<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Silvergrove Nursing Home Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000162</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Main Street, Clonee, Meath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 825 3115</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:silvergrovenursinghome@eircom.net">silvergrovenursinghome@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>Silvergrove Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary Boyd</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sonia McCague</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>27</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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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 1 day(s).

The inspection took place over the following dates and times
From: 28 April 2015 09:30
To: 28 April 2015 17:30

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 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 18: Suitable Staffing |

Summary of findings from this inspection
The purpose of this inspection was to monitor ongoing regulatory compliance. The inspection was unannounced. The person in charge and staff team were available in the centre on arrival and facilitated the inspection process. The person in charge and deputy attended feedback at the end of the inspection.

The centre is registered for 35 residents. On the day of inspection there were 27 residents and eight vacancies.

The Authority had received unsolicited information on four occasions since the beginning of this year and the issues raised were considered within the overall context of this inspection. The person in charge and deputy were informed of the issues raised for consideration. The inspector was informed that no complaints had been received in 2015 by the person in charge as complaints officer.

Notifications of incidents and information received and monitored by the Authority since the last inspection was followed up on at this inspection. As part of the
inspection the inspector met and spoke with residents, relatives/visitors, and staff members. The Inspector observed practices and reviewed documentation such as care plans, medical records, clinical and operational audits, policies and procedures, contracts of care, the complaints log and staff files.

While the inspector was satisfied that residents care and welfare was promoted and that systems were in place to manage and govern this centre, improvements were required in four of the 13 outcomes examined as follows:

- Outcome 5- Documentation to be kept in the designated centre
- Outcome 7-Safeguarding and Safety
- Outcome 9-Medication Management
- Outcome 11-Health and Social Care needs

These matters are discussed in the body of the report and outlined in the action plan at the end of this report for the provider and person in charges’ response.
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 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:**
There was a written statement of purpose that described the service and facilities that are provided in the centre. The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Staff were familiar with the statement of purpose and function, and reviews and changes in relation to the designated centre were updated and communicated to the Authority accordingly.

**Judgment:**
Compliant

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**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:
The quality of care and experience of the residents was monitored and audited on the quarterly basis, and developed on an ongoing basis. Effective management systems and sufficient resources were in place to ensure the delivery of safe, quality care services.

There was a clearly defined management structure that identified the lines of authority and accountability.

There was evidence of consultation with residents and their representatives.

Judgment:
Compliant

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

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge worked on a full time basis and had a deputy to assume responsibility of the designated centre in her absence.

The person in charge demonstrated sufficient knowledge and implementation of the legislation requirements and was aware of her statutory responsibilities. The Inspector was satisfied that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and had demonstrated that she was committed to improving outcomes for the resident group.

Residents and relatives were familiar with the person in charge and were complimentary of her and the staff team.

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:
This outcome was not inspected fully. Findings relate to policies and procedures, and maintenance of staff files/records.

Policies including schedule 5 policies such as the use of restraint; management of behaviour that is challenging; the prevention detection, and response to abuse; monitoring and documentation of nutritional intake and the prevention and management of pressure ulcers and wounds required review, development and implementation in practice.

The inspector found that the requirements of schedule 2 documents to be held in respect of staff had not been completed in the sample of files reviewed as photographic identification was not available to confirm identity along with garda vetting, staff induction and appraisal records.

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 designated 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:
The person in charge was aware of the responsibility to notify the Chief inspector of a proposed or unplanned absence of the Person in Charge.

There were suitable arrangements in place for the management of the designated centre in the absence of the Person in Charge; however, an absence for more than 28 days was not expected.

**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:**

Measures to protect residents being harmed or suffering abuse were in place.

A policy on, and procedures for the prevention, detection and response to abuse was in place. The policy required review and updating to incorporate the national policy and procedures outlined within the safeguarding vulnerable persons at risk of abuse document, as indicated in outcome 5.

Staff had received training in adult protection and safeguarding residents to protect them from harm and abuse.

Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. There were no active incidents, allegations, or suspicions of abuse under investigation.

The person in charge and deputy assumed responsibility to monitor the systems in place to protect residents and were confident that there were no barriers to staff or residents disclosing abuse or concerns.

Residents who communicated to and with the inspector said they felt safe and able to report any concerns. Relatives who participated in the inspection process also shared this view.

The systems in place to safeguard all residents’ money and personal property was not inspected fully on this inspection as the administration person involved in fee payment
was not on duty. However, money held in safekeeping and controlled by staff was examined and found to be managed in a safe manner that was supported by recorded entries of those involved in transactions in line with the related policy.

A number of residents had displayed behaviours that challenged. Efforts were being made to identify and alleviate the underlying causes of some residents’ behaviour that was challenging. However, training programs to inform and support staff practice was required to ensure a consistent approach was maintained in relation to assessment and management of behaviours that are challenging and pose a risk to the resident concerned or to others within the resident group and communal environment. The policy related to challenging behaviours required review and updating to reflect practice.

Where restraint was used attempts were made to ensure practice and measures in use were least restrictive and in line with the national policy on restraint. The policy related to use of restraint required review and updating to reflect practice and incorporate the national policy and procedures adopted.

**Judgment:**
Non Compliant - Moderate

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**Outcome 08: Health and Safety and Risk Management**

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

**Theme:**
Safe care and support

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

**Findings:**
The health and safety of residents, visitors and staff was promoted in this centre.

The centre had policies and procedures relating to health and safety.

A current health and safety statement was available and risk management procedures were in place supported by a policy to include items set out in regulation 26(1).

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property.

Satisfactory practices and procedures were found in relation to the prevention and control of healthcare associated infections.

Arrangements were in place for investigating and learning from serious incidents/adverse events involving residents. Audits of staffing levels and resident dependency, falls, wounds, pressure ulcers and restraint use were maintained which demonstrated a strategic approach to meeting resident needs, and to mitigate identified
risk and an overall reduction of likely incidents and event.

Reasonable measures were in place to prevent accidents in the centre and within the grounds. Health and safety audits were maintained and recorded. Staff were trained in moving and handling of residents, infection control and fire safety.

Fire safety records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment and extinguishers were serviced appropriately and on a regular basis. Means of escape and fire exits were unobstructed and emergency exits were clearly identified. Each resident had a personal emergency evacuation plan, and staff were knowledgeable regarding emergency procedures to be adopted in the event of a fire alarm.

**Judgment:**
Compliant

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**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: **
There were written operational policies relating to Medication management in relation to practices and procedures associated with the ordering, prescribing, administration, storage and disposal of medicines to residents.

The Inspector found unsafe storage and disposal/return of medicines. Practices found on the day of inspection were not in accordance with the centre’s policy or current guidelines and legislation. Access to the treatment room where prescriptive medication was seen stored on top of and within a drug trolley, and within unlocked cupboards and a fridge was accessible to all staff who had access to this room and that included non-nursing staff. The person in charge and staff team acknowledged the findings and an additional locking mechanism was put in place during the inspection.

Medication of residents who were no longer in the centre remained in stock and had not been returned to the resident on discharge or to pharmacy as required and in accordance with the centre’s policy. The inspector was informed that stock checks were maintained, however, a record of stock audits was not available.

Medication errors were monitored, recorded and dealt with in accordance with the policy to inform learning and improvement.

A system was in place for reviewing and monitoring medication management and
practices. Medication prescriptions were reviewed by nursing and management team, and medication reviews were undertaken by the GP on a regular basis.

**Judgment:**
Non Compliant - Major

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**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.*

**Theme:**
Safe care and support

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

**Findings:**
A record of incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

**Judgment:**
Compliant

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

**Findings:**
Residents’ health care needs were met through timely access to GP services and appropriate treatment and therapies. Arrangements were in place to facilitate residents with appropriate access to medical and healthcare services when required. Residents and staff were complimentary of the current healthcare arrangements, service provision and changes made since the last inspection.

Residents had reasonable access to allied health care services. The care and services delivered encouraged health promotion and social engagement.
There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was maintained and shared between providers and services.

In the main, assessments and clinical care accorded with evidence based practice. Residents had been assessed to identify their individual needs and choices. Each resident had care plans in place. However, improvement was required in relation to the link between the care plans and the care being delivered as described by staff. In the sample of care plans reviewed the recorded interventions did not reflect the care and practices in place and found.

Assessment records that included behaviour monitoring charts and food diaries maintained were not referenced in the related care plans and were not sufficiently detailed or completed to inform an appropriate assessment to inform care planning and evaluation.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. Care staff interacted well with residents while facilitating engagement in meaningful activities within the centre. Residents were in the main satisfied with activities and support provided.

In follow up to the actions required in the previous inspection, the inspector found that the written operational policy and protocols for end of life care procedures were in place to include an assessment and record of resident’s end-of-life care preferences/wishes.

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

**Findings:**
The design and layout of the centre was suitable for its stated purpose and met residents’ individual and collective needs in a comfortable and homely way. As previously reported and acknowledged by the provider in their response and letter of 6 December 2013, the provision of an alternative fire exit, additional space within two twin
bedrooms and the upgrade of visitor facilities was completed.

The inspector was informed that further enhancements were being made in relation to the premises and support equipment that included individual bedroom signage, a selection of colour schemes for personal and communal walls was on the agenda for the residents’ meeting planned for 1 May 2015, and refurbishment or replacement of modified/wheel chairs where the upholstery, padding and covering was noted to be worn.

The centre is registered and has capacity for 35 residents. Bedroom accommodation comprises of 21 single and seven twin bedrooms. Of the single bedrooms, 19 have ensuites with a toilet and wash hand basin and two have a complete ensuite that includes a shower facility, while the seven twin bedrooms have a wash hand basin within the room. Three assisted shower/bath rooms were available to residents, along with separate day and dining areas.

The premises and grounds were well maintained, clean and warm. Storage of equipment was safe and appropriate.

A maintenance system was in place and a maintenance staff member was seen working in the centre during this inspection. Staff told the inspector that maintenance support was available as required.

Many residents’ bedrooms were personalised and could accommodate furniture and equipment to support their preferences and needs/choices.

Residents had access to a safe and accessible enclosed outdoor courtyard and garden. A smoking room was available to residents within the centre. The inspector was informed that one resident smoked.

There was appropriate equipment for use by residents or staff which was maintained in good working order. Equipment, aids and appliances such as hoist, call bells, hand rails were in place to support and promote the full capabilities of residents. Service records were available to demonstrate equipment was maintained in good working order. Staff were trained to use equipment and equipment was observed to be used appropriately, and stored safely and securely.

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

Findings:
Policies and procedures were in place for the management of complaints. A record of all complaints, investigations, responses and outcomes was maintained. The inspector was informed by the person in charge who was the complaints officer that no complaints were received or recorded for 2015.

The inspector was also informed that the complaints of each resident, his/her family, advocate or representative, and visitors were listened to and acted upon. There were no active complaints in relation to residents being investigated at the time of inspection.

The complaints procedure was available in the centre and an appeals procedure was included in this procedure.

Residents and relatives who spoke with the inspector during the inspection were aware of how to make a complaint and were satisfied with arrangements in place and felt supported in raising issues.

An audit system to monitor complaints and incidents was maintained and recorded which provided an opportunity for learning and improvement.

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:
Staff actual and planned rosters were available reflecting the staffing provision and arrangements in place for the 27 residents.

Staff were seen supporting, assisting or supervising residents accordingly in an appropriate and engaging manner. Residents told the inspector they felt supported by
The inspector was satisfied that the number and skill mix of staff on duty and available to residents during inspection was sufficient to resident numbers and dependency levels/needs.

A staff training record was maintained and a program was planned for 2015. Mandatory training, facilitation and education relevant to the resident group had been provided; however, training in areas related to behaviours that challenged was not provided to all staff following incidents occurring within the resident group as reported in outcome 7.

Evidence of current professional registration for all rostered nurses was made available. Recruitment procedures were in place and samples of staff files were reviewed against the requirements of schedule 2. As reported in outcome 5, the inspector found that the requirements of schedule 2 documents to be held in respect of staff had not been completed in the sample of files reviewed as photographic identification was not available to confirm identity along with garda vetting, which was reported under outcome 5.

In addition, there was no evidence of staff induction in two staff files or appraisal in three staff files reviewed by the inspector. The inspector was informed by the person in charge that there was one staff disciplinary matter ongoing that was not related to residents care and welfare.

The inspector was informed that one volunteer was actively engaged with residents in the centre as an advocate.

**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:**

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: Silvergrove Nursing Home Limited
Centre ID: OSV-0000162
Date of inspection: 28/04/2015
Date of response: 22/05/2015

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:
Policies including schedule 5 policies such as the use of restraint; management of behaviour that is challenging; the prevention detection, and response to abuse; monitoring and documentation of nutritional intake and the prevention and management of pressure ulcers and wounds required review, development and implementation in practice.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:
Policies reviewed and updated and being implemented robustly.
1. Restraint
2. Managing behaviour that is challenging
3. Wound Management
4. Nutrition
5. Response to abuse – currently being updated in line with latest guidelines and legislation

Proposed Timescale: 1-4 22/05/2015 5. 26/06/2015

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector found that the requirements of schedule 2 documents to be held in respect of staff had not been completed in the sample of files reviewed as photographic identification was not available to confirm identity along with garda vetting.

There was no evidence of staff induction in two staff files or appraisal in three staff files reviewed by the inspector.

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:
Schedules 2, 3 & 4 of Regulation 21 (1) are now correct and updated

Proposed Timescale: 22/05/2015

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Training staff in areas related to behaviours that challenged was not provided to all staff following incidents occurring within the resident group in order to equip staff appropriate to their role.
**Action Required:**
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

**Please state the actions you have taken or are planning to take:**
Training taking place at present and more courses are scheduled over the next few months. On-site training being carried out immediately.

**Proposed Timescale:** 16/10/2015

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Training programs to inform and support staff practice was required to ensure a consistent approach was maintained in relation to assessment and management of behaviours that are challenging and pose a risk to the resident concerned or to others within the resident group and communal environment.

**Action Required:**
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

**Please state the actions you have taken or are planning to take:**
Training taking place at present and more courses are scheduled over the next few months. On-site training being carried out immediately.

**Proposed Timescale:** 31/10/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Where restraint was used attempts were made to ensure practice and measures in use were least restrictive and in line with the national policy on restraint.

The policy related to use of restraint required review and updating to reflect practice and incorporate the national policy and procedures adopted.

**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:**
Restraint Policy is now more robust and complies with National Policy

**Proposed Timescale:** 22/05/2015

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**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:**
The Inspector found unsafe storage and disposal/return of medicines.

Practices found on the day of inspection were not in accordance with the centre’s policy or current guidelines and legislation.

Access to the treatment room where prescriptive medication was seen stored on top of and within a drug trolley, and within unlocked cupboards and a fridge was accessible to all staff who had unrestricted access to this room. Staff that included non-nursing staff were observed enter the treatment room where prescriptive medication was available.

**Action Required:**
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

**Please state the actions you have taken or are planning to take:**
Medication Management Policy & Procedures now correctly in place including security and storage as per Regulation 29(4)

**Proposed Timescale:** 22/05/2015

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Medication of residents who were no longer in the centre remained in stock and had not been returned to the resident on discharge or to the pharmacy as required and in accordance with the centre’s policy.

The inspector was informed that stock checks were maintained, however, a record of stock audits was not available.

**Action Required:**
Under Regulation 29(6) you are required to: Store any medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident in a secure manner, segregated from other medicinal products and dispose of in accordance with national legislation or guidance in a manner that will not cause danger to public
health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.

Please state the actions you have taken or are planning to take:
As per policy, unused medical products have been returned to the pharmacy for disposal. A more robust stock taking practice has been put in place.

Proposed Timescale: 22/05/2015

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:
Assessment details and records that included behaviour monitoring charts and food diaries maintained were not referenced in the related care plans and were not sufficiently detailed or completed to inform an appropriate assessment to inform care planning and evaluation.

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:
Care plans are being improved on at present along with dietary records and are being disseminated to all relevant staff

Proposed Timescale: 26/06/2015

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvement was required in relation to the link between the care plans and the care being delivered as described by staff.

In the sample of care plans reviewed the recorded interventions did not reflect the care and practices in place and found.

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.
<table>
<thead>
<tr>
<th><strong>Please state the actions you have taken or are planning to take:</strong></th>
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</thead>
<tbody>
<tr>
<td>Care plans are being improved to reflect the current high standard of care</td>
</tr>
</tbody>
</table>

**Proposed Timescale:** 25/08/2015