

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Rosedale Residential Home
<b>Centre ID:</b>	OSV-0000740
<b>Centre address:</b>	Upper Kilmacow, Kilkenny.
<b>Telephone number:</b>	051 885 125
<b>Email address:</b>	info@rosedalekilmacow.ie
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Rosedale(Kilmacow) Voluntary Housing Association Limited
<b>Provider Nominee:</b>	Liam Dalton
<b>Lead inspector:</b>	Noelene Dowling
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	10
<b>Number of vacancies on the date of inspection:</b>	2

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, 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 announced and took place over 2 day(s).

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

From:	To:
26 August 2015 10:00	26 August 2015 19:30
27 August 2015 08:30	27 August 2015 15:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Non Compliant - Major
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 03: Information for residents	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Substantially Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Major

**Summary of findings from this inspection**

The purpose of this inspection was to inform the decision of the Authority in relation to the application by the provider to renew the registration of the centre. All documentation required for the registration process was provided.

The centre is a voluntary body and registered charity and provides residential care

and support for up to 14 residents who require minimal assistance with daily living in a homely environment. One of the 14 beds is a dedicated respite bed. All the required documentation was provided for the application. The provider has also applied for registration for one additional bed with this renewal. This would take the numbers registered to 15 residents in total.

The centre was the subject of a monitoring inspection in 2014 and had two minor non compliances in end of life care and nutrition. These had both been resolved. The inspector also reviewed the actions outstanding following that monitoring inspection which took place in 2013 and found that of the ten actions required, six had not been satisfactorily addressed although some improvements were evident in all areas.

The inspection found that the service was managed and operated in a manner which emphasised significant choice and respect for the residents own wishes and preferences. Their views were actively elicited and acted upon if on an informal basis. There was evidence that their daily routines maximised their independence.

This inspection found that there was a commitment to good practice in resident's access to health care services and to staff training. Pre- admission assessments were thorough and ensured that the provider could meet the residents needs. The premises are suitable for its purpose, homely, well maintained and located in the centre of a small rural community.

Residents own commentary was very positive and complimentary regarding the care provided, the kindness and availability of staff and management, their ability to choose their own routines, maintain their independence and how safe they felt living in the centre.

Some improvements were identified in the following areas:

- governance systems and adherence to regulatory requirements
- access to GP services when systems dictated this was required.
- adequate resourcing of the service in terms of staff
- risk management policies and procedures
- medication management procedures
- compilation of an annual report and system for learning from adverse events
- suitability of some areas of the premises for residents who require assistance with mobility
- amendments to a number of policies

Of significant concern was the fact that the inspector found that the provider had breached the legal obligation to adhere to the conditions of registration imposed by the Authority. Namely, the provider had admitted more than the allowed number of residents to the centre. According to the records available this had occurred for a period of one month. These issues are covered in more detail in the body of the report and actioned 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):**

No actions were required from the previous inspection.

**Findings:**

The statement of purpose was forwarded to the Authority as part of the application for registration. It was found to be in compliance with the regulatory requirements. However, the provider had not adhered to the statement for which he was registered and had admitted more residents than allowed under the conditions of the registration. Care practices were congruent with the statement as outlined for a low dependency service.

**Judgment:**

Non Compliant - Major

***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):**

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

**Findings:**

While there were governance systems in place the inspector was not satisfied that they were effective. Resources in terms of staffing levels were not provided to ensure the

safety and effective delivery of care. This included appropriate increases of staff at times of residents' illness or when residents dependency levels changed and a more suitable care environment were being sought. These issues had been raised with the provider at the last regulatory monitoring inspection in 2013 and had not been addressed. The inspector also found that the provider was not aware of or did not adhere to the legal responsibilities including adherence to the condition of registration, the provision of an annual report and responsibility to ensure that all notifications were forwarded to the Authority.

Reporting systems were formal and the board of management meet monthly with the person in charge. A review of a sample of the reports indicated that while data was provided there was little detail provided in these reports. For example, the report outlined significant events such as falls but gave no further information which would inform the board of the outcome or remedial actions taken.

A residents meeting had been held in 2014 and review of the records indicated that they were satisfied with the care provided at that time. Two surveys had been undertaken with a small number of residents on specific matters such as meals.

**Judgment:**

Non Compliant - Major

***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:**

There was a resident's guide available and each resident was provided with a contract of care, a sample of which indicated that they were signed within one month of admission. However the fees outlined in the contracts were ambiguous and not specific to the person signing the contract.

**Judgment:**

Non Compliant - Moderate

***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:**

This centre is designated for residents assessed as not requiring fulltime nursing care and therefore the person in charge is not required to be a qualified nurse. The person in charge has been in post for four years and has experience with older persons care and has also undertaken additional training in management in 2014.

She was engaged fulltime with the governance, management and administration of the centre. Both residents and staff were very familiar with her and the reporting arrangements were clear. However, it was apparent that the person in charge did not have sufficient clarity regarding the regulations in terms of conditions of registration, notifications to the Authority and documentation of critical incidents. This is actioned under Outcome 2 Governance and Management.

**Judgment:**

Substantially 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):**

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

**Findings:**

The inspector found that the records required by regulation in relation to residents, including assessment and care plans substantially complete and detailed.

Records of personal belongings were maintained and records required by Schedule 2 in relation to staff were found to be complete.

Not all of the required documentation including references were sourced for staff prior to the commencement of employment

A number of policies required amendment or development. These included the risk policy, the complaints policy, policy on the protection of vulnerable adult's and challenging behaviour to meet the regulatory requirements.

Documents such as the residents guide and directory of residents were available and up to date. The inspector saw that insurance was current.

Reports of other statutory bodies were also available. A visitors log was available and used.

**Judgment:**

Non Compliant - Moderate

***Outcome 06: Absence of the Person in charge***

***The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the provider had made satisfactory arrangements for any absences of the person in charge. And all the required documents were forwarded to the Authority. The inspector was informed that no period of leave had occurred which required notification to the Authority.

**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):**

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

**Findings:**

The inspector was satisfied that residents' safety and welfare was prioritised with

improvements required to ensure the systems were transparent and responsive. A review of a sample of financial records indicated that records were detailed. However, the provider was acting as official agent for a number of residents and the documentation required allowing this to occur was not available. This had been a historical arrangement. While records of fee payments were maintained no resident received invoices or receipts for payments made via direct debit.

There was a policy on the management of resident's finances. Most residents managed their own day to day monies and had a safe in their room to hold such items.

The inspector reviewed the policy and procedures on the prevention, detection and reporting of abuse and found that it required improvements to ensure there were satisfactory procedures in place to prevent and manage any incidents requiring investigation or reporting. The person in charge was familiar with the formal reporting arrangements to external agencies however. The person in charge was scheduled to attend training in the updated HSE policy on safeguarding vulnerable persons at risk in September 2015. Staff had not had training in the protection of vulnerable adults in a number of years however.

Staff spoken with demonstrated an understanding of their own responsibilities in relation to the protection of residents and signs and symptoms of abuse which would indicate concern. The inspector was informed that no such allegations had been made. A local person has been appointed as an informal advocate for the residents.

A lone working policy had been implemented to support resident's safety. Residents informed inspectors that they felt very safe and well cared for in the centre. They were familiar with the person in charge and some members of the board and expressed their confidence in being able to address any issues.

A small number of residents had mental health issues or slight cognitive impairment which required support from staff. Challenging behaviours were not a significant feature in this service. There was a policy on the management of challenging behaviours which was not in accordance with national policy or evidenced based practice. It provided no guidance to staff in supporting residents at such times but was primarily a safety guideline for staff. Staff demonstrated their understanding of the residents psychosocial needs however and how best to support them in the absence of care plans or guidelines. There was evidence of multidisciplinary review from psychiatry of old age where this was required.

Methods of restraint or restrictive practices were not used in the centre. A review of medication charts indicated that Pro-re-nata (as required) medication was not used for restrictive purposes.

**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:**

The inspector found that while the provider was cognisant of the safety of residents but improvement were required in systems to identify, assess, manage risk and learn from accidents and incidents. The risk management policy was not in accordance with the regulations and did not identify the system for the management of pertinent risks. This had been identified at previous inspections.

There were no assessments undertaken on residents who smoked despite potential risks in underlying physical conditions and no personal evacuation plans for those residents who would require additional supports. Critical factors such as falls had not been audited and in one instance a resident had experienced nine falls since January 2015.

Records showed that some residents had received or were suspected of receiving head injuries during falls. The level of supervision and monitoring of these resident was not consistently detailed and there was no protocol in place for this. Episodes of choking had not resulted in identifying training needs for staff to manage this appropriately.

There was a current and signed health and safety statement available. The person in charge had undertaken a brief evaluation of pertinent risk factors in the centre such as chemical storage, electrical faults and medication administration with some control measures implemented. However, while a number of audits of practices had been undertaken such as care planning, provision of meals and medication the data was not analysed to promote learning and review. No audits of actual incidents took place.

There was an emergency plan which contained all of the required information including arrangements for the interim accommodation of residents should this be necessary.

There were missing person's profiles and emergency numbers of local persons in the event that additional support was needed for evacuation purposes, for instance at night.

It was noted that a resident on the first floor had to negotiate two steps to access the bedroom and the bathroom. The resident required mobility aids to do so and this had not been risk assessed satisfactorily. This has been an action in previous inspections as the fire consultant had informed the provider that residents on this floor should be able to independently exit the premises in the event of a fire. This is also actioned under Outcome 12 Safe and Suitable premises.

Additional emergency alarms were available for night staff who worked alone. Residents also carried a personal alarm which they told the inspector they found really helpful.

Core safety features including safe flooring, hand-rails, call-bells and secure exits and entrances at night were evident. Training records demonstrated that staff had

undergone training in moving and transporting residents and in first aid.

Policy on the prevention and control of infection was satisfactory and staff were observed using appropriate protective equipment and cleaning procedures. However, where a specific healthcare related infection had been indentified no additional procedures were implemented such as the safe management of laundry.

Fire safety management systems were found to require some improvements. All staff had undergone fire safety training annually. However, fire drills which would ensure staff and residents were familiar with the procedures were only undertaken annually. This was not satisfactory given that new residents and respites resident are admitted regularly. Drills would also ensure that staff were familiar with the process by day and by night. The fire procedure was displayed and staff spoken with was knowledgeable on the general procedure but not on the specific supports required for the residents.

Documentation confirmed that the fire alarm and emergency lighting was serviced quarterly and other equipment serviced annually as required. Daily checks on the exit doors and the fire panel were recorded.

**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:**

There was an appropriate policy on the management of medication which took account of the nature of the service being provided and was in accordance with guidelines and legislation. Some improvements were required in the management of medication however.

An action required from the previous inspection in 2013 was that the maximum dosage of medications administered on a PRN ('pro re nata or as required') would be documented on the prescription. This had not been satisfactorily resolved. In one instance the inspector saw that the details on the medication dispensed and the GPs prescription differed which resulted in staff administering PRN medication from two different instructions which could have posed a risk to the resident. The person in charge was requested to clarify this.

The inspector also noted that the administration of a medication for a resident had ceased. There was no corresponding record signed by the GP dictating that this should occur. There was no explanation available for either of these discrepancies and they had not been identified by any audit or monitoring system.

Systems for the receipt of, storage and accounting for medication were satisfactory. There were documented procedures for the handling, disposal of and return of medication although the returns records were signed by staff prior to the actual return of the medication. There was evidence on records that medication was reviewed three monthly or more often for individual residents. In addition, there was evidence that the dispensing pharmacist had met with residents and the nurse to discuss their own medication.

No transcribing practices were used and this was appropriate given that non nursing staff administer the medications. The staff had received training in medication management in 2015 and also the pharmacist outlined the purpose of some of the medication to inform staff of its use. Handling and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

**Judgment:**

Non Compliant - Moderate

***Outcome 10: Notification of Incidents***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the person had not complied with the responsibility to forward the required notifications to the Chief Inspector. No notification had been received from the person in charge since April 2014. Items not forwarded included unexpected deaths of residents. In addition, an incident of a choking episode had not been recorded as a critical incident or near miss.

**Judgment:**

Non Compliant - Moderate

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

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

## ***needs and circumstances.***

### **Theme:**

Effective care and support

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

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

### **Findings:**

From a review of five resident's records the inspector was satisfied that the residents health and care needs were met to a good standard with some improvements required in accessing medical support on occasions.

All of the residents living in the centre had been assessed as low dependency and not requiring full time nursing care on admission. There was evidence that where resident's needs increased beyond the capacity of the provider, timely referral for assessments were made and the resident was consulted in regard to this. However, staffing arrangements in the centre had not been increased where this or other periods of illness occurred for residents. This is detailed and actioned under outcome 18 Suitable Staffing.

Staffing also impacted on residents access to GPs, for instance on one occasion no staff or volunteers were available to transport a resident to the GP. This resulted in a delay in accessing the GP and the resident had to attend a different GP. This had not impacted negatively on the resident in this instance. The inspector also noted a significant gap of 14 days in another resident having access to a GP despite the daily records showing symptoms which required this.

The inspector acknowledges that significant improvements had been made as required by the 2013 monitoring inspection in the assessment of resident's health care needs and the care planning process. Evidenced based assessment tools were used to identify the resident's needs including their social, psychological and health care needs. The care plans seen were very detailed, corresponded with the residents assessed need and were reviewed as required and within the four month time-frame.

Assessments such as falls risks were found to be updated if any fall occurred and skin care was well monitored to prevent pressure ulcers occurring.

A number of residents were supported to retain the services of their own general practitioner. There was evidence of prompt and frequent access to allied services such as chiropody, dentistry, ophthalmic care, tissue viability specialists, dieticians. A qualified nurse was employed for 15 hours per week and the inspector saw that this was satisfactory and she was very knowledgeable on the clinical care needs of the residents. The person in post also provided guidelines and information to the non nursing staff on the specific health care needs of the residents which supported the staff in their work.

Residents informed the inspector that they were very satisfied with the health care provided to them and there was evidence that they were consulted and involved in decisions regarding treatment.

Transfer information was available in the event that a resident had to be admitted to acute care and the inspector found that pre-admission assessment and information was sufficient to inform the decision in order to ensure the provider could meet the needs of the residents.

Information on health was made available to the residents who were very well informed and encouraged by staff to make good choices and this included access to the pharmacist to discuss their own medication.

**Judgment:**

Non Compliant - Moderate

***Outcome 12: Safe and Suitable Premises***

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

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The accommodation is suitable for its purpose and has been well maintained. It is over two floors with the ground floor comprises a conservatory, a living room, a visitors' room, a chapel, dining room, laundry room, staff office and a medication room. The ground floor accommodates five residents in single bedrooms on the ground floor and residents have access to two shower rooms with assisted showers, and wash-hand basin, and two single assisted toilets.

The first floor can accommodate 11 residents with nine rooms currently registered for use. There is one single bedroom with en suite consisting of a non-assisted shower, toilet and wash-hand basin, and eight single bedrooms. The remaining residents on this floor have the use of two shower rooms, one of which is assisted and an additional toilet.

There is a staff room with en suite facilities provided. There is a large sitting room, and a small kitchenette on this floor, along with the office for the person in charge. Both the dining room and upstairs day room have been recently renovated and redecorate. There is a fully serviced lift as well as the stairs.

However one of the bedrooms on the first floor has to be accessed via two steps. |there are also two steps required to access the bathroom from this bedroom. The resident

required mobility aids to do so and had been assessed as a significant falls risk. This arrangement was not suitable taking the low staffing levels in the evening and at night into account.

The centre was well maintained, homely bright and clean. There is a safe walk way and garden outside which residents use regularly.

The sluice room contained appropriate equipment and facilities. In accordance with the needs and dependency level of the residents the need for assistive equipment is minimal but residents have access to supportive walking aids and a wheelchair if on occasion this is required. Call-bells had been serviced and were in working order. There was a suitable kitchen and food storage and preparation areas in place.

The additional bedroom which the provider has requested to include in the registration application is on the first floor and is suitable for use with easy access to shower and toilet.

**Judgment:**

Substantially Compliant

***Outcome 13: Complaints procedures***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a written operational policy and procedure for the making and management of complaints which was in line with the regulations with an amendment required. This was the identification of the person nominated under Regulation 34(3) to monitor the process and outcome of complaints as managed by the person in charge.

The policy included an external appeals process, and encouraged local and immediate resolution where this was feasible. There were timescales and responsibilities outlined. A synopsis was posted in a suitable area of the premises.

There were no formal complaints made according to the person in charge and none were recorded. The person in charge stated that day-to-day complaints were raised occasionally and dealt with by staff as they occurred. However, no records were maintained of any of these issues which would help to demonstrate transparency and also to inform practice changes and improvement. Residents told the inspector that they had no reason for complaint but if they did they were confident it would be addressed.

**Judgment:**

Non Compliant - Moderate

***Outcome 14: End of Life Care***

***Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.***

**Theme:**

Person-centred care and support

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

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

**Findings:**

The centre had been the subject of an inspection focused on end of life care in 2014 and was found to have a minor non compliance in that residents' wishes and preferences had not been elicited. This had been satisfactorily addressed and a process of discussing the matter with residents had commenced in a sensitive manner. The policy available governed all legal requirements including verification of death.

The centre caters for low dependency/independent residents and in the event that a resident's dependency increases to a level where more than minimal assistance is required with activities of daily living, their transfer to alternative accommodation is planned in liaison with the relevant health professionals. If this was not possible all care and support in the event of a sudden deterioration would be provided within the centre and the policy outlined how this would be done. Access to palliative care support was available. This had not occurred in the centre as yet.

A review of a record pertaining to a resident who had passed away in acute care services showed that prompt and supportive care had been provided prior to the admission to hospital and there was regular communication and visits to the resident by staff following admission.

As all rooms were single privacy can be assured and there was also a facility for relatives to remain in the centre if they wished. All residents had updated personal belongings details on file to facilitate the safe return to family members.

**Judgment:**

Compliant

***Outcome 15: Food and Nutrition***

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**

Person-centred care and support

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

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

**Findings:**

The centre was the subject of a thematic inspection on food and nutrition in 2014 and was found to have a minor non compliance in relation to updating of the food and nutrition policy. This action had been resolved satisfactorily.

Residents were weighed on admission and monthly or weekly as required and evidenced based assessment tools were used to monitor nutritional status. There was evidence that prompt referral to dieticians or speech and language therapists were made as required.

Resident's food preferences and needs were documented on admission and on an ongoing basis and communicated to the catering staff that was found to be both knowledgeable and facilitative of their preferences and specific dietary requirements.

Where residents required altered consistency or modified diets these were facilitated and all staff were aware of these. From a review of a sample of care plans undertaken there were records of relevant monitoring with regard to nutrition and weight.

Any nutritional supplements were appropriately prescribed by the residents GP and records showed that these were administered. Residents were encouraged to take fluids and there was a choice of menu for all meals. Some chose to have their meals in their rooms if they wished or in the dining room. Residents were especially complimentary about the food and the choices available to them at any time.

The food was all freshly prepared. The dining room was pleasant and food was served in a pleasant social atmosphere.

The catering staff had training in food hygiene and appropriate food safety management systems were in place.

**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):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that there was commitment to promoting and supporting residents' capacity to exercise personal choice and ensure they were involved and consulted in the routines and in their care needs. The residents spoken with by the inspector indicated a significant level of satisfaction with their quality of life at the centre and their involvement in the day to day running of the centre.

Residents meetings were only held annually but a review of these indicated that their views on a number of issues were elicited. Given the independent nature of the residents they were very capable of making known their views about the quality of care and did so regulatory. For example, they told the inspector that they were involved in decisions as to the chairs and colours to be used in the redecoration of the dining and day rooms and how to celebrate the finishing of these projects. This consultation was also evident regarding food preferences or activities and they were consulted in relation to their health care needs and treatment options.

Their preferences for daily routines and meaningful engagement were supported by the staff. Residents social care needs were identified and their circumstances well understood and respected by the staff who supported them to remain independent with their own routines.

They could attend religious services in the centre or the local community. Many went out for walks or to the town, to shops or to the hairdresser as they wished.

All bedrooms had suitable locking mechanisms if the resident wished to use them. Staff were observed being sensitive to residents need for privacy and respectful in how they spoke with and interacted with the residents.

Activities in the centre included music sessions, bingo, art class and an exercise class designed for older persons. There were regular external visitors including a number of volunteers and they had access to all the local news. There were books and games evident and being used by the residents.

A day care service was operated two days each week apart from the summer months. The accommodation was suitable for this number and the functions of the day care and residential service were separate but there were opportunities to mix and socialise. Residents stated that they enjoyed this interaction.

There was an informal advocate appointed by the board of management and the residents were informed that this was available. The national advocacy service had been contacted by the person in charge on behalf of a resident where this was deemed necessary and appropriate.

Some residents had communication difficulties, sight problems and or required hearing aids. There was evidence that they had access to the relevant specialists and staff understood their communication needs very well. These were detailed in their care plans.

**Judgment:**  
Compliant

**Outcome 17: Residents' clothing and personal property and possessions**  
*Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

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

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

**Findings:**  
Updated lists of all property had been compiled with the residents. The person in charge confirmed that residents had access to, and retained possession of, personal belongings and finances. The inspector noted that resident's rooms were personalised with belongings and photographs and adequately furnished with suitable storage facilities for clothing and possessions. A facility for locking items away safely was also available in each room.

There were suitable facilities available for laundering of residents clothing and linens and the inspector observed that items were individually labelled to ensure the safe return to the residents. The inspector was informed by residents that clothing going missing was not an issue.

**Judgment:**  
Compliant

**Outcome 18: Suitable Staffing**  
*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**  
Workforce

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

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

**Findings:**

The inspector was not satisfied that the numbers of staff available were suitable to meet the assessed needs of the residents at all times. From 15:00hrs until 22:00hrs there was one staff member available for the current number of residents and this included weekends when the added presence of the person in charge was not available in the centre. The inspector acknowledges that the person in charge was on-call and records demonstrated her easy availability.

The person in charge stated that staffing levels were reviewed as resident numbers and needs changed. However, a review of resident records and periods when residents were ill and required additional supports indicated that this was not the case. Single staff were still required to support and monitor residents who were ill or had falls. This left the remaining residents unsupported. Staff were also required to administer a significant amount of medication in the evening times which again impacted on their availability to the residents.

In addition, the centre has a no lift policy in the event of a resident falling when one staff is on duty. From records seen by the inspector and from speaking with staff this has resulted in the emergency services being called to help lift a resident in the absence of staff.

The centre is registered on the basis that residents do not require full-time nursing care in accordance with the revised Regulations 2013. The inspector was satisfied that the nursing hours of fifteen per week and from the evidence available on health care that this was satisfactory to ensure that the residents medical and clinical care needs were well managed.

The person in charge and staff, demonstrated competency and a sound knowledge of the residents, their healthcare and personal needs.

All full-time staff were non nursing staff but there had been a significant commitment to training and development. All staff had Further Training and Education Awards Council (FETAC) level five training. Mandatory training including fire safety and manual handling was up to date for staff. As stated in Outcome 7 training in the protection of vulnerable adults had not been updated.

However, as outlined under Outcome 8 Health and Safety some additional basic training was required following incidents. Additional training in health care support had been provided including taking vital signs and urinalyses.

New staff were briefed in fire safety procedures and there was a detailed induction programme which included supernumerary time for staff.

The person in charge informed the inspector that staff meetings were held circa three monthly. A review of a record of one of these meetings available indicated that the content was procedure and resident focused.

A review a sample of personal files indicated that the provider had made the required improvements in the recruitment procedures with all relevant documentation available for staff and the information had been verified. However, references were only been applied for in some cases after the commencement date of the staff which is not safe practice.

Where staff were employed via the community employment scheme the provider sourced the Garda Síochána vetting independently and also reviewed all other documentation available from the agency. A number of volunteers were available to undertake activities and in some instances to drive resident to appointments. Garda Síochána vetting was sourced.

The person in charge had commenced a system of annual appraisal. Staff were observed to be kind, patient and very supportive of the residents.

**Judgment:**

Non Compliant - Major

### **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:***

Noelene Dowling  
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<sup>1</sup>

Centre name:	Rosedale Residential Home
Centre ID:	OSV-0000740
Date of inspection:	26/08/2015
Date of response:	22/09/2015

### 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 01: Statement of Purpose

#### Theme:

Governance, Leadership and Management

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

The provider had not adhered to the statement of purpose for which he was registered and had admitted more residents than allowed under the conditions of the registration.

#### 1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Residents in Designated Centres for Older People) Regulations 2013.

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

Adherence to the statement of purpose with Immediate effect taking into account the conditions of registration and maximum resident numbers.

Proposed Timescale: Immediate

**Proposed Timescale:**

**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:**

Resources in terms of staffing levels were not provided to ensure the safe and effective delivery of care.

**2. Action Required:**

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

Extra staffing will be provided to cover evening shifts in accordance with recruitment policy.

Interviews will be held on the 17/09/15.

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

**Theme:**

Governance, Leadership and Management

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

The provider was not aware of or did not adhere to the legal responsibilities including adherence to the condition of registration, the provision on an annual report and responsibility to ensure that all notifications were forwarded to the Authority. The systems were not satisfactory .

**3. Action Required:**

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

Quality and Safety Audits that are centre specific will be enhanced through increased audits with residents and relatives involvement, to provide safe and appropriate care that is consistent and effectively monitored and critically analysed. All notifications will forward to the authority as per regulation. The conditions of the registration will be adhered to in relation to resident occupancy numbers.

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

**Theme:**

Governance, Leadership and Management

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

There was no annual review of the quality and safety of care.

**4. 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 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:**

An annual report will be carried out on the quality and safety of care from the ongoing audits throughout the year and a copy will be provided to all residents.

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

**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:**

The fees as outlined in the contract do not specifically relate to the resident signing the contract.

**5. 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:**

Contract of care will be reviewed and will include details of fees for services.

Proposed Timescale: Immediate

**Proposed Timescale:**

**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:**

Polices on risk management, the protection of vulnerable persons and behaviour that challenges were not satisfactory or in accordance with the regulations.

**6. Action Required:**

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

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

All the policies under schedule 5 will be reviewed and adapted and implemented as per regulation

Once all policies are reviewed appropriate training will be given.

**Proposed Timescale: 16/12/2015**

**Theme:**

Governance, Leadership and Management

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

All of the documents and information required by schedule 2 were not available.

**7. Action Required:**

Under Regulation 21(2) you are required to: Retain the records set out in Schedule 2 for a period of not less than 7 years after the staff member has ceased to be employed in the designated centre.

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

All of the documents and information required by Schedule 2 will be available as per recruitment policy

Proposed Timescale: Immediate

**Proposed Timescale:**

**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:**

System for the management of residents' finances, fees and Department of Social Protection payments were not robust.

**8. Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Safeguarding and Safety

Documentation, training and implementation of policies relating to the safeguarding of vulnerable adults will be reviewed, amended and updated within national guidelines.

All resident finances being managed will be more robust involving resident who require an agent to be appointed for pensions, paperwork will be sourced and approved and documentation kept on file. Residents will receive invoice of fees quarterly and receipt of payment weekly.

Will receive

16/12/15

**Proposed Timescale: 16/12/2015**

**Theme:**

Safe care and support

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

Staff had not had training in the protection of vulnerable adults.

**9. Action Required:**

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

All staff will be trained in the detection and prevention of and responses to abuse taking into account HSE Safeguarding Vulnerable Persons at Risk of Abuse guidelines.

**Proposed Timescale:** 16/12/2015

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

### **Theme:**

Safe care and support

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

The risk management policy did not set out or identify the specific risks as outlined in the regulations including :

risk of self harm

risk of abuse

unexpected absence of residents

accidental injury to residents

aggression and violence.

### **10. 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:**

Risk management Policy to be updated and amended to identify centre specific risks in adherence to regulation 26(1) a as set out in Schedule 5 taking into account the resident population and risks identified through pre assessment and ongoing assessment, smoking, falls, medication errors, wound care, mobility level of resident, Personal Emergency Evacuation Plans for all residents who require support , through solid auditing of incidents/ adverse incidents, training will be provided for staff where risks are identified. Fire Drills will be carried out quarterly or intermittently taking in account change of resident population and staffing changes.

**Proposed Timescale:** 16/02/2016

### **Theme:**

Safe care and support

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

Adverse events did not result in review of incidents and appropriate remedial actions and learning.

### **11. 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:**

Risks will be identified from pre admission assessments, ongoing assessments and investigations from serious incidents or adverse events involving residents will be in accordance with Regulation 26 (1) d.

**Proposed Timescale:** 16/02/2016

**Theme:**

Safe care and support

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

Potential risks were not satisfactorily identified.

**12. 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:**

Risk management policy set out in Schedule 5 will include hazard identification and assessment of risks throughout the designated centre.

**Proposed Timescale:** 16/02/2016

**Theme:**

Safe care and support

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

Procedures for the prevention and management of healthcare related infection were not implemented.

**13. 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:**

Red alginate bags are in stock as of immediate effect and an appropriate staff have been made aware of usage with residents who are MRSA positive and the policy will be updated to reflect this change.

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

**Theme:**

Safe care and support

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

Fire drills were not held at suitable intervals to ensure staff and residents were familiar with the procedures.

**14. 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:**

Fire drills will be held quarterly with all staff and residents to ensure all are familiar with fire safety procedures Under regulation 28(1) e

Proposed Timescale: Immediate

**Proposed Timescale:**

**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:**

Medications were not administered according to the instructions of the prescriber. The person in charge did not ensure that the instructions were clear and adhered to.

**15. 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:**

Medication Management improvement as per medication management policy.

PRN Maximum dose to be written on prescription, kardex and MARS sheet.

Medication management audits to be carried out going forward.

GP to discontinue medication on drug kardexs.

Sign and date for returns of medication on the day it goes to pharmacy and updating the medication management policy to reflect this.

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

## **Outcome 10: Notification of Incidents**

### **Theme:**

Safe care and support

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

The person in charge did not inform the Authority of unexpected deaths of residents.

### **16. Action Required:**

Under Regulation 31(2) you are required to: Inform the Chief Inspector in writing of the cause of an unexpected death when that cause has been established.

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

In future PIC will inform the Chief Inspector in writing of the cause of an unexpected death under regulation 31(2).

Proposed Timescale: Immediate

### **Proposed Timescale:**

### **Theme:**

Safe care and support

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

The person in charge did not inform the Authority where a nil report is required at the end of each quarter.

### **17. Action Required:**

Under Regulation 31(4) you are required to: Where no report is required under regulation 31(1) or 31(3), report this to the Chief Inspector at the end of each 6 month period.

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

The person in charge will inform the Authority where a nil report is required at the end of each quarter as per regulation.

Proposed Timescale: Immediate

**Proposed Timescale:**

### **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:**

Access to medical practitioners was not consistently facilitated.

**18. Action Required:**

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

Access to medical practitioners will be facilitated to all residents where necessary, transport will be organised through staff members.

Proposed Timescale: Immediate

**Proposed Timescale:**

### **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:**

Some areas on the first floor are not suitable for use by residents who require assistance with mobility.

**19. 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:**

Based on pre admission assessment no resident that requires assistance with mobility i.e. aids will be placed upstairs and ongoing assessment residents that are not suitable

for upstairs due to regulation 17(1) will be moved to a downstairs room upon availability.

Proposed Timescale: Immediate

**Proposed Timescale:**

**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:**

There was no person nominated to ensure that complaints were managed in accordance with the policy.

**20. Action Required:**

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under Regulation 34 (1)(f).

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

Complaints policy will be reviewed and a nominated person will be appointed and records maintained under Regulation 34 (1) f

Introduction of complaints book to review all issues arising for residents for transparency of service.

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

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

The staff ratios were not sufficient at all times to meet the assessed needs of the residents and the size and layout of the premises.

**21. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of

staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Staffing levels will be increased to provide cover for evening shifts in accordance with recruitment policy.

Interviews will be held on the 17/09/15

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

**Theme:**

Workforce

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

Staff did not have training in the protection of vulnerable adults or systems to manage emergencies such as choking episodes.

**22. 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 protection of vulnerable adults for all staff and basic life support and first aid for appropriate staff.

**Proposed Timescale:** 16/12/2015