<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Kilrush District Hospital Limited</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000446</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Cooraclare Road, Kilrush, Clare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>065 905 1966</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:kilrushdistrictlimited@yahoo.com">kilrushdistrictlimited@yahoo.com</a></td>
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<td>Type of centre:</td>
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<td>Registered provider:</td>
<td>Kilrush District Hospital Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>John Hehir</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a change in person in charge. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 03 September 2015 09:00 To: 03 September 2015 17:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</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>Non Compliant - Minor</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
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<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Minor</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection

This report sets out the findings of a monitoring inspection which took place following a notification to a change in the person in charge. This inspection was unannounced and took place on one day. As part of the inspection the inspector met with the recently appointed person in charge, the designated person to act on behalf of the provider, residents and staff members.

The inspector was given a tour of the new extension which was nearing completion and due to open in mid October 2015.

The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, the inspector found that the provider and person in charge demonstrated a high level of commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as
amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

There was evidence of good practice in all areas. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

On the day of inspection, the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met.

The existing building was comfortable, clean and well maintained but as outlined in previous inspection reports the design and layout of parts of the existing building did not meet the needs of all residents or comply with the requirements of the Regulations, in particular the multi occupancy bedrooms and inadequate dining space.

The inspector was informed that reconfiguration and refurbishment of the existing building would be prioritised on completion of the new extension.

The inspector was advised that it was planned to move residents to the new extension on a phased basis but there was no formal transitional plan yet in place.

There were inadequate nursing management supports in place to assist the person in charge. The inspector was advised that they were actively recruiting for the post of an assistant director of nursing.

The inspector noted that other improvements were required in areas such as updating policies, nursing documentation and staff rosters. These areas for improvement are contained in the Action Plan at the end of this 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 inspector reviewed the statement of purpose which was found to contain all of the information required by the Regulations. The person in charge agreed to submit an updated statement of purpose reflecting the changes to the size, layout and location of rooms prior to moving residents into the new extension.

**Judgment:**
Compliant

**Outcome 02: Governance and Management**

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The general manager/designated person to act on behalf of the provider advised the inspector that they planned to move residents to the new extension by mid October 2015. While the person in charge and the general manager told the inspector that they had discussions regarding staff training, risk management and staffing resources, there
was no formal transitional plan yet in place to ensure that the service provided to residents moving to the new extension was safe. The person in charge undertook to submit a transitional plan prior to moving residents to the new extension.

The general manager/designated person to act on behalf of the provider advised the inspector that on completion of the building works to the new extension that it was intended to commence reconfiguration and refurbishment of the existing building. There were no formal plans/drawings to indicate the extent of these works, therefore the inspector could not ascertain if the proposed works would ensure compliance with the Regulations and standards. This is discussed further under Outcome 12 Safe and suitable premises.

The inspector was satisfied that there was a full time person in charge with the appropriate experience and qualifications for the role. The person in charge was also on call out of hours. The person in charge had previously held the post of assistant director of nursing. This post had not yet been filled and therefore inadequate nursing management supports were in place in place to assist the person in charge. The nominated person to act on behalf of the provider advised the inspector that they were actively trying to recruit an assistant director of nursing to support the person in charge.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The general manager/designated person to act on behalf of the provider and administrator supported the person in charge. The designated person to act on behalf of the provider worked full time in the centre. The management team met informally on a daily basis and discussed any issues of concern. Formal monthly management meetings took place.

Systems were in place to review the safety and quality of care. Regular audits had been carried out in relation to infection control, care plan documentation, medication management and incidents/accidents. There was evidence that some improvements had been brought about as a result of the audits.

There was evidence of consultation with residents and their representatives. Monthly meetings were held with residents and minutes of the meetings were recorded. There was evidence that issues raised had been acted upon, for example, a resident who expressed unhappiness in sharing a bedroom was offered a single bedroom and the evening supper menus were updated following requests from residents for more variety.

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 person in charge is a registered nurse with the required experience in the area of nursing older people. She had been working in the post since March 2015 and she worked full time. She was on call at weekends and out of hours.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Standards and her statutory responsibilities.

The person in charge had maintained her continuous professional development, she had recently attended training on intra venous therapy, medication management, wound management, restraint management and emergency management. She told the inspector that she planned to undertake a management training course once additional nursing management support was provided.

The inspector observed that she was well known to staff and residents. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

Judgment:
Compliant

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

Theme:
Governance, Leadership and Management

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

Findings:
The inspector reviewed the staffing roster and noted that the actual hours that staff worked was unclear. The nurse in charge on each shift in the absence of the person in charge was also unclear. This is discussed under Outcome 18 Staffing.
### 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 person in charge and management team were aware of the requirement to notify the Chief Inspector of the absence of the person in charge. The provider had notified the Chief Inspector of the absence of the person in charge in the past.

**Judgment:**
Compliant

### Outcome 07: Safeguarding and Safety

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

**Theme:**
Safe care and support

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

**Findings:**
The inspector found that measures were in place to protect residents from being harmed or abused, however, the policy on the use of restraint required updating.

The inspector reviewed the recently updated policies on protection of residents from abuse and responding to allegations of abuse including the management of a full investigation into an allegation of abuse. Staff spoken to confirmed that they had received training in relation to the prevention and detection of elder abuse and were knowledgeable regarding their responsibilities in this area. Training records reviewed
indicated that all staff had received recent training.

The inspector reviewed the recently updated policies on meeting the needs of residents with challenging behaviour and use of restraint. The policies outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The person in charge told the inspector that there were no residents at present who presented with behaviours that challenged.

The policy on restraint did not refer to the national policy 'Towards a restraint free environment' and lacked clear guidance on risk assessment. There were 13 residents using bedrails at the time of inspection. The inspector noted that risk assessments and care plans were completed for their use, and regular checks were carried out and recorded. However, some risk assessments completed did not include clear rationale for use of bedrails and did not include the alternative solutions tried or considered.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and appeared happy in the company of staff. Residents spoken with told the inspector that they were happy and felt safe living in the centre.

Judgment:
Non Compliant - Minor

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

Findings:
The inspector was satisfied that safe systems were in place to manage risk. Issues identified at the previous inspection had been addressed.

There was a health and safety statement available. The inspector reviewed the risk register and found that it had been regularly reviewed and updated following the last inspection. All risks specifically mentioned in the Regulations such as assault, accidental injury, aggression and violence and self harm were included.

There was a comprehensive site-specific emergency plan in place. The plan included clear guidance for staff in the event of a wide range of emergencies. Arrangements were in place locally for alternative accommodation in the event of the building having to be evacuated.
Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received training. The inspector observed good practice in relation to moving and handling of residents during the inspection.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in November 2014 and the fire alarm was serviced on a quarterly basis. The last fire alarm service took place in July 2015. Systems were in place for regular testing of the fire alarm, daily and weekly fire safety checks and these checks were being recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that staff had received up-to-date formal fire safety training.

A personal emergency and evacuation plan had been documented for each resident. The procedures to be followed in the event of fire were displayed. Fire drills took place on a six monthly basis, records were maintained of all fire drills, the last drill took place in June 2015.

The inspector reviewed the incident/accident log and found details of all incidents were recorded. The person in charge reviewed all incidents and completed a monthly analysis.

The person in charge told the inspector that a full risk assessment would be carried out of the new extension and that fire safety training was planned for all staff prior to moving into the new extension.

Judgment:
Compliant

**Outcome 09: Medication Management**

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

**Theme:**
Safe care and support

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

**Findings:**
The inspector noted that the policies and procedures for medication management were robust.

The inspector reviewed the medication management policy which was found to be comprehensive, and gave detailed, clear guidance on areas such as administration, prescribing, storage, disposal, crushing, “as required” (PRN) medications, medications requiring strict controls and medication errors.
An inspector spoke with a nurse on duty regarding medication management issues. The nurse demonstrated her competence and knowledge when outlining procedures and practices on medication management.

The inspector reviewed a sample of medication prescribing and administration sheets and noted that they contained all of the required information to enable staff safely administer medications. All medications were regularly reviewed by the general practitioners (GP). The inspector noted that the maximum dosage of PRN medications was prescribed.

Medications requiring strict controls were appropriately stored and managed. These were stored in a double locked cupboard in the clinical room. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre’s medication policy. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

Systems were in place for recording of medication errors and the return of medications to the pharmacy, nursing staff were familiar with them.

The nurse spoke of having strong links with the local pharmacist who provided training and advice on medication management issues. Nursing staff had recently completed training on intra venous medication therapy.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

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

Theme:
Effective care and support

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

Findings:
The inspector found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.
All residents had access to General Practitioner (GP) services. There was an out-of-hours general practitioner (GP) service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. 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 inspector reviewed a number of residents’ files including the files of residents at high risk of falls, with restraint measures in place, at risk of developing pressure ulcers and with specific health care needs. See Outcome 7 in relation to restraint management.

Comprehensive up to date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, choking assessment and manual handling.

The inspector noted care plans were generally person centred, guided care and were regularly reviewed. Evidence of consultation with resident/relative was documented.

The inspector noted some inconsistencies in the nursing documentation, however, there were no care plans in place for some identified issues such as catheter care, social care needs, personal care needs and pain.

The inspector was satisfied that pressure relieving/skin integrity care plans were in place, however, these in some cases were generic and not person centered.

The inspector was satisfied that weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly. Nursing staff told the inspector that if there was a change in a resident’s weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician or speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed.

The inspector reviewed the files of a number of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated following each fall. Low-low beds and crash mats were in use for some residents. The day rooms were supervised at all times.

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

Findings:
The inspector noted that the new two storey extension was nearing completion. The new development will provide accommodation for fifteen residents in nine single and three twin en suite bedrooms, with additional communal space, sanitary facilities, treatment room, visitor's room and office accommodation.

However, the design and layout of parts of the existing building still did not meet with the needs of residents or comply with the requirements of Regulations, in particular the multi occupancy bedrooms compromised resident’s privacy and dignity and inadequate dining space compromised residents quality of life.

The general manager/designated person to act on behalf of the provider advised the inspector that on completion of the new extension and when existing residents had moved in that it was intended to commence reconfiguration and refurbishment of the existing building to ensure full compliance with the requirements of the Regulations. He advised that works planned included increasing the size of the dining room and reducing bed numbers in the larger rooms and upgrading of bathroom facilities. There were no formal plans/drawings to indicate the extent of these works.

Judgment:
Non Compliant - Major

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

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

Findings:
On the day of inspection, there was an adequate ratio of staff to residents on duty throughout the day. On the day of inspection there were two nurses and five care assistants on duty during the daytime and two nurses and two care assistants on duty at night time. The person in charge was normally on duty during the day time.

The inspector reviewed the staffing roster and noted that the actual hours that staff worked was unclear. The nurse in charge in the absence of the person in charge was also unclear. See outcome 5 Documentation to be kept in a designated centre.

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the Regulations. Staff files were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses. Details of training certificates and appraisals were noted on staff files.

The management team were committed to providing ongoing training to staff. Training records indicated that staff had attended recent training in challenging behaviour, medication management, wound management and intravenous therapy. Further training was scheduled on falls management and cardiac pulmonary resuscitation.

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:

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

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<td>03/09/2015</td>
</tr>
<tr>
<td>Date of response:</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 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were inadequate nursing management supports in place to assist the person in charge deliver a consistent and effectively monitored service to residents.

1. 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...
Please state the actions you have taken or are planning to take:
An internal process to appoint a permanent assistant person in charge is under way and the position has been offered
To a suitable candidate. We await their acceptance.

Proposed Timescale: 09/11/2015
Theme: Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no formal transitional plan yet in place to ensure that the service provided to residents moving to the new extension was safe.

There was no formal plan/drawings to indicate the extent of the reconfiguration and refurbishment works to the existing building.

2. 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:
A total of 5 meetings have been held between management, person in charge registered provider, residents, staffs and NOK to facilitate a smooth transfer of residents to new accommodation.
In the interim our architect has been briefed to reconfigure the existing building to ensure it complies with regulations.

Proposed Timescale: 09/11/2015

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:
The actual hours that staff worked was unclear on the staff roster.
The nurse in charge on each shift in the absence of the person in charge was unclear on the staff roster.

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:**
Staff rota amended to show actual hours worked copy enclosed.
Timescale immediate.

Nurse in Charge has been identified on the Rota at weekends or in the absence of the Person in Charge.

Schedules 2, 3 and 4 are kept in the centre and are available for inspection at all times.

**Proposed Timescale:** 09/10/2015

### 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:**
The policy on restraint was did not refer to the national policy 'Towards a restraint free environment' and lacked clear guidance on risk assessment.

Some risk assessments completed did not include clear rationale for use of bedrails and did not include the alternative solutions tried or considered.

**4. Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**
The national policy on restraint has been adopted to ensure compliance with national guidelines.
Since the inspection, the risk assessments have been updated accordingly.

**Proposed Timescale:** 07/10/2015

### Outcome 11: Health and Social Care Needs

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There were no care plans in place for some identified issues such as catheter care,
social care needs, personal care needs and pain.

Some care plans reviewed were found to be generic and not person centered.

### 5. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
The Policy of restraint is updated after the inspection and risk assessments which is not clear for bedrails are also corrected.

Since the inspection, all residents with urinary catheter have a ‘Catheter Care’ care plan in place and care plan for social care needs and personal care needs and pain are in place. Since the inspection, generic care plans have been removed and have been replaced with individualised and person centered care plans.

**Proposed Timescale:** 07/10/2015

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### 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 design and layout of parts of the existing building still did not meet with the needs of residents or comply with the requirements of Regulations, in particular the multi occupancy bedrooms and inadequate dining space. There were no formal plans/drawings to indicate the extent of these works.

### 6. 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:**
Plans for reconfiguration of existing building are being finalised by our architect and will be submitted on receipt.

**Proposed Timescale:** 20/11/2015