<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sonas Melview Nursing Home</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000250</td>
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<tr>
<td>Centre address:</td>
<td>Prior Park, Clonmel, Tipperary.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>052 612 1716</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:melview@sonas.ie">melview@sonas.ie</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>Sonas Nursing Homes Management Co. Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>John Mangan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louisa Power</td>
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<tr>
<td>Support inspector(s):</td>
<td>Aoife Fleming;</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>26</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>10</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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 13 July 2015 10:15
To: 13 July 2015 18:50

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
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Summary of findings from this inspection
The inspection was announced and took place over one day following an application to vary conditions of registration. The provider had applied to increase the maximum number of residents that can be accommodated to 45. Since the last inspection, the Authority had received a concern in relation to the potential inappropriate placement of a resident following a significant incident. This incident was notified as required to the Chief Inspector and appropriate measures had been put in place to safeguard residents. The concern was looked into throughout the inspection and the inspectors' findings are outlined in the body of the report.

This was the seventeenth inspection of the centre by the Authority. As part of the inspection process, inspectors met with residents, relatives, visitors and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, risk management documentation and staff records. The documentation submitted by the provider as part of the application process also reviewed prior to the inspection.

Overall, inspectors found that the person in charge ensured that residents' medical
and nursing needs were met to a good standard. Residents looked well and cared for, engaged readily with inspectors and provided positive feedback on the staff, care and services provided. Inspectors saw evidence that improvements noted during inspections in April and December 2014 had been sustained. Additional improvements had been made since December 2014 including reducing four-bedded rooms to three-bedded rooms and the provision of communal space on the first floor.

Inspectors found that the original part of the premises continued to pose numerous challenges. The premises and fittings were not adequately maintained. Sanitary facilities on the top floor were not accessible. In contrast, the new part of the premises comprises a majority of single rooms, was finished to an adequate standard and the decor was bright.

The other required improvements are set out in detail in the action plan at the end of this report and include:
• medication management practices
• staff training
• review of contracts
• documentation in relation to psychotropic medicines
• equipment in the smoking area.
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 02: Governance and Management**

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was evidence of a clearly defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. The person in charge was supported by a clinical nurse manager who had a strong clinical role. The clinical nurse manager was on leave at the time of the inspection and a member of the nursing staff had been appointed to act as acting clinical nurse manager. Inspectors observed a good working relationship between the person in charge and the acting clinical nurse manager.

The centre was operated by Sonas Nursing Homes Management Co Limited who were the registered provider for a total of four designated centres for older people. Sonas management meetings took place on a three monthly basis and were attended by the director of care/person in charge for each centre. Minutes of the meetings were made available to inspectors and topics such as finances, human resources, staff training, documentation, health and safety, audit results and complaints were discussed. Inspectors saw that the directors of care were able to raise issues openly and discuss these with the provider nominee and directors of the company. Inspectors saw evidence that directors of the company, including the provider nominee, had a regular presence and provided support to the person in charge.

Management meetings took place within the centre on a weekly basis and issues including finances, health and safety, care and welfare of residents, activities, staff training and complaints were discussed. Minutes of a monthly quality meeting attended by the person in charge, acting clinical nurse manager and care staff were made available to inspectors. Topics discussed included infection prevention and control, laundry management, housekeeping, catering, nutrition, staff training and activity provision. Inspectors saw that actions emanating from meetings were completed in a timely fashion.
Inspectors were satisfied that the management system in place ensured that service provided was safe, appropriate, consistent and effectively monitored. Staff with whom inspectors spoke were clear about the management structure and the reporting mechanisms. Inspectors saw evidence of continued investment and expansion of the centre to ensure effective delivery of care in accordance with the statement of purpose.

The provider confirmed that an annual review of the quality and safety of care delivered to residents had not been completed. However, there was a robust system in place to review and monitor the quality and safety of care and the quality of life of residents on an ongoing basis. The person in charge monitored a number of clinical indicators on a weekly basis such as vaccination rates, pain, pressure areas, psychotropic medications, catherisation rates, falls, weight loss, hospital admissions and antibiotic use. Audits had been completed in pertinent areas such nutrition, food preparation and resident care. The provider nominee had completed a comprehensive overall audit in July 2015. The audits identified areas for improvement and audit recommendations. Improvements were brought about as a result of learning from audits such as installation of new equipment and improved documentation.

The provider nominee informed inspectors that work was ongoing within the Sonas group to identify an efficient process to undertake the annual review of the quality and safety of care delivered to residents that will be meaningful and include consultation with residents.

There was evidence of consultation with residents and their representatives. A residents' survey is completed on an annual basis. Meetings of the residents' committee take place on a quarterly basis.

**Judgment:**
Non Compliant - Moderate

**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:**
A Sonas Nursing Home residents' guide for was available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. Inspectors saw copies were made available.
An inspector reviewed a sample of residents' contracts of care and noted that contracts were signed and dated by the resident or their representative within one month of admission. The contract set out the services to be provided, the overall basic fee for the provision of care and services and any monies received from state support schemes. Details of any additional services that may incur an additional charge were included. However, the inspector saw that there were inconsistencies in relation to the inclusion of residual fee for which the resident was liable as applicable to each resident.

**Judgment:**
Substantially Compliant

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**Outcome 04: Suitable Person in Charge**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**

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

The person in charge had been in post since August 2012. The person in charge was employed full time and was a nurse with more than three years experience in the area of nursing of the older person within the previous six years.

The person in charge provided evidence of ongoing professional development appropriate to the management of a residential care setting for older people, including short courses on medication management, dementia and activity provision. The person in charge had attended a ‘Train the Trainer’ course on restraint. The person in charge was completing a certificate in supervisory management.

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

The person in charge demonstrated good knowledge of the relevant legislation and her statutory responsibilities. Inspectors noted that the improvements seen in the most recent inspections had been sustained and built upon. The person in charge is engaged in the governance, operational management and administration of the centre on a regular and consistent basis.
**Judgment:**
Compliant

**Outcome 07: Safeguarding and Safety**
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

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

**Findings:**
Inspectors found that systems were in place to protect residents from being harmed or suffering abuse. A restraint-free environment was promoted. Residents were provided with support that promoted a positive approach to behaviour that challenges but improvements were required in relation to positive behaviour support plans.

There were measures in place to safeguard residents and protect residents from abuse. Incidents, allegations and suspicion of abuse, were recorded, investigated and responded to in line with local and national policy. The Authority had been notified in an appropriate and timely manner. Inspectors confirmed that adequate controls had been put in place to ensure the safety of all residents.

There was an organisational policy in place in relation to the elder abuse. The policy was comprehensive, evidence based and would effectively guide staff. An alternative reporting pathway was included if the allegation was made against a member of the management team.

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

Inspectors were satisfied that there were transparent systems in place for the management of residents' finances. Complete financial records that were easily retrievable were kept on site in respect to each resident. Day to day expenses were maintained for a number of residents and each financial transaction was signed by the
A centre-specific policy in relation to the management of behaviour that is challenging was made available to inspectors and had been reviewed in August 2013. The policy was augmented by a centre-specific policy in relation to the management of violence and aggression. The policies were comprehensive and evidence based. Records confirmed that training was provided to relevant staff in the response and management of behaviour that is challenging.

In relation to restraint, the centre-specific policy was made available to inspectors and had been reviewed in July 2013. The policy contained evidence-based information to guide staff in line with policy documents published by the Department of Health. Inspectors observed that while bedrails and lap belts were in use, their use followed an appropriate assessment. A risk balance tool was used prior to the use of a bedrail or lap belt, multi-disciplinary input was sought and signed consent from residents was secured where possible.

However, based on a sample reviewed, inspectors noted that documentation in relation to 'as required' (PRN) psychotropic medication was not in accordance with "Towards a Restraint Free Environment in Nursing Homes", a policy document published by the Department of Health. Where chemical restraint was used, nursing notes did not outline sufficient detail in relation to an episode where a PRN psychotropic medication was administered. Alternative strategies trialled were not outlined. Therefore, it was not clear from the documentation if episodes of challenging behaviour were managed in a manner that was least restrictive in this case, if alternative strategies had been ineffective and the use of restraint had been reviewed after use.

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

**Findings:**
Overall, the provider was committed to protecting and promoting the health and safety of residents, staff and visitors. Inspectors noted that a proactive approach had been implemented in relation to risk management. However, some gaps were identified in relation to ongoing hazard identification and fire documentation.
There was a health and safety statement in place which was last reviewed in August 2013. This outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was augmented by a risk management policy, last reviewed in August 2013. The risk management policy outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. The risks identified specifically in the Regulations were included in the risk register. There was evidence that risk assessments had been implemented in practice and were kept under continual review. However, inspectors noted that some risks had not been identified and assessed. These included open access by residents to a hot press with uncovered pipes and the transport of hazardous waste to the sluice area.

Inspectors saw that there was a comprehensive emergency plan in place, reviewed in February 2013 and covered events such as natural disasters and utility failure. A generator was available and there were records of regular servicing. Provision was made to cover an event where the centre may be uninhabitable.

Inspectors saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from accidents. The majority of accidents and incidents recorded were slips, trips and falls. Preventative actions were outlined including assessment by a physiotherapist and a review of the manual handling plan. A monthly audit was completed of incident forms which analysed any patterns and reviewed the effectiveness of preventative actions.

Suitable fire equipment was provided throughout the centre. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. The training matrix confirmed that staff employed receive annual fire training on an ongoing basis. However, one staff member required refresher fire training. Staff demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire. The fire alarm is serviced on a quarterly basis, most recently in April 2015. Fire safety equipment is serviced on an annual basis, most recently in March 2015. Fire drills took place on a monthly basis. However, documentation in relation to fire drills did not outline the following in order to provide an assurance that adequate provision is made in relation to safe evacuation of residents and staff from the centre:

- whether the drill simulated a day or night-time scenario
- time take to complete the drill
- any difficulties encountered during the drill.

Records of daily and weekly fire checks were made available to inspectors. These checks included inspection of the fire panel, escape routes, emergency lighting and fire equipment. However, inspectors noted that gaps were evident in the completion of this documentation.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents and was reviewed on a monthly basis. The PEEP took into account the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident.
The centre provided an outdoor area for residents who smoked. The individualised risk assessments were adequate and there was evidence of the implementation of the identified controls. The risk assessments included assessment of the need for observation or supervision and were reviewed monthly. Inspectors observed that some of the soft furnishings in the outside smoking area were not suitable; the person in charge removed these immediately. Inspectors observed that ashtrays provided were not sufficiently sturdy and may pose a risk of fire.

The training matrix and person in charge confirmed that all but one member of staff had been trained in the moving and handling of residents; this is covered in outcome 18. Staff demonstrated a good understanding of the use of the hoist and contemporary moving equipments. Lifting and moving equipment was serviced in line with manufacturer's guidelines, most recently in May 2015. Regular maintenance checks were also carried out every month. Each resident had a personalised and comprehensive manual handling plan which was developed by a physiotherapist and reviewed every four months or more frequently if a resident's condition changes. Inspectors spoke with staff who demonstrated knowledge of each resident's personalised manual handling plan and this was evidenced in practice. Safe moving and handling practices were observed throughout the inspection. Hand rails and grab rails were installed throughout the centre.

Infection control practices were guided by centre-specific policies which had been reviewed in February 2014. Annual training was provided to staff. There was a contract in place for the disposal of clinical waste and records were maintained of removal and transport. Hand washing and sanitising facilities were readily accessible to staff and visitors. Designated hand washing facilities were provided in the laundry and sluice rooms. Access to high risk areas, such as the sluice, was seen to be restricted at all times. Staff stated that they had access to sufficient personal protective equipment such as aprons and gloves. There was evidence of a regular colour-coded cleaning routine that adequately prevented against cross contamination. Inspectors observed good communication in relation to healthcare acquired infections (HCAI) and cleaning staff were aware of appropriate cleaning requirements for any HCAI. However, the training matrix indicated that some staff had not received mandatory theoretical and practical training in the prevention and control of HCAIs. As outlined in outcome 12, the design of some parts of the physical environment did not allow for effective management, decontamination and maintenance to reduce the spread of HCAIs.

**Judgment:**
Non Compliant - Major
### Outcome 09: Medication Management

**Each resident is protected by the designated centre’s policies and procedures for medication management.**

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<th>Theme: Safe care and support</th>
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**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Residents were protected by the designated centre's policies and procedures for medication management. However, improvements were required in transcription, documentation and storage practices.

The centre-specific policy relating to medication management was made available to inspectors and had been reviewed in August 2014. The policy was comprehensive and covered the ordering, receipt, storage, prescribing, administration and disposal of medicines. Staff with whom inspectors spoke demonstrated adequate knowledge of this document.

Medicines for residents were supplied by a local community pharmacy. There was evidence that the pharmacist was facilitated to meet his/her obligations to residents.

Inspectors noted that medicines were stored in a locked cupboard or medication trolley. The temperature of the refrigerator used to store medicines was noted to be within an acceptable range; the temperature was monitored and recorded daily. However, the refrigerator was unlocked and located in an open area with free access to all. Storage of controlled drugs was safe and in accordance with current guidelines and legislation. The balance of controlled drugs was checked at the handover of shift at 08:00 and 20:00. However, the balance was not checked, as appropriate, at the handover of the afternoon shift to maintain a robust chain of custody.

The training matrix confirmed that all nursing staff had completed medication management training in 2015. Nursing staff with whom inspectors spoke demonstrated knowledge and understanding of professional guidance in medication management. Inspectors observed resources relating to medication management were available to staff. Medicines were supplied in compliance aids and inspectors noted that identifiable drug information was available for the nurse to confirm prescribed medication in the compliance aid.

A sample of medication prescription sheets and administration records were examined by inspectors. Inspectors observed that transcription was not always accurate and could lead to potential administration errors. A number of prescription records examined did not contain the prescriber’s signature for each medicine prescribed in accordance with the Medicinal Products (Prescription and Control of Supply) Regulations.

Medication administration sheets examined identified the medications on the
prescription sheet, contained the signature of the nurse administering the medication and allowed space to record comments on withholding or refusing medications. The times of administration matched the prescription sheet. However, inspectors observed an incident where the medication administration record did not accurately reflect the medicines administered.

Staff outlined the manner in which 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. An itemised verifiable audit trail was in place for these medicines.

A system was in place for reviewing and monitoring safe medicines management practices. Results of quarterly medication management audits were made available to inspectors. The most recent audit had been completed in March 2015 and examined a number of areas including documentation, storage and administration of medicines. Pertinent deficiencies were identified and the actions were seen to be completed in a timely fashion.

Inspectors saw that processes were in place for the identification, recording, investigating and learning from medication incidents.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
There was evidence that timely access to health care services was facilitated for all residents. The person in charge confirmed that a number of GPs were currently 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, multidisciplinary 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 physiotherapy, dietetics, speech and language therapy, optical and chiropody.

Inspectors reviewed a selection of care plans. There was evidence of a comprehensive assessment undertaken prior to admission for residents. After admission, there was a documented comprehensive assessment of all activities of daily living, including communication, pain, spirituality, social interaction, mobility, sleep and rest, elimination, breathing and nutrition. There was evidence of a range of assessment tools being used and ongoing monitoring of falls, pain management, mobilisation and, where appropriate, fluid intake. Each resident’s care plan was kept under formal review as required by the resident’s changing needs or circumstances and was reviewed no less frequently than at three-monthly intervals, in consultation with residents or their representatives.

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

There was a strategy in place to prevent falls whilst also promoting residents’ independence. An evidence-based assessment tool was used to assess residents’ risk of falls on admission and monthly thereafter. A physiotherapist visited the centre twice a week. A weekly physiotherapy schedule is agreed in advance with the person in charge. The physiotherapist completes a comprehensive treatment form after each consultation.

The incidence of falls was monitored on an ongoing basis. Following a fall, residents are re-assessed using the evidence based tool, examined by the physiotherapist and a holistic review was undertaken by the multi-disciplinary falls team to prevent recurrence of falls whilst ensuring residents’ mobility is maintained.

Care plans in relation to diabetes and epilepsy management were developed in line with evidence based practice. These care plans were comprehensive, specific to each resident’s needs and would effectively guide staff in relation to the management of medical emergencies.

There was a range of activities offered including bingo, nail care, arts and crafts, live music and interactive games. Inspectors spoke with one of the carers who was responsible for the activities program and she had completed accredited training in the provision therapeutic activities which focuses on sensory stimulation. Residents with whom inspectors spoke reported that they enjoyed a fundraising day recently where a local pet zoo had visited the centre.

Residents were facilitated to attend activities external to the centre. A number of residents enjoyed going into the town centre to visit the library or to socialise. Residents with whom inspectors spoke often went out with family and friends for lunch.

Judgment: 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 original part of the premises continued to pose challenges in relation to the provision of care but significant improvements had been made in relation to maximising residents’ private and communal space.

Melview House was originally built as a private dwelling about 200 years ago and in later years was used as a convent and medical facility by a religious order. It had operated as a nursing home in private ownership since about 1985. Melview House was an architecturally significant listed building. It was a three-storey over-basement structure; resident accommodation was provided on the ground, first and second floors. The basement area primarily accommodated service areas, staff facilities and administration offices. Lifts were in operation.

The main entrance provided access to the ground floor of the main building; the entrance retained the original three limestone steps. A ramp was provided, leading to a small lobby area or porch and the main reception area.

The basement was accessed from the ground floor by means of a restricted stairwell and accommodated the main kitchen and ancillary stores, offices for the person in charge, quiet room, staff changing, dining and sanitary facilities. Separate changing and toilet facilities were provided for catering staff. The separate kitchen had adequate, suitable and sufficient facilities, kitchen equipment and tableware.

The ground floor accommodation consisted of a sitting room and dining room for residents, and seven bedrooms. Two of the bedrooms were single and the remaining five were twin. Five of the bedrooms are en suite with toilet, wash-hand basin and assisted shower. Two of the en suite bedrooms are part of the initial refurbishment phase. There is a bathroom with toilet, wash-hand basin and low level bath with electric seated insert, and a further single toilet provided for residents’ use. Sluice and toilet facilities are also accommodated on the ground floor.
The first floor was accessed by means of a stairwell from the ground floor that leads directly to the nurses’ station; a further stairwell leads to a large central landing area, residents’ bedrooms, and the lift and lobby area. There are twenty bedrooms; sixteen single bedrooms ensuite, two twin bedrooms and two three-bedded rooms. The two three-bedded rooms had been reduced from four-bedded rooms. The multi-occupancy rooms are not ensuite. One of the two-bedded rooms was originally the oratory. The single rooms on this floor are part of the refurbishment project and 11 of these bedrooms were part of the application to vary conditions. There was a bathroom with toilet, wash-hand basin and assisted shower and a second separate toilet and wash-hand basin provided for residents. A twin bedroom had been re-designated and was being used as communal space for residents on this floor.

A further stairwell leads up to the second (top) floor; again there is a main central landing with a residents’ sitting/dining room and three bedrooms, one single room, one twin bedroom and two three-bedded rooms. These bedrooms are not en suite; a bathroom with a toilet, wash-hand basin and assisted shower and a separate toilet and wash-hand basin are again provided.

An external smoking area was provided as outlined in outcome 8. The laundry was located in an external building. The person in charge and provider nominee confirmed that only personal linen was laundered on-site. Towels and bedding were collected and laundered by an external laundry provider. The facilities were seen to be adequate for this arrangement and the area was linked to the fire system. A wash hand basin was provided in the laundry room.

The design and layout of the refurbished area of the building was adequate and inspectors saw that the size of the rooms was sufficient to meet residents’ needs.

Improvements had been made in relation to the provision of private and communal space for residents. A twin bedroom had been re-designated and was being used as communal space for residents on the first floor. The room was bright, airy and suitably furnished with armchairs, tables and entertainment equipment. Inspectors saw that this additional space had positively impacted residents. The communal space on the top floor was less crowded and allowed for improved supervision of residents. The atmosphere in the three communal areas was observed to be calmer and more relaxed compared to previous inspections.

The four-bedded rooms had been reduced to three-bedded rooms. The layout of these bedrooms had been reviewed to maximise personal space for residents and the use of specialist equipment. Adequate and accessible personal storage was provided for residents in multi-occupancy bedrooms. Inspectors observed that adequate screening was provided to promote and maintain residents' privacy.

The original premises was visibly clean but many parts required renovation and redecoration as the décor was dated. Inspectors noted continued inadequate ventilation in toilet and bathroom facilities, particularly in the main premises on the first and second floors. The sanitary facilities in the main premises were not adequately maintained with evidence of peeling and stained paintwork, flaking and damaged plasterwork and discoloured floor covering. The accessibility of sanitary facilities on the second floor was
limited due to a narrow corridor which did not allow sufficient space for the use of assistive equipment such as wheelchairs.

As mentioned in outcome 8, the design of some parts of the physical environment did not allow for effective management, decontamination and maintenance to reduce the spread of HCAIs. There were gaps between flooring and the wall/skirting board in sanitary facilities which could potentially act as reservoirs for dirt and bacteria. Inspectors saw that the floor covering in some areas had been replaced. However, inspectors noted torn floor covering in some of the sanitary facilities and on the stairs between the first and second floors.

There was insufficient storage throughout the original premises. Inspectors observed that sanitary facilities were used to store commodes and cleaning equipment.

Equipment for use by residents was fit for purpose and inspectors saw that there was a process in place for ensuring that all equipment was properly installed, used, maintained, tested serviced and replaced.

Handrails were provided in circulation areas and grab rails were present in bath, shower and toilet areas. However, inspectors noted that a grab rail in a toilet located on the second floor was not adequately secure.

The issues noted by the inspectors were discussed with the person in charge and the provider nominee. Inspectors were assured that these areas will be rectified under the ongoing general maintenance programme and a timeline had been previously provided to the Authority for completion of the renovation project in September 2015.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

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

Residents were consulted about how the centre was planned and run. A regular residents' meeting was facilitated and minutes from most recent meeting in April 2015 were made available to inspectors. Feedback sought during this meeting informed practice and suggestions, e.g. new menu suggestions, were seen to be implemented.

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

Residents are facilitated to exercise their civil, political and religious rights. Residents were conversant in current affairs and reported being afforded the opportunity to vote. Mass was celebrated in the centre on a regular basis and residents were able to watch televised Mass every Sunday. Some residents enjoyed going out to Mass in the local area. The person in charge confirmed that ministers from a range of religious denominations were facilitated to visit. The person in charge confirmed that residents were afforded the opportunity to vote.

Inspectors observed televisions and radios in the communal areas. Residents also had access to televisions in their bedrooms and newspapers were delivered every day. Residents' personal communications were respected and residents had access to a private telephone. The centre was part of the local community and residents were aware of local community and sporting events. Residents had enjoyed a recent charity tea party held in the centre where friends and family were invited to attend.

Inspectors saw that residents received care that was dignified and respected their privacy at all times. Staff knocked and awaited permission before entering residents' bedrooms. Staff addressed residents by their preferred names. Screening curtains were used in shared rooms when personal care was delivered.

The person in charge confirmed that an advocate was available to residents when required. However, the advocacy arrangements were not sufficiently documented and it was not clear the process in place to ensure that the advocate remained independent.

The comprehensive communication policy was made available to inspectors which would guide staff in the effective communication with residents. Residents were facilitated to communicate at all times. Staff with whom inspectors spoke were aware of the different communication needs of the residents. Individual communication requirements were highlighted in care plans and reflected in practice.

A varied activities programme was provided for residents and included live music, quizzes, bingo, review of the local and national newspapers, gentle exercise, interactive games and nail care. Individualised activities were also provided for residents in line with their needs. The comprehensive assessment completed for each resident on
admission ascertained details in relation to previous hobbies, social contacts and interests. An annual survey had been completed in relation to activity provision. Improvements in relation to the timing of activities had been made on foot of the survey. The feasibility of new activities suggested, such as day trips, had been explored. Residents with whom inspectors spoke were complimentary of the activities provided, especially live music and bingo.

The most recent copy of the centre's newsletter, published in May 2015, was made available to the inspectors which contained information on the advocacy service, Mass times, arrangements for residents' meetings, upcoming residents' birthdays and staff news.

**Judgment:**
Substantially Compliant

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

**Findings:**
There was a planned roster in place. Based on observations, a review of the roster and these inspection findings, inspectors were satisfied that the staff numbers and skill-mix were appropriate to meeting the assessed needs of the complement of residents accommodated. Inspectors saw that the staffing complement had been increased in line with residents' changing needs. A daily allocations record was used to assign the required number of staff to each area.

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

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

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies; the programme reflected the needs of residents. As outlined in outcome 8, one staff member required training in moving and handling. Further education and training completed by staff included dementia, care planning, end of life, falls prevention, wound care, restraint, venepuncture and nutrition.

Inspectors noted that regular staff meetings took place with all staff groups. Topics discussed included documentation, results of audits, wound care, nutrition, medication management, medical review, complaints, incidents, infection prevention and control, training and activity provision.

Staff were supervised appropriate to their role and a formal system of annual appraisal had been implemented. Inspectors saw that appraisals focussed on resident care and improving practice and accountability.

A centre-specific policy on recruitment, selection and vetting of staff, reviewed in December 2014, was made available to inspectors. Inspectors noted that effective recruitment procedures were in place including a standardised interview process and verification of references.

Inspectors saw and the person in charge confirmed that volunteers were not utilised in the centre at the time of the inspection.

**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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Sonas Melview Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000250</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>13/07/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>02/09/2015</td>
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</tbody>
</table>

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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An annual review of the quality and safety of care delivered to residents had not taken place.

1. Action Required:
Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
Work is ongoing within Sonas to identify an efficient process to undertake the annual review of the quality and safety of care delivered to residents that will be meaningful and include consultation with residents.

**Proposed Timescale:** 01/01/2016

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**Outcome 03: Information for residents**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were inconsistencies in relation to the inclusion of residual fee for which the resident was liable as applicable to each resident.

2. **Action Required:**
Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

Please state the actions you have taken or are planning to take:
Contracts of Care now clearly outlines all fees

**Proposed Timescale:** 02/09/2015

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**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 'as required' psychotropic medication was not in accordance with "Towards a Restraint Free Environment in Nursing Homes", a policy document published by the Department of Health.

3. **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 documentation in relation to “as required” Psychotropic medication now complies
with "Towards a Restraint Free Environment in Nursing Homes",

**Proposed Timescale:** 02/09/2015

**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:**
Some risks had not been identified and assessed. These included open access by residents to a hot press with uncovered pipes and the transport of hazardous waste to the sluice area.

**4. Action Required:**
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
Control measures are implemented to address the above risks and included in the risk register

**Proposed Timescale:** 02/09/2015

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Some staff had not received mandatory theoretical and practical training in the prevention and control of HCAIs (criteria 4.5).

The design of some parts of the physical environment did not allow for effective management, decontamination and maintenance to reduce the spread of HCAIs (criteria 3.6).

**5. Action Required:**
Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

**Please state the actions you have taken or are planning to take:**
All staff will complete training in the prevention and control of HCAIs. 18/09/2015.

Remedial and repair work on identified parts of the building are ongoing and drawings
for new purpose built extension and redesign of existing “Main House” will be submitted to the Authority.

**Proposed Timescale:** 01/11/2015  
**Theme:**  
Safe care and support  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
One staff member required refresher fire training.

6. **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:**  
Outstanding fire training completed.

**Proposed Timescale:** 01/10/2015  
**Theme:**  
Safe care and support  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Documentation in relation to fire drills was not complete in order to provide an assurance that adequate provision is made in relation to safe evacuation of residents and staff from the centre.

7. **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:**  
All Documentation in relation to fire drills has been completed.

**Proposed Timescale:** 02/09/2015
**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Gaps were noted in documentation relating to fire checks which provide an assurance to the provider that fire precautions are regularly reviewed.

8. **Action Required:**
Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

**Please state the actions you have taken or are planning to take:**
Documentation in relation to fire has been completed to comply with regulatory requirements.

**Proposed Timescale:** 02/09/2015

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**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Ashtrays provided in the outdoor smoking area were not sufficiently sturdy and may pose a risk of fire.

9. **Action Required:**
Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

**Please state the actions you have taken or are planning to take:**
Fire retardant Ashtrays now in place

**Proposed Timescale:** 02/09/2015

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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 refrigerator used to store medicines was not locked.

10. **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:**
Lock placed on refrigerator.

**Proposed Timescale:** 02/09/2015  
**Theme:** Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The balance of controlled drugs was not checked, as appropriate, at the handover of the afternoon shift to maintain a robust chain of custody.

11. **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:**
Controlled drugs checked as per Regulations

**Proposed Timescale:** 02/09/2015  
**Theme:** Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
- Transcription was not always accurate.
- A number of prescription records examined did not contain the prescriber’s signature for each medicine prescribed in accordance with the Medicinal Products (Prescription and Control of Supply) Regulations.
- Medication administration records were not always accurate.

12. **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:**
Weekly medication audit will be completed by the DOC  
All RN’s will receive training in medication administration

**Proposed Timescale:** 20/10/2015
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:
There was inadequate ventilation in sanitary facilities within the original premises.

13. 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:
Ventilation in sanitary facilities will be addressed

Proposed Timescale: 01/10/2015

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The sanitary facilities in the original premises were not adequately maintained.

14. 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:
Sanitary facilities in the original premises will be repaired and maintained. Drawings for new facilities will be submitted to the Authority.

Proposed Timescale: 18/09/2015

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was torn floor covering in some of the sanitary facilities and on the stairs between the first and second floors.

15. 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
Please state the actions you have taken or are planning to take:
Torn floor covering will be replaced or repaired as required.

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

**Theme:**
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient storage throughout the original premises.

**16. 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:
Storage will be addressed as per drawings submitted to the Authority, interim solutions to storage will be implemented.

**Proposed Timescale:** 18/09/2015

**Theme:**
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A grab rail in a toilet located on the second floor was not adequately secure.

**17. 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:
Grab rail has been repaired.

**Proposed Timescale:** 02/09/2015

**Theme:**
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in
The accessibility of sanitary facilities on the second floor was limited due to a narrow corridor which did not allow sufficient space for the use of assistive equipment such as wheelchairs.

18. **Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**
Accessible sanitary facilities will be addressed as per drawings submitted to the Authority.

**Proposed Timescale:** 01/12/2016

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**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:
The advocacy arrangements were not sufficiently documented and it was not clear the process in place to ensure that the advocate remained independent.

19. **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 arrangements for independent advocate will be addressed

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

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**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One staff member required training in moving and handling.

20. **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:**
Training on one outstanding member has now been completed

**Proposed Timescale:** 02/09/2015