**Health Information and Quality Authority**
**Regulation Directorate**

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

| | |
|---|---|
| **Centre name:** | St Francis Nursing Home |
| **Centre ID:** | OSV-0000393 |
| **Centre address:** | Kilkerrin,<br>Ballinasloe,<br>Galway. |
| **Telephone number:** | 094 965 9230 |
| **Email address:** | stfrancishomekilkerrin@eircom.net |
| **Type of centre:** | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| **Registered provider:** | John Desmond Joyce & Sharon Joyce Partnership |
| **Provider Nominee:** | Hilda Joyce |
| **Lead inspector:** | Lorraine Egan |
| **Support inspector(s):** | None |
| **Type of inspection** | Unannounced |
| **Number of residents on the date of inspection:** | 26 |
| **Number of vacancies on the date of inspection:** | 8 |

## 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 inform a registration renewal decision. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

| From: | To: |
|---|---|
| 06 January 2015 10:50 | 06 January 2015 17:35 |
| 07 January 2015 09:40 | 07 January 2015 10:25 |

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 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**

As part of this inspection, the inspector met with residents, the provider and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records and policies and procedures.

The inspector followed up on the required actions from the previous inspection and some actions were still within the timescale put forward by the provider at the time of this inspection. These actions and the provider's response to these actions have been included in the action plan at the end of this report.

The inspector was satisfied that required actions relating to areas including the statement of purpose, the implementation and amendment of some policies and procedures, the provision of window restrictors and fire safety aspects such as doors which closed when the alarm was activated had been completed.

Actions that related to fire drills in the centre, staff files and assessments of residents' wishes for their end of life care were partly addressed.

Required actions relating to the management of behaviour that is challenging, implementation of procedures such as those related to areas of risk such as aggression and violence, accidental injury and self harm, medication management, the complaints procedure and the assessment of residents' wishes in regard to some aspects of their end of life care had not been addressed.

The findings are discussed further in the report and improvements required are included in the action plan at the end of the report.

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

**Findings:**
The action pertaining to the Statement of Purpose was complete. The provider had provided an updated copy of the amended Statement of Purpose to the Authority. The inspector reviewed the Statement of Purpose and found that it now met the requirements of the regulations and accurately described the service.

**Judgment:**
Compliant

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

**Findings:**
The action required under Regulation 23 (c) had been progressed. Areas which were identified as a concern on the previous inspection had been addressed. These are discussed further under outcome 8. The provider said training on auditing would be provided as per the previous action plan response and the next audit of the centre

would take place in March 2015.

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

**Findings:**
The policy on the prevention, detection and response to abuse had been reviewed and amended as required. It included the response which would be taken if an allegation of abuse was made against a member of the management team or the Liaison Officer. It had also been amended to include the timelines of an investigation into an allegation of abuse.

The staff roster had been amended to include an explanation of abbreviations used.

Policies on staff training and self administration of medication had been put in place. Staff had signed to indicate they had read and understood these and other policies.

A sample of staff files were viewed by the inspector. Two references were evident in the staff files. The action pertaining to the necessity for Garda vetting and a full employment history were not evident in all files.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
The action pertaining to staff knowledge of the measures to be taken if they received an allegation of abuse had been addressed. Staff were knowledgeable of the measures to be taken as outlined in the amended policy on the prevention, detection and response to abuse.

The action pertaining to the guidelines for the administration of chemical restraint had not been addressed as per the previous action plan response. The inspector was told, and documentation viewed confirmed, that this action was in the process of being addressed.

**Judgment:**
Substantially 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:**
There was a high number of  required actions from the previous inspection. The inspector found the provider had made substantial progress on this actions.

Actions which had been addressed:

On the previous inspection the inspector had issued two immediate action plans. These related to window restrictors which were not in place and fire doors which did not close fully when the fire alarm was activated. The provider had addressed these actions in line with their action plan response.

Areas of risk which had been identified by the provider but not addressed prior to the registration inspection had been addressed. For example, control measures such as those to prevent residents touching hot radiators had been implemented. The provider was in the process of introducing a new risk management framework to ensure all control measures were implemented in a timely manner.

A system to respond to an outbreak of infection in the centre had been developed.

Each resident who required a mechanism to crush their tablets had an individualised crusher in place.

The missing persons procedure had been amended to include the area which would be searched should a resident be missing. It outlined the time after which the missing resident's family and An Garda Síochána would be contacted.

Additional hand sanitising gel dispensers had been provided throughout the centre.

There was a safe exit from the garden to the front of the building. A new gate provided access. The gate was locked and the key was stored in the provider's office. All staff had access to the key if required. The provider said she had ordered external boxes to store keys to this gate in an easily accessible place on both sides of the gate. The keys would then be more easily accessible in an emergency.

The inspector viewed the training matrix and saw that all staff had received training in fire prevention.

The provider had submitted written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with.

Actions for which the proposed timeline had not passed:

The timeline pertaining to the procedures in place outlining the measures to control the risks associated with aggression and violence and self-harm had not passed. The provider said these actions would be addressed as per the previous action plan response.

The timeline pertaining to the procedure outlining the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents had not passed. The provider said this action would be addressed as per the previous action plan response.

Actions which were partially addressed:

Improvement was required to the frequency of fire drills. Fire drills commenced on 10 December 2014 and the last drill took place on 16 December 2014. Not all staff had taken part in a fire drill during this period. The previous action plan response stated that fire drills would take place on a weekly basis for a number of weeks.

The inspector was told that staffing was being reduced at night due to decreased number of residents in the centre. There was insufficient evidence that all staff working at night had taken part in a fire drill. Fire drills had not taken place with two staff at night to ascertain if this staffing level was appropriate. No risk assessments had taken place. After speaking with the inspector the provider said staffing levels would remain at three each night until such time as fire drills and risk assessments had taken place and showed that this level of staffing was appropriate to residents' needs and the centre could be evacuated safely in the event of an emergency.

Actions which had not been addressed:

The emergency box had been relocated to the nurse's office as per the centre's emergency plan. However, a system for checking if the items contained in the box were present and working had not been implemented as outlined in the previous action plan response.

The procedure outlining the measures to control the risks associated with accidental injury to residents, staff or visitors was not in place. It had not been addressed as per the previous action plan response.

The procedure for responding to emergencies had not been amended as per the previous action plan response. It stated that portable heaters would be available in the event of a loss of heating however, the location of the heaters was not detailed. The procedure also referred to a generator and the centre did not have a generator on site.

**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:**
The actions required from the previous inspection had not been adequately addressed.

The system for documenting the date on medications which needed to be discarded after a specific day was not being adhered to. Some medications did not have the date of opening and this had not been identified by the person in charge or nurses. As a

result of this it was not evident that all medications were being administered in accordance with the direction of the prescriber.

A medication viewed did not have the name of the resident it was prescribed for or any detail regarding who the medication was being administered to. The nurse on duty disposed of this medication on the day of inspection.

Written guidelines outlining the administration of medications to be used in the event of a specific medical emergency were not adequate as they did not clearly outline the directions of the prescriber.

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

**Findings:**
The inspector viewed a sample of residents' care plans. There was evidence residents were being supported to access allied health professionals as required.

The centre had introduced an assessment of residents' wishes for their end of life care. The assessment included an outline of residents' preference regarding their location at end of life.

The questions asked needed to be expanded to ensure residents were supported to outline their wishes in regard to areas such as who they would like with them at end of life and the care and comfort which would address their physical, emotional, social, psychological and spiritual needs.

Residents' religious and cultural needs and wishes for end of life had not been adequately assessed. A tick box system was used to assess religious needs. This was not adequately specific to ensure each resident's individual needs would be assessed and met.

Residents' wishes regarding friends and family being informed of their condition and

being present at the end of their life had not been adequately assessed.

**Judgment:**
Substantially Compliant

***Outcome 12: Safe and Suitable Premises***
***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**
Effective care and support

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

**Findings:**
The saddle boards at the entry to the sitting rooms had been replaced with saddle boards which allowed residents to access and exit these rooms with ease.

The provider told the inspector that a new call bell had been ordered for the assisted toilet facilities on the ground floor.

Lockable storage was available for almost all residents. The provider said that lockable storage would be in place for all residents by February 2015.

**Judgment:**
Non Compliant - Minor

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

**Findings:**
The inspector found the complaint which had been documented in the centre's log for recording near miss incidents had been documented and responded to as a complaint.

An independent person with responsibility to ensure all complaints are appropriately responded to and records maintained had been appointed. However, the complaints procedure did not accurately detail this in the complaints procedure.

A condensed version of the complaints procedure was displayed in the centre. It had been amended to include the name of the person complainants could contact if they wished to appeal the findings of the investigative team into a complaint received. However, it did not include the contact details of this person.

The complaints procedure had not been amended as per the previous action plan response. It inappropriately categorised abuse, exploitation, assault or neglect as complaints which should be addressed to the Authority, the HSE or An Garda Síochána. It did not outline who would be responsible for investigating complaints if a complaint was received in relation to one of the centre's investigative team.

**Judgment:**
Substantially 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:**
There were two required actions from the previous inspection in regard to food and nutrition. The action pertaining to the use of different terminology in regard to modified consistency diets had been addressed. Terminology in documentation viewed on this inspection was consistent.

The date of completion for the provision of a visual menu for residents who could not read the written menu had not passed. The provider told the inspector that a staff member who was due to return from planned leave would be addressing this as per the previous action plan response. The inspector observed residents being offered a choice of meals at mealtimes.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***
***Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

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

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

**Findings:**
There were three required actions from the previous inspection. The timeline for two of these had not passed. The provider said she was in the process of addressing these actions which related to the provision of independent advocacy for residents and locks on the bathroom and bedroom doors to allow residents privacy.

The inspector viewed a sample of documents including a sample of residents' care plans. The action pertaining to the use of language in documentation had been improved.

**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:**

| |
|---|
| The inspector found that recruitment procedures had not ensured that the requirements of Schedule 2 of the regulations were met for all staff prior to employment. For example, Garda vetting and a full employment history were not evident in all staff files. The action pertaining to this is included under outcome 5. |
| **Judgment:**<br>Compliant |

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

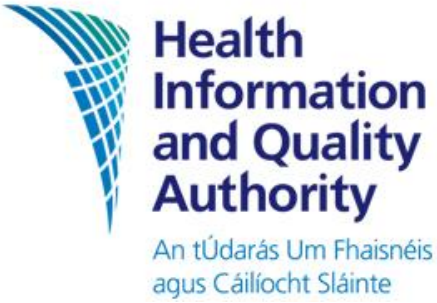
The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Lorraine Egan
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**[1]

| | |
|---|---|
| **Centre name:** | St Francis Nursing Home |
| **Centre ID:** | OSV-0000393 |
| **Date of inspection:** | 06/01/2015 |
| **Date of response:** | 12 February 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:**
Some staff files did not contain all items required by the Regulations, for example evidence of Garda vetting and a full employment history.

**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:**
Staff appraisals commenced on the 07th Feb 2015, these appraisals will incorporate a full review of staff files any gaps identified in employment history will be addressed at time of appraisal, staff appraisals will be completed by the 21st Feb 2015.

Garda vetting applications was submitted on the 8th Jan for the staff members that did not have evidence of Garda vetting, the Garda vetting application takes 4 – 6 weeks.

**Proposed Timescale:** 26/02/2015

**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:**
There were no written guidelines outlining the circumstances in which chemical restraint would be administered and the preventative measures which should be taken prior to the use of this PRN (as required) medication.

**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:**
An individual written protocol has been developed for each resident who is on chemical restraint, after discussion with the MDT, explaining the circumstances, calming measures that can tried prior to the administration of medication and post sedation care, same will be attached to the residents care plan and medication kardex for review for all the nurses prior to the administration. Same will be reviewed by the medical team, and by the pharmacist every three month or as needed.

**Proposed Timescale:** 18/02/2015

**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:**
There was no procedure outlining the measures to control the risks associated with self-harm.

**Action Required:**
Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

**Please state the actions you have taken or are planning to take:**
A Policy will be developed outlining the measures to control the risks associated with self-harm.

**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:**
There was no written procedure outlining the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

**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:**
A written procedure outlining the arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents has been put in place.

**Proposed Timescale:** 31/01/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The procedure for responding to emergencies stated that portable heaters would be available in the event of a loss of heating however, the location of the heaters was not detailed. The procedure also referred to a generator and the centre did not have a generator on site.

There was no system for checking if the items contained in the emergency box were present and working.

**Action Required:**

Under Regulation 26(2) you are required to: Ensure that there is a plan in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property.

**Please state the actions you have taken or are planning to take:**
The procedure for responding to emergencies has been updated with the location of portable heaters and the generator in the event of a loss of heating and or electricity.

A check list has been developed to check the contents of the emergency box, checks will be carried weekly.

**Proposed Timescale:** 10/02/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no procedure outlining the measures to control the risks associated with accidental injury to residents, staff or visitors.

**Action Required:**
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

**Please state the actions you have taken or are planning to take:**
A Policy has been developed outlining the measures to control the risk associated with accidental injury to residents staff and/or visitors.

**Proposed Timescale:** 10/02/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no procedure outlining the measures to control the risks associated with aggression and violence.

**Action Required:**
Under Regulation 26(1)(c)(iv) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

**Please state the actions you have taken or are planning to take:**
A Policy has been developed outlining the measures to control the risks associated with

aggression and violence.

**Proposed Timescale:** 31/01/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no evidence that all staff had taken part in a fire drill.

**Action Required:**
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
Attendance sheets have been added to fire drill observation sheets.
The existing training matrix has been updated to include the most recent date of fire drill attendance. All staff now have evidence of fire drill attendance.

**Proposed Timescale:** 10/01/2015

**Outcome 09: Medication Management**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The system for documenting the date on medications which needed to be discarded after a specific day was not being adhered to. Some medications did not have the date of opening and this had not been identified by the person in charge or nurses. As a result of this it was not evident that all medications were being administered in accordance with the direction of the prescriber.

A medication viewed did not have the name of the resident it was prescribed for or any detail regarding who the medication was being administered to.

Written guidelines outlining the administration of medications to be used in the event of a specific medical emergency were not adequate as they did not clearly outline the directions of the prescriber.

**Action Required:**
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident

concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**
An individual written protocol has been developed for each resident who is on specific emergency medication, after discussion with the MDT, explaining the circumstances, maximum dose in 24 hours, frequency, and the possible side effect. Same will be attached to the residents care plan and with the medication kardex for the review for all the nurses prior to the administration of medication. Same will be reviewed every three month or as needed.

A system has been put in place to ensure that the name of residents for whom the individual medications are dispensed, with the date opened and date for discarding the particular medication.

**Proposed Timescale:** 18/02/2015

**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:**
The assessment of residents' wishes for their end of life care needed to be expanded to ensure residents were supported to outline their wishes in regard to the care and comfort which would address their physical, emotional, social, psychological and spiritual needs.

Residents' religious and cultural needs and wishes for end of life had not been adequately assessed.

Residents' wishes regarding friends and family being informed of their condition and being present at the end of their life had not been adequately assessed.

**Action Required:**
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
An advanced planning form for end of life care assessment will be carried out individually with resident in detail regarding the residents religious and cultural needs and wishes. Also the residents wishes regarding their friends and family involvement at the end of their life.

**Proposed Timescale:** 15/03/2015

## Outcome 12: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The call bell in the assisted toilet on the ground floor was not working.

Lockable storage was not provided in all resident bedrooms.

**Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
The call bell in the assisted toilet on the ground floor is now working.

Lockable storage is now available in all resident bedrooms

**Proposed Timescale:** 31/01/2015

## Outcome 13: Complaints procedures

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The provider had not provided an accessible and effective complaints procedure.

**Action Required:**
Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

**Please state the actions you have taken or are planning to take:**
The complaints procedure has been updated with the changes required under Regulation 34(1).

**Proposed Timescale:** 31/01/2015

## 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:**
Bathroom and bedroom doors did not have locks.

**Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
All bedroom and bathroom doors will be fitted with locks early next year.

**Proposed Timescale:** 31/03/2015

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no independent advocacy service available for residents to access.

**Action Required:**
Under Regulation 09(3)(f) you are required to: Ensure that each resident has access to independent advocacy services.

**Please state the actions you have taken or are planning to take:**
The centre has started looking into available independent advocacy services and will have an independent advocacy service in place early next year.

**Proposed Timescale:** 31/03/2015