<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Rosemount Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004583</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Garrabeg Road, Church Street, Gort, Galway.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>091 631 847</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:donal.rosemounthouse@gmail.com">donal.rosemounthouse@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>Rosemount Nursing Home Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Mary Walsh</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jackie Warren</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
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<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>34</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 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: 08 April 2015 09:00  To: 08 April 2015 18:00

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

<table>
<thead>
<tr>
<th>Outcome 02: Governance and Management</th>
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<tbody>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
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<td>Outcome 08: Health and Safety and Risk Management</td>
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<td>Outcome 09: Medication Management</td>
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<td>Outcome 10: Notification of Incidents</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 18: Suitable Staffing</td>
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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. Following an inspection of this centre in November 2014, the inspector had found several areas where improvement was required, including in the areas of staffing and the delivery of safe health care and these issues were reviewed.

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

The inspector found that residents’ health care needs were not being consistently met to a high standard of evidenced based care and suitable plans for health and social care had not been developed. Significant improvements were also required in medication management. These issues had been identified at previous inspections and brought to the attention of the provider. In addition, the inspector found that the management team had not implemented sufficient learning to ensure a consistent high standard of nursing practice, medication management and staff supervision.

Evidence of good practice was found in other areas of the service. The building was
warm, clean and comfortably furnished and residents had access to a safe and secure outdoor area. The manager, on behalf of the provider, had systems in place to manage risk and had put robust fire safety measures in place. All incidents and accidents occurring in the centre were recorded in detail and were being notified to the Chief Inspector as required.

The manager, on behalf of the provider, and the person in charge stated at the feedback meeting that the issues outlined would be addressed.
### 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:**
Governance and management systems in place were not fully effective in ensuring that the service provided was safe, appropriate and adequately monitored. This resulted in poor outcomes for residents in health care including medication management and care planning. Issues relating to unsatisfactory staffing levels, staff recruitment and supervision by staff were also identified on this inspection. The non-compliances are further discussed in outcomes 8, 11 and 18 of this report.

There was a clear management structure in the service. The person in charge worked full time and had responsibility for clinical management. There was also a full time manager who managed the centre on behalf of the provider and worked closely with the person in charge. The staff team also included a nurse, care assistants, catering, housekeeping and activity staff. The provider had recently recruited a part time administrative worker to support the person in charge. The provider visited the centre several times each week and knew the residents and staff well.

While there were systems in place to review and monitor the quality and safety of care and the quality of life of residents, these systems were not fully effective for the purpose of learning and improving the service. The current systems had not identified failings in the medication management and care planning processes. The person in charge had identified that further improvements to the auditing systems were required and explained her plans to address this.

**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:**
A new person in charge had recently been appointed in the centre. The new person in charge was a registered nurse with the required experience in the area of nursing of older people. She worked full time in a governance capacity. The person in charge demonstrated a clear knowledge and understanding of her legal responsibilities. There were suitable arrangements in place to cover the absence of the person in charge.

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

**Findings:**
This outcome was not reviewed in full at this inspection as it was examined during an inspection in November 2014 when the recording of accidents and incidents required improvement. This was reviewed at this inspection and the inspector found that it had been suitably addressed. The inspector read the records of incidents which had occurred since the last inspection and found that they had been suitably recorded.

**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:
During the last inspection the risk management policy required some further development to address risks associated with self harm and this had been partially addressed. Since the last inspection the provider had updated the risk management policy to include some guidance on management of self harm. However, some further development of the policy was necessary to provide guidance on recognising self harm and the measures which would reduce the risk of self harm.

The risk management policy had been updated with clear guidance for the recording of serious incidents and this was found to be implemented in practice.

A range of fire safety measures were in place. Staff had received annual training in fire safety and evacuation and this was confirmed by staff and in the training records. Staff who spoke with the inspector were clear on fire safety practices and knew what to do in the event of a fire. Fire evacuation notices were displayed throughout the building. At the time of inspection all fire exit doors were free from obstruction. The inspector viewed up to date fire records which showed that equipment, including fire extinguishers and fire alarms, had been recently serviced. Fire extinguishers were serviced annually and all fire alarms were serviced quarterly. The provider had organised for fire evacuation drills to be carried out in the centre every two months.

Judgment:
Substantially 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 found that some medication management practices were not adequate to safeguard residents and improvements were required in the administration and stock control of medication.

The inspector reviewed the management of medication. Each resident’s medications were individually stored in a locked press. Residents’ prescriptions were transcribed and witnessed by two nurses and signed by the GP and nurses administered medication from these. Medications which were required crushed were individually identified as such and were signed by the GP. Discontinued medications were also suitably recorded and verified by the GP. There was an up to date nurses’ signature sheet available.

On one of the medication administration charts read by the inspector there was no evidence that a resident had received necessary medication on two consecutive afternoons. While there was an explanation recorded for one of the omissions, there was no information to state if the medication had been administered later on. On the following day, there was no record that three medications had been administered, and there was no comment recorded by the nurse as to why this medication had not been administered. Consequently it was not possible to establish whether or not the resident had received the required medication. However, the medication administration charts were clear and legible. They included the required information such as the dose, route and time of medication administration. On most administration charts nurses had recorded the administration of medication.

The inspector found that the management of PRN (as required) medication was not well managed, as the PRN medication required for some residents was not in stock. The PRN medication required to manage a serious health condition for one resident was out of date, while there was no supply of medication available for another resident.

Medications requiring strict controls were appropriately stored and managed. Records indicated that they were counted and signed by two nurses at change of each shift, in addition to being counted and recorded at time of administration. The inspector checked the balance of a sample which was found to be correct. Secure refrigerated storage was provided for medication that required specific temperature control and a suitable temperature was being maintained. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

At the time of inspection none of the residents self administered their medications.

Judgment:
Non Compliant - Major

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.
### Safe care and support

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

**Findings:**
The inspector reviewed the practice in relation to recording and notification of accidents and incidents and found that it was well managed. There was clear guidance to staff on the recording of events in the incident register and this was reflected in the risk management policy. The inspector read the records of incidents which had occurred since the last inspection and found that they had been suitably recorded. The provider and person in charge explained that in addition to staff completing contemporaneous records of accidents and incidents in the register, nurses also recorded this information on the computerised health care system.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant events, as recorded in the incident book, had been notified to the Chief Inspector by the person in charge. All quarterly notifications had been suitably submitted to the Chief Inspector.

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

**Findings:**
This outcome was not reviewed in full at this inspection, but care planning and some aspects of nursing care were inspected. During previous inspections, inspectors found that substantial improvement was required to residents’ health care planning. On this inspection the inspector found that this had not been satisfactorily addressed.

The inspector viewed a sample of files for residents with various health care needs such as catheter care, nutrition and epilepsy and found that the care plans reviewed were not
sufficient to direct the provision of care. Some of the interventions which had been identified were generic, inaccurate and were not specific to the care needs of each resident. In addition, no care plans had been developed for the management of some aspects of care. For example, there were no care plans/protocols in place to guide staff on the management of epilepsy and the administration of associated emergency medication, there was inconsistent guidance on hydration recorded in two care plans for one resident, there was no exercise plan in for a resident with restricted mobility and a sample of social and recreational care plans were generic with the same plans being duplicated for several residents. Consequently, it was difficult to establish residents care needs from reading some of these files.

While the provision of recreational opportunities had improved since previous inspections, further development was required. There was an activity coordinator employed on weekday mornings and afternoons. She engaged in group and one to one interaction with residents. However, there was no planned approach for staff to assist residents to partake in activities suited to their assessed needs, interest and capabilities at other times and there was no evidence that recreational plans based on residents’ assessed interests had been developed. During the inspection several residents were observed sitting in a sitting room with the television on although they were not watching it. In addition, no recreational opportunities or therapies had been developed specifically for people with dementia.

**Judgment:**
Non Compliant - Major

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

**Findings:**
This outcome was not fully reviewed on this inspection as it was examined during an inspection in November 2014. On previous inspections, the inspector found that the centre was warm, clean, comfortable and well maintained with a range of communal space and safe accessible outdoor space available to residents. On this inspection this standard continued to be evident.

The provider had previously carried out additional work to prevent the spread of smoke
from the smoking room to the adjoining communal areas. The spread of smoke was controlled when the inspector visited the adjoining conservatory and sitting room during the last inspection. On this inspection there was some smell of tobacco smoke noticeable in the conservatory area. The manager, on behalf of the provider, stated that he would review the smoking area and investigate further measures to reduce the spread of smoke.

Bedroom accommodation met residents’ needs for comfort and privacy. The provider had reduced the occupancy of a two-bedded room to a single room to improve resident comfort and also wished to increase the occupancy of one two-bedded room to a three-bedded room with en suite facilities. The provider had prepared plans for this proposal and this was reviewed at this inspection.

**Judgment:**
Substantially Compliant

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**Outcome 18: Suitable Staffing**

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

**Theme:**
Workforce

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

**Findings:**
The inspector found staff allocation was not consistently organised to meet the needs of residents.

There was no planned approach for staff supervising and integrating with residents in the communal areas. Therefore, suitable supervision and interaction with residents was not assured. On the day of inspection, the inspector observed care staff to be task oriented and there was very little social or recreational opportunities provided to residents other than that provided by the activity co-ordinator. The inspector noted several times throughout the inspection that residents were left unattended for periods in one of the sitting rooms, without supervision or social interaction. The impact of staff organisation on residents had been discussed with the manager, on behalf of the provider, and person in charge during previous inspections.
On reviewing the staff roster the inspector found that the number of whole time equivalents available to fill nursing shifts was insufficient. There were three full time nurses and two nurses who worked in a part time capacity available to fill all gaps in day and night nursing shifts. The provider had also recruited an additional nurse who was due to commence employment the following week. The limited whole time equivalent numbers of nursing staff presented a concern regarding the availability of nursing staff, particularly in the event of an emergency absence or holiday leave. Since the last inspection, the provider had been actively involved in recruiting additional nurses. The manager and person in charge stated that there were two additional nurses available on a part-time basis if required and in the event of an emergency agency staff would be employed. They stated that nursing staff were flexible around working hours and that, to date, the unavailability of nursing staff had not been an issue.

**Judgment:**
Non Compliant - Moderate

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**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 report

<table>
<thead>
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<tr>
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<td>OSV-0004583</td>
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<tr>
<td>Date of inspection:</td>
<td>08/04/2015</td>
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<tr>
<td>Date of response:</td>
<td>04/06/2015</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 02: Governance and Management

Theme:
Governance, Leadership and Management

TheRegistered Provider is failing to comply with a regulatory requirement in the following respect:
Governance and management systems in place were not fully effective in ensuring that the service provided was safe, appropriate and adequately monitored.

The systems in place to review and monitor the quality and safety of care and the quality of life of residents, these systems were not fully effective for the purpose of learning and improving the service and had not identified failings in the medication

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

**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:**
The management have reviewed and identified where improvements are required to the auditing system.

The medication management audits will be more comprehensive to improve medication management and stock control. The medication management audit will include checking the availability and the expiry of PRN medicines. The PIC will be responsible for the medication management audit using a recognised tool. The P.I.C. will review audit on a monthly basis going forward.
The manager will also review a sample of resident’s medication administration charts each month. Medication management training will be arranged for the staff nurses who management deem it necessary for continuous improvement.

Care planning audits will include all aspects of healthcare. The P.I.C. will be responsible for the care planning audit using a recognised tool. The P.I.C. will review the audit on a monthly basis going forward.

Individual nurses will be assigned resident care plans to monitor and keep updated. The manager will review a sample of resident’s care plans each month The P.I.C. will also review the residents care plans every 3 months. Care planning training will be arranged for the staff nurses who management deem it necessary for continuous improvement.

In addition to this a part time Health and Safety Advisor is employed by the Nursing home to monitor our obligations under the 2005 Health Safety and Welfare Act.

Furthermore our Activity Co-ordinator and activities assistant will closely monitor our residents to ensure their recreational and social needs are met.

We have a team in place (The Manager, PIC, Deputy PIC, safety Officer and Activity Co-Ordinator) to ensure that management systems are in place to provide a safe, appropriate, consistent and effectively monitored caring environment for our residents. The safety and happiness of our residents is of paramount importance to us, we strive to ensure we are meeting our resident's complete needs.

**Proposed Timescale:** 26/06/2015

<table>
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<th>Outcome 08: Health and Safety and Risk Management</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Safe care and support</td>
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</table>
### 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:**
There was no evidence that necessary medication had been administered to a resident on two consecutive afternoons.

The required PRN (as required) medication for some residents was not in stock.

**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:**
Incident report forms have now been completed on nurse signature omissions and medication administration. The learning outcome was discussed at the nurses meeting on 6th of May last. The medication management audit has been reviewed to include checking the availability and the expiry of PRN medicines. PRN medicines for all residents are now in stock.

A new column has been added to the medicine administration chart to review medicines administered over a period of 24 hours. This is signed on a daily basis by the night nurse. On the discovery of a signature omission the PIC will be informed at the earliest opportunity and will follow up with the nurse on duty.
The manager will also review a sample of resident’s medication administration charts each month. Medication management training will be arranged for the staff nurses who management deem it necessary for continuous improvement.

**Proposed Timescale:** 04/06/2015

### 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:**
Care plans had not been developed for the management of some aspects of care. Care plans are generic and do not identify individual needs and choices. Some of the interventions which had been identified in care were inaccurate and were not specific to the care needs of each resident.

**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 care plan reviews are in progress in consultation with the resident or their representative to develop more comprehensive person centred plans.

The activity co-ordinator and the activities assistant will also contribute information to the care plans. This will assist us in ensuring our residents social and physical needs are met consistently.

Care staff will also be asked to contribute to the care plans of residents.

The manager will review a sample of resident’s care plans each month. The P.I.C. will also review the residents care plans every 3 months. Care planning training will be arranged for the staff nurses who management deem it necessary for continuous improvement.

**Proposed Timescale:** 12/06/2015

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no evidence that recreational plans based on residents’ assessed interests had been developed.
There was no planned approach for staff to assist residents to partake in activities suited to their assessed needs, interest and capabilities at all times.

**Action Required:**
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

**Please state the actions you have taken or are planning to take:**
A structured activity plan has been completed to include all residents based on their assessed interests and individual needs. The activity plan will be reviewed each month by the activities team to include any change in the resident needs.

There is now a planned approach to meet the resident’s recreational needs. An additional external person carries out an exercise plan for residents who remain in their bedroom. On review of the recreational plan there are additional activities for residents with cognitive impairment i.e. pet therapy. There is an activity of the month in the centre to meet the social needs of the residents i.e. musical show by theatre company, live traditional music and dance, social outing.

An activity register and noticeboards are been maintained to keep all interested parties informed.

**Proposed Timescale:** 12/06/2015

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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:**
There was some smell of tobacco smoke noticeable in the conservatory area.

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

**Please state the actions you have taken or are planning to take:**
The mechanical smoke extractor vent has been adjusted to allow more tobacco smoke to be extracted. This is been monitored carefully by the manager. A Health and Safety Representative has been assigned the task of monitoring the smoke in the smoking room. It will be reported immediately to the manager should any smell of smoke be detected in the conservatory area.
The painting of the smoking room is on our immediate improvement plan.
**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There are insufficient staff to meet social and emotional or other holistic needs of residents.
There was no planned approach for staff supervising and integrating with residents in the communal areas.

**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:**
There is a Person in charge, 1 nurse, 5 care assistants, activity co-ordinator, kitchen & floor assistant and manager employed in the morning and early afternoon. The evening shift consists of Person in charge, 1 nurse, 4 care assistants and activity co-ordinator to meet all of the residents (32) needs. There is 1 nurse and 2 care assistants on the floor at night times. Additional staff or extended hours to meet an increase in resident numbers will be provided by management when required.

The planned approach for staff supervision and integration with residents is being reviewed and a plan is currently been put in place by management. Staff skills and mix will be taken into account when the shifts are been devised by the P.I.C. in accordance with best practise. There will be staff allocated to the 2 dayrooms, sunroom, conservatory, smoking room and bedrooms at each handover i.e. 9am, 3pm and 9pm. There will be a book opened to record the staff allocation which management can review and implement.

**Proposed Timescale:** 01/06/2015