<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Garbally View Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000343</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Brackernagh, Ballinasloe, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>090 964 2622</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:garballyview@gmail.com">garballyview@gmail.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Tony Whyte and Teresa Whyte Partnership T/A Garbally View Nursing Home</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Tony Whyte</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jackie Warren</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>37</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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</table>
About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 30 September 2015 12:00 To: 30 September 2015 18:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</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 - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
The purpose of this inspection was to monitor compliance with the Regulations and assess the provider's progress in addressing issues identified at the previous inspection. During this inspection nine outcomes were reviewed. Four of the nine outcomes reviewed were judged as compliant and one was substantially compliant. The Authority had received some unsolicited information about the centre which related to management of incidents, health care, premises, medication management, health and safety/risk management and staffing. These areas were reviewed during the inspection and improvement was required in health and safety/risk management and medication management.

As part of this monitoring inspection, the inspectors met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, policies and auditing systems.

Evidence of good practice was found throughout the service. Residents’ health care needs were well met. There was a comprehensive assessment and care planning system and residents had good access to general practitioners and health care
services.

The building was comfortable, appropriately furnished and there were well maintained gardens surrounding the building. Since the last inspection the provider had made some renovations to the building to reduce the occupancy of some three-bedded rooms to twin rooms.

The provider and person in charge had robust fire safety measures in place.

Staff and residents knew each other well, residents were observed to be relaxed, happy and comfortable in the company of staff and residents confirmed that they were well looked after by the staff.

There was improvement required to the management of discontinued medication, the control of a risk, contracts of care and privacy screening in bedrooms. In addition, some minor improvement to the directory of residents and staff rosters was required.

The person in charge and the manager stated at the feedback meeting that these issues would be addressed.
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Some improvements to the contracts of care were required as contracts were not provided and agreed on admission for all residents.

Contracts for the provision of services were agreed with each long term resident in the centre but the person in charge confirmed that contracts were not agreed with residents admitted to the centre for short term stays.

The inspector reviewed some contracts and found that they were generally in line with the requirements of the Regulations and included the services to be provided and the fees to be charged including the details of additional charges. However, they did not include the room type which a resident would expect to occupy. In addition, one of the contracts had not been signed by the provider or her representative to verify the agreement.

There was an informative guide to the centre available to residents.

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:
The post of person in charge was full-time and was filled by a registered nurse with the required experience in the area of nursing of older people, who had good knowledge of her statutory responsibilities.

She knew the residents well, was knowledgeable of their individual needs and was observed conversing with them throughout the inspection.

She was clear about procedures to follow in carrying out an investigation into a suspicion or allegation of abuse. She managed and regularly met her team of staff informally and formally, and provided regular updates and discussion on matters such as care issues and policies.

Judgment:
Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Governance, Leadership and Management

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

Findings:
The inspector found that records required by the Regulations were maintained in the centre. The documentation was generally well maintained, although some improvement to the directory of residents and recording of the staff roster was required.

During the course of the inspection a range of documents, such as the residents guide, medical records and health care documentation was viewed and most was found to be completed and maintained to a high standard. All records requested during the inspection were made readily available to the inspector. Records were well documented, clear and orderly.

However, the directory of residents did not include all the required information, such as
no addresses or telephone numbers for some residents’ next of kin and no addresses for some GPs.

The inspector viewed the staff roster and found that it was up to date and accurately reflected the staff on duty at the time of inspection. However, the staff working hours were not sufficiently clear as they were not expressed using the 24-hour clock.

Judgment:
Substantially Compliant

**Outcome 07: Safeguarding and Safety**

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

**Theme:**
Safe care and support

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

**Findings:**
The provider had taken measures to protect residents from being harmed or abused. She had arranged for all staff to attend annual training in detecting and reporting elder abuse.

Training records confirmed that all staff, apart from a small number of newly recruited staff, had received this training. The newly recruited staff were scheduled to receive this training within the week of the inspection and as an interim measure they had studied the abuse policy and discussed it with the person in charge as part of their inductions.

The person in charge was clear on the management and investigation of allegations of abuse. There was a policy on the management of abuse which had been updated since the last inspection to provide clear guidance on the investigation of allegations or suspicions of abuse.

Resident had been provided with lockable spaces in their bedrooms to safely store their valuables. At the time of inspection the management team did not hold any residents’ valuables for safekeeping.

Residents who spoke with the inspector said that they felt safe in the centre and that staff looked after them well and were always available to them when required.

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

Theme:
Safe care and support

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

Findings:
The provider had put measures in place to protect the safety of residents, staff and visitors to the centre however, there were some improvements to risk management required.

There was a health and safety statement and a risk management policy in place. However, while the policy outlined a range of risks in the centre, it did not include the arrangements for identification, recording, investigation and learning from serious incidents as required by the Regulations.

In addition, a risk associated with access to the garden had been identified at the last inspection and suitable control measures had not been identified to control this risk. Since the last inspection the provider had carried out work on the sitting room floor to reduce the risk arising from a gradient in the floor and to increase the safety of residents.

The inspector found that systems were in place for the prevention and detection of fire. Staff had received annual training in fire safety and evacuation and this was confirmed in the training records. A small number of newly recruited staff were scheduled to attend formal fire safety training in the near future and had also received some fire safety familiarisation as part of their induction. Due to the nature of their roles these staff were never rostered for duty alone in the centre.

Fire evacuation notices, which were displayed throughout the building, provided clear instructions on evacuating the building in the event of an emergency. At the time of inspection all fire exit doors were free from obstruction.

Since the last inspection the provider had installed alarm activated automatic closing devices on all bedroom doors, which gave residents the choice of keeping their doors open whenever they wished without compromising their safety in the event of a fire.

The inspector viewed up to date fire records which showed that equipment, including fire extinguishers, fire alarms and emergency lighting, had been regularly serviced. Fire extinguishers were serviced annually and all fire alarms and emergency lighting were serviced quarterly. There were records to indicate that weekly checks of escape routes and automatic door releases were being carried out.
The emergency plan was not reviewed on this inspection as it was viewed on the last inspection and found to provide suitable guidance on what to do in the event of fire, flood, loss of power or heat and any other possible emergency and included details of emergency accommodation. The person in charge confirmed that the content of the emergency plan had not been changed since then.

Measures were in place to reduce accidents and promote residents’ mobility including staff support, safe floor covering and handrails on corridors to promote independence.

The person in charge had put a robust system in place to gather and audit information on falls and had put measures in place to reduce the occurrence of falls and injuries sustained from falls. Detailed falls audits were carried out every six months and identified good practice including accurate and contemporaneous recording of falls, post falls risk assessments and trends as to where and how falls were occurring.

Based on the monitoring of falls, measures were introduced to reduce the risk of injury from falls, such as increased supervision, extra low beds, crash mats and sensor alarms. The audit undertaken for the first half of 2015 showed that there had been a significant reduction in falls compared to the preceding six months. There was a very low number of falls resulting in serious injury. Manual handling plans had been developed for all residents.

The building was maintained in a clean and hygienic condition throughout. There were ample supplies of hand sanitising gels for staff, residents and visitors to use.

**Judgment:**
Non Compliant - Moderate

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### Outcome 09: Medication Management

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

**Theme:**
Safe care and support

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

**Findings:**
The inspector found that there were suitable policies and processes in place in relation to the safe management of medications, although some improvement to the discontinuation of medication was required.

The inspector reviewed the medication prescribing and administration charts and found that they were comprehensively and suitably documented. The nurses recorded and signed to confirm each medication administered.
The medication prescription charts contained the required information, such as residents’ names and dates of birth as well as instructions for the administration of each medication, including routes, dosages and other requirements such as crushing.

There were colour photographs of residents on the charts, which the nurses could check to verify identification if required.

The medications listed on administration sheets were individually signed by the GP to verify that the instructions on the prescription were correct. However, some medications which were no longer required had not been signed and dated by the GP to confirm that they were discontinued and the nurses discontinued medication without suitable guidance from these incomplete records.

There was an up to date medication management policy available, which had been updated since the last inspection to provide more comprehensive guidance to staff.

Medications that required strict control measures were carefully managed and kept in a secure cabinet in keeping with professional guidelines and the centre’s policy. The stock balance was checked and signed by two nurses at the time of administration and change of each shift.

A secure fridge was provided for medications that required specific temperature control. The temperature, which was within acceptable limits, was monitored daily.

The person in charge explained the process for the management medication errors. To date there had been no medication errors identified.

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

**Findings:**
The inspector found that residents’ health care needs were well met. Residents had good access to general practitioner (GP) and health care professionals. Residents’ health care needs were assessed and monitored and informative care plans were developed to
Residents had access to GP services and there were out of hours medical cover arrangements in the local area. The inspector reviewed a sample of files and found that GP's called frequently to the centre to reviewed residents’ health care needs. A range of health care services was available to residents, including speech and language therapy, dietetic services, chiropody, optical services and psychiatry services as required. The inspector reviewed residents’ records and found that residents had been referred to these services and results of appointments were written up in the residents’ notes. The nursing notes were recorded every day and night.

Pre-admission and comprehensive assessments had been carried out for all residents. Staff had carried out assessments on residents’ mobility, manual handling, skin integrity, risk of falls and nutritional risks and had developed informative care plans to guide the delivery of care based on these assessments. The care plan interventions were being reviewed every three months or as required by the changing needs of the residents.

The inspector viewed a sample of files of residents with a range of needs such as nutritional issues, falls risks, risk of developing pressure ulcers and mobility issues and found that they were completed to a high standard.

The person in charge and one other nurse had undertaken wound care training in 2015 and additional wound care advice could be sourced through the public health nurse if required.

There were very few wounds in the centre. There was a policy and procedure and an assessment tool in place to guide care in the management of wounds. The inspector viewed the file of one resident with a pressure ulcer and found that wound care was well managed and documented and there were records and photographic evidence to indicate that the wound was healing well.

**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:
During previous inspections the centre was clean, comfortable and well-maintained throughout and on this inspection this standard continued to be evident. There was a well tended garden and grounds surrounding the building.

Some deficits in the building were identified during the previous inspection and the provider had undertaken work to address these issues:
- the occupancy of two three-bedded rooms had now been reduced to two
- screening curtains in the former three-bedded rooms had been re-fitted to provide full screening around beds
- a call bell had been provided in the smoking room
- separate wardrobes were provided for all residents to eliminate the need for residents to share wardrobe space. Although the wardrobes were not large the manager and person in charge confirmed that additional wardrobes were available to residents who required additional storage space for their belongings.

However, privacy screening had not been suitably addressed in respect of all shared bedrooms. Some bed rooms accommodated two residents. The privacy screening in these rooms could not be fully extended around beds to provide maximum privacy to residents when required.

Some further work was also required to finalise these rooms as the unused beds had not yet been removed.

Since the last inspection the provider had carried out some re-structuring work to retain the original occupancy of the centre. New staff offices had been built on and the existing staff office had been converted to a two-bedded room. Therefore the occupancy of 37 beds was retained.

In addition, the inspector noted that the there was no form of ventilation or natural lighting in one section of the L-shaped sitting room, although there was natural lighting and ventilation in the other area of the room. The inspector requested the manager to seek clarification that this was in compliance with relevant building legislation.

The inspector viewed the maintenance and servicing contracts and found that the records were up-to-date and confirmed that appliances were in good working order.

Judgment:
Non Compliant - Moderate

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

Theme:
Workforce

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

Findings:
This outcome was not reviewed in full on this inspection. Staffing levels were reviewed, but staff recruitment was not examined as it had been found to be satisfactory at the previous inspection.

On the day of inspection, there was an adequate number of staff on duty throughout the day. The inspector reviewed staffing duty rosters and found that these were consistent with normal staffing levels. Residents’ dependency levels were assessed by the person in charge, who used this to decide on appropriate staffing levels.

There were normally two nurses on duty in the daytime in addition to the person in charge. The staffing team also included laundry, housekeeping, catering and activity staff and the manager of the centre who also worked each week day. There was an activity co-ordinator on duty each week day who spent time working with residents in each of the communal areas throughout the day. There was one nurse and two care assistants on duty at night.

Since the last inspection the provider had increased the level of care staff on night duty. Staff confirmed that there were always sufficient staff on duty and that additional staff would be rostered to attend to changes in residents' needs such as end of life care. Residents told the inspector that staff were always available to care for them and that they were very satisfied with the care delivered by staff.

Training records indicated that staff had attended a variety of training in addition to mandatory training. Training records were clearly maintained. The inspector read the training matrix and found that since the last inspection training had been provided to staff including nutrition, wound care, continence management, end of life care and dysphagia.

Judgment:
Compliant
**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Jackie Warren  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report¹

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<thead>
<tr>
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<tr>
<td>Centre ID:</td>
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</tr>
<tr>
<td>Date of inspection:</td>
<td>30/09/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13/11/2015</td>
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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 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Each resident did not have a contract of care provided and agreed on admission.

All contracts of care did not include the room type which a resident would expect to occupy.

One contract of care had not been signed by the provider or her representative to verify

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

1. **Action Required:**
Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

**Please state the actions you have taken or are planning to take:**
All residents both short term and long term have received Contracts of Care.
The room type that residents expect to occupy is now on all Contracts of Care.
All contracts of care are signed by the provider or his representative.

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

<table>
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<tr>
<th><strong>Outcome 05:</strong> Documentation to be kept at a designated centre</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Governance, Leadership and Management</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The directory of residents did not include all the required information, such as no addresses or telephone numbers for some residents’ next of kin and no addresses for some GPs.</td>
</tr>
</tbody>
</table>

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

**Please state the actions you have taken or are planning to take:**
The Directory of Residents has been updated to include all the required information.

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

<table>
<thead>
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<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The staff roster was not sufficiently clear as staff working hours were not expressed using the 24-hour clock.</td>
</tr>
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</table>

3. **Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
The Staff roster is now expressed using the 24-hour clock.
Proposed Timescale: 30/10/2015

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:
Suitable control measures had not been identified to control a risk associated with access to the garden.

4. Action Required:
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
We have completed a risk assessment of the garden area and have decided to control access to the garden by installing a gate that can be used to eliminate risks associated with certain residents. During the winter months this area will not be used by residents due to the inclement weather, it is our intention to have the alteration completed in time for next summer’s weather.

Proposed Timescale: 01/06/2016

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 include the arrangements for identification, recording, investigation and learning from serious incidents as required by the Regulations.

5. 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:
Our risk management policy now contains serious incidents.

Proposed Timescale: 03/10/2015
### Outcome 09: Medication Management

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Nurses discontinued the use of some medication from incomplete records which had not been suitably verified for being discontinued.

**6. 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:**
All Staff Nurses have been informed to ensure that all discontinued medication is dated and signed by the General Practitioner.

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

### 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:**
The privacy screening in two-bedded rooms could not be fully extended around beds to provide maximum privacy to residents.

Unused beds, arising from an occupancy restructuring, had not been removed from bedrooms.

There was no form of ventilation or natural lighting in one section of the L-shaped sitting room and there was no evidence to verify that this was in compliance with relevant building legislation.

**7. 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:**
New screening is in the process of been ordered for the bedrooms in question and will be introduced over a phased basis over the coming months.

Unused beds will be removed in the coming weeks awaiting suitable storage for same.
A letter of compliance has been received to show that the day-room is in compliance with the relevant building regulations. However as part of our current ongoing renovation works and upgrade this year we had proposed to introduce a new skylight in the existing day room and in the corridor directly outside our new office same will commence once weather is suitable which will enhance the lighting in these areas.

**Proposed Timescale:** Curtain Screening: 30th April 2016, Removal of unused beds: 20th December 2015, Letter of Compliance received: 11th November 2015