. Where a clinical decision tool was developed for the use of chemical restraint, an inspector saw that this was not always up to date in relation to the agents prescribed and the behaviours exhibited.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe care and support

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

Findings:
Only the components in relation to moving and handling practices and staff knowledge in relation to fire safety and evacuation were examined during this inspection.

Inspectors spoke with staff in relation to fire safety and evacuation. Staff all reported that they had received recent fire training. Some staff demonstrated adequate knowledge in relation to fire evacuation procedures. However, others were unsure as the actual number of residents in their area, the procedure to be followed when the fire alarm sounds and the location of personal evacuation plans (PEEPs) for residents. Due to the nature of these findings, inspectors outlined these to the person in charge prior to the end of the first day of inspection.

There was evidence of staff training in moving and handling. However, an inspector observed an incident where practice did not follow current moving and handling practices.

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):
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
Overall, residents were protected by the designated centre’s policies and procedures for medication management.

The centre-specific policy on medication management was made available to the inspectors which had been reviewed in January 2013. The policy was comprehensive and evidence based. Staff with whom inspectors spoke demonstrated adequate knowledge of this document. However, inspectors noted that the policy was not always implemented in respect of the management of warfarin; this is covered in outcome 5.

Medications for residents were supplied by a community pharmacy. Inspectors saw evidence that the pharmacist was facilitated to meet his/her obligations to residents under legislation and guidance issued by the Pharmaceutical Society of Ireland.

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

An inspector observed medication administration practices and found that the nursing staff did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais. Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management.

The practice of transcription was in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

On the day of inspection, staff confirmed that one resident was self-administering medication at times. An inspector confirmed that appropriate assessment had been completed establishing the resident's willingness and capacity to administer medications independently.

Based on a sample reviewed, an inspector noted that medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medication. However, the medication administration sheets examined were not always a complete record; this is covered in outcome 5.

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

Staff reported that medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. Records for the return of controlled drugs were completed and allowed for an itemised, verifiable audit trail.

Staff were facilitated to attend medication management training and inspectors
observed notices displayed informing nurses of upcoming training.

Inspectors saw that there was a system in place for reviewing and monitoring safe medication management practices. Results of audits in relation to medication management were made available to inspectors.

Judgment:
Compliant

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

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The centre catered for residents with a range of assessed needs. The ground floor accommodated predominantly residents with an intellectual disability whilst the first floor accommodated older persons.

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 psychology, psychiatry, physiotherapy, speech and language therapy, dietetics and occupational therapy.

Inspectors reviewed a selection of 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, elimination, spirituality and sleep. There was evidence of a range of assessment tools being used and ongoing monitoring of falls, weight and mobility. Each resident’s care plan was kept under formal review as required by the resident’s changing needs or circumstances and was reviewed no less frequently than at four-monthly intervals. Care plans were developed using a person centred approach and there was evidence of consultation with residents. However, inspectors
saw that care plans were not always developed in line with an assessed need. For example, the care plan for a resident with epilepsy did not contain sufficient information to guide staff in the event of an epileptic seizure.

Inspectors also examined a selection of person centred plans which outlined how residents' social care needs were to be met. The keyworker system had been implemented successfully and inspectors spoke with keyworkers who demonstrated a comprehensive knowledge of residents' social care needs. The person in charge outlined that annual reviews had been commenced for all residents and that families were encouraged to complete 'life story' booklets. However, inspectors observed that person centred plans did not always reflect accurate information. For example, one resident's person centred plan indicated that he was 2 years younger than he was.

**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):**
No actions were required from the previous inspection.

**Findings:**
The complaints of each resident, his/her family, advocate or representative, and visitors were listened to and acted upon and there was an effective appeals procedure in place.

Inspectors reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. Residents with whom inspectors 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 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:**
There was evidence of consultation with residents. An inspector spoke with a member of the residents' committee who outlined that all residents were welcome to attend the regular meetings. Minutes of the most recent meeting were made available to inspectors which indicated an effective consultation process. Residents also all had access to an independent advocacy service.

There was evidence that residents, particularly those accommodated on the first floor, were facilitated to exercise choice and be as independent as possible in relation to food, clothing and medical care. But some practices observed did not maximise residents' independence. For example, residents were not always supported to exercise independence whilst being assisted at mealtimes.

There was an unequal provision of meaningful and purposeful activities within the centre. On the first floor, there was a timetable of activities including art and craft, music and gentle exercise. Inspectors observed that residents accommodated on the ground floor did not attend the activities on the first floor. Residents on the ground floor were observed to be facilitated to use a sensory room. An interactive floor had been installed in the communal area on the ground floor. However, inspectors observed that residents were not supported to gain maximum benefit with residents often sitting in their wheelchairs and not being encouraged or educated to use the technology. On a number of occasions throughout the inspection, inspectors observed extended periods of time where there was a lack of meaningful engagement with residents in the ground floor communal area.

Inspectors observed that some practices respected resident's privacy and dignity. For example, staff knocked before entering residents' bedrooms and there was adequate screening in shared bedrooms. However, inspectors noted that inappropriate terminology was sometimes used about residents. Confidential and personal information in relation to residents was stored in an unsecured location outside bedrooms.

**Judgment:**
Non Compliant - Moderate

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**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:
Only the component relating to storage of residents' personal possessions was examined during this inspection.

There was adequate storage space provided for residents' clothing and personal belongings. Bedrooms on the ground floor had been redecorated since the last inspection. Each room was individually decorated and contained momentos and photos. However, inspectors observed personal care items left in the bathrooms without any labels to indicate who they belonged to.

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):
No actions were required from the previous inspection.

Findings:
Only the component in relation to staff learning and development was considered as part of this inspection.

As outlined previously, the centre catered for residents with a range of assessed needs. The ground floor accommodated predominantly residents with an intellectual disability whilst the first floor accommodated older persons. Staff with whom inspectors spoke outlined that a system of staff rotation was in place between the two areas and staff could be deployed to either area. An ongoing system of training and education was in place and inspectors saw evidence of a range of educational opportunities being provided for staff. Staff with whom inspectors spoke had completed training in medication management, infection prevention and control, safeguarding and nutrition. However, inspectors observed that the education and training provided was not always tailored to the assessed needs of the residents. For example, some staff were not able to articulate contemporary knowledge in relation to the management of epilepsy. Staff knowledge in relation to the provision of social care for residents with intellectual
disabilities lacked sufficient detail.

**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:**

Louisa Power  
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 report

Centre name: Blackrock Abbey Nursing Home
Centre ID: OSV-0000118
Date of inspection: 02/03/2015
Date of response: 24/04/2015

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:
The centre-specific chart used to record verbal orders for warfarin was not outlined in the medication management policy.

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
Procedures for recording verbal orders for urgently required medication (such as Warfarin) are outlined on page 26, subsection 12.0 of the Nursing Home Medication Policy 2012. These procedures have been brought to the attention of staff and staff have been asked to ensure they are fully complied with at all times.

**Proposed Timescale:** 30/04/2015

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
For residents recently transferred to hospital, the name of the hospital and the date of transfer to the hospital were not recorded in the Directory of Residents.

**Action Required:**
Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.

Please state the actions you have taken or are planning to take:
All nursing staff have been appraised of the importance of recording details of resident transfers to and from hospital in the Directory of Residents in a timely manner.

**Proposed Timescale:** 30/04/2015

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Medication administration sheets were sometimes left blank where medication was due to be 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 the Chief Inspector.

Please state the actions you have taken or are planning to take:
This matter is being reviewed by the Director of Nursing and any learning from the review will be disseminated to all staff concerned so as to ensure that medication administration sheets are maintained to the standard required at all times.

**Proposed Timescale:** 30/04/2015
Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Documentation in relation to the use of chemical restraint was not always up to date and in line with national policy as published by the Department of Health.

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

Please state the actions you have taken or are planning to take:
All medications used in the Nursing Home are prescribed for a known diagnosed condition on approved prescription chart and supported by Clinical Decision Forms for named medications that require more frequent review. This process is supported by Policy Document - Guide to Use of Enablers in Nursing Home Setting.

In the case noted during the course of the inspection one medication was omitted from the Clinical Decision Form. However this medication was prescribed on the original prescription chart. This was rectified immediately on 3rd March 2015 after it was brought to the attention of the Director of Nursing by the Inspector.

Proposed Timescale: 24/04/2015

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:
Current moving and handling practices were not always followed.

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:
All staff receive the required mandatory training in Moving and Handling. In the case noted during the inspection where the staff concerned did not follow recognised moving and handling practices, a targeted training session by the moving and handling instructor to prevent a re-occurrence of this practice was provided.

The importance of full compliance with proper moving and handling practices has been
highlighted to all staff.

**Proposed Timescale:** 30/04/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some staff did not demonstrate adequate knowledge in relation to fire evacuation procedures.

**Action Required:**
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

**Please state the actions you have taken or are planning to take:**
Refresher training in fire evacuation procedures is being provided for all staff. In the case noted during the course of the inspection additional training was provided immediately by the Director of Nursing.

**Proposed Timescale:** 31/05/2015

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**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:**
Person centred care plans did not always reflect current and accurate information.

**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:**
As “date of birth” (DOB) is a constant, it is considered to be a more accurate record than “age” which changes annually, it has been decided in future to use DOB details to avoid this happening again. The importance of care plans reflecting current and accurate information has been highlighted to all appropriate staff.

**Proposed Timescale:** 30/04/2015
### Theme: Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Care plans were not always developed to reflect residents' needs.

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

**Please state the actions you have taken or are planning to take:**
All care plans will be reviewed and where necessary will be developed further to more fully reflect residents’ needs.

**Proposed Timescale:** 30/06/2015

### 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:**
There was an unequal activities provision.

**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:**
We do have a timetable of activities on both floors, to suit the individual needs of the residents.

On the Ground Floor our activities sessions include – ball pool, multisensory room, interactive floor, ball games, massage, music therapy, bubble bath water therapy, reminiscence electronic picture programme, outings and walks to the local village.

A more focussed timetable of activities will be developed for all residents. Every effort will be made to base these activities on the individual wishes and choices of the residents.

**Proposed Timescale:** 30/06/2015
the following respect:
Residents' independence was not always actively promoted.
Personal and confidential information was not securely stored.

**Action Required:**
Under Regulation 09(3)(e) you are required to: Ensure that each resident can exercise their civil, political and religious rights.

**Please state the actions you have taken or are planning to take:**
Staff training on maximising the independence of residents has been actioned by the Director of Nursing.

Staff have been informed of the importance of secure storage of all personal and confidential information. In the case noted during the course of the inspection, action was taken immediately to rectify the situation.

**Proposed Timescale: 31/05/2015**

**Outcome 17: Residents' clothing and personal property and possessions**

**Theme:**
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Personal care items left in the bathrooms without any labels to indicate who they belonged to.

**Action Required:**
Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

**Please state the actions you have taken or are planning to take:**
Arrangements are in place to ensure that where it is necessary to have personal care items in the bathroom that they are properly labelled to clearly indicate who they belong to.

**Proposed Timescale: 30/04/2015**

**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Education and training provided was not always tailored to the assessed needs of the residents
**Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
There is a comprehensive training programme in place. This programme is under review to ensure that it meets the assessed needs of the residents. Where the need for additional training is identified to meet the assessed needs of individual residents this will be incorporated into the training programme and will be provided.

**Proposed Timescale:** 30/06/2015