<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Ailesbury Private Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000002</td>
</tr>
<tr>
<td>Centre address:</td>
<td>58 Park Avenue, Sandymount, Dublin 4.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 269 2289</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@anh.ie">info@anh.ie</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>A N H Healthcare Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Robert Fagan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Nuala Rafferty</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>40</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</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: 04 November 2015 10:30
To: 04 November 2015 20:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</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>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
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</table>

Summary of findings from this inspection
This was an unannounced monitoring inspection by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to follow up on matters arising from an inspection carried out on 20 January 2014 and to monitor progress on the actions required. This inspection also considered information received by the Authority in the form of notifications forwarded by the provider.

As part of the inspection, the inspector met with residents and staff members observed practices and reviewed documentation such as policies and procedures care plans, medical records and risk management processes.

The inspector found a good standard of nursing care was being delivered to residents in an atmosphere of respect and cordiality. Staff were observed to be responsive to residents’ needs and alert to any changes in mood or behaviour's that could indicate a potential upset to individuals or groups. Safe and appropriate levels of supervision were in place to maintain residents’ safety in a low key unobtrusive manner. Residents spoken to enjoyed the variety of activities and outings available and praised staff and management for the friendly helpful care they received.
Overall, there was evidence of continued progress in many areas by the provider in implementing the required improvements identified by previous inspections although further action is required in areas of care planning and premises.

The Action Plan at the end of this report identifies a small number of areas where improvements are required to comply 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.
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:
As no actions were required arising from the last inspection all lines of enquiry for this outcome were not covered on this inspection.

A defined management structure was in place. The person in charge divides her time between Ailesbury and another larger centre some 15 minutes away, for which she is also the person in charge, which is owned and run by the same provider entity. The person in charge is supported by an administrative and clinical team including; general manager; senior administrator; HR; assistant director of nursing(ADON) and clinical nurse manager (CNM).

Systems were in place to monitor quality and safety of care including auditing processes on aspects of clinical care such as; medication management; slips/trips and falls; restraint and nutrition.

Audits were carried out monthly by the ADON and reviewed at least quarterly by the person in charge.

Measures identified and implemented to reduce or prevent recurrences were reviewed and where necessary further measures actioned. Learning from incidents resulting in consequences for residents was discussed with staff and improvements to systems for supervision, documentation and equipment checks were found to have been made.

Good governance procedures, together with an emphasis on quality care and a good advocacy culture contributed to a safe protective and supportive environment for all residents particularly vulnerable persons with dementia.

Judgment:
Compliant
### 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:**
Actions arising from previous inspections relating to quarterly checks of the emergency lighting system were addressed.
All lines of enquiry under this outcome were reviewed in full on the last inspection in relation to health and safety, fire safety and risk management systems and were found to be compliant. These findings were replicated on this inspection and robust systems were found to be in place for the repair, replacement and maintenance of the premises equipment and supporting infrastructure. All fire records were checked and appropriate servicing was in place.
Additional fire evacuation slide mats were purchased to facilitate safer evacuation of residents and in conversation with staff it was found that all were aware of how to use the mats and where they were located.
Staff told the inspector they practiced fire drills on a weekly basis and this was confirmed by residents who were familiar with the activation of the fire alarm and where the assembly point was situated.
A risk register was established which was regularly reviewed and updated. The register was found to include risks relevant to residents' behaviours, habits and healthcare. It also reflected both clinical and environmental risks.

Moving and handling practices were observed and found to be in line with current guidance.

**Judgment:**
Compliant

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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:**
Evidence that the processes in place for the handling of medicines, including controlled
drugs, were safe and in accordance with current guidelines and legislation were found and systems were in place for reviewing and monitoring safe medication practices. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents.

The administration of medication to residents was observed, and it was noted that staff were familiar with each resident’s medication and facilitated residents to take their medication at the prescribed time as part of their daily routine. Details of all medicines administered were correctly recorded.

It was found that each of the residents had their prescribed medications recently reviewed by a Medical Officer.

Actions required in relation to transcribing procedures required from the last inspection were satisfactorily addressed. Staff told the inspector they would not transcribe or administer medications based on over the phone prescriptions but required to have a fax from the prescriber. An original prescription was obtained within 72 hours. Where nursing staff transcribed medications from original prescriptions onto typed prescribing sheets these were checked by two nurses and then signed by the prescriber.

**Judgment:**
Compliant

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

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

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

No actions were required from the last inspection and therefore all lines of enquiry were not reviewed.

There was evidence that the well being and welfare of residents were being maintained through the provision of a good standard of nursing medical and social care.

Residents had access to GP services. There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians, dentists and chiropody services.

Evidence of access to medical and allied health professionals was found with documented visits, assessments and recommendations by palliative care speech and
language therapists, physiotherapy and occupational therapist reviews.

The arrangements to meet residents’ assessed needs were set out in individual care plans and each resident had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed and assessments were in place for every identified need.

A system to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents’ health was in place. Although in general care plans reflected the care delivered, further improvements were found to be required. On a small sample of care plans reviewed, it was noted that the recommendations of allied health professionals were not always included and some were not detailed enough to guide staff on the appropriate use of interventions to manage the identified need. For example, where residents exhibited aspects of behaviour that challenged, the care plan did not identify potential triggers of the behaviour; the form of behaviour demonstrated or whether the behaviour escalated. The plan did not guide staff in the steps to be taken to manage the behaviour in a consistent manner using recognised de-escalation techniques prior to resorting to the use of prescribed anxiolytic medication. Although it is acknowledged that regular staff were familiar with and using recognised de escalation techniques it was found that the basis for the decision to use the medication and the consistency of the use was not clear.

Although care plans were reviewed and updated on a regular basis and as needs changed it was found that the reviews did not include a determination of the effectiveness of the plans to manage the needs identified.

**Judgment:**
Substantially Compliant

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**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 premises were not purpose built as a centre for older persons but are a period townhouse. It has three floors.
The centre consists of 15 single bedrooms, five with toilet only ensuite; six twin bedrooms, one with toilet ensuite, two three bedded rooms without ensuite; three four bedded rooms without ensuites. Although the centre is currently registered for 46, one single room has been converted to an office reducing maximum capacity to 45 persons.

The centre also contains;
- Ground floor: reception area; large and small sitting room; split level dining area; nurses station; nursing and admin office; storage area; main kitchen; visitors/staff toilet; sluice room; one accessible parker bath and toilet; one assisted shower with toilet; small seated area off main hallway. This floor has 2 single; 2 twin and 2 four bedded bedrooms, one each of the single and twin rooms have a toilet ensuite. There is one separate toilet.
- Middle floor: this floor has four single and three twin rooms of which, one single and twin have a toilet ensuite. There is one separate toilet.
- Top floor: this floor has 9 single, one twin, one three and one four bedded rooms. Of these, four of the single bedrooms have a toilet ensuite. There is one assisted parker bath, one assisted shower both with toilet and one separate toilet.

Overall the centre meets the requirements of the National standards for the ratio of shower/bath and toilet facilities to resident numbers but the location and size of these could present difficulties for both residents and staff.

The middle floor has one separate toilet. There are no shower/bath facilities on this floor and all ten residents accommodated on this floor have to travel to the top or ground floors to access those facilities.

The inspector did not view all toilet facilities but it was noted that of those viewed most contained adequate grab rails and were accessible to the current profile with the assistance of staff but space was limited for use of hoists in some. Where all were accessible for use with transit wheelchairs, powered chairs would not be accessible. As noted on previous inspections, the centre contains five three/four bed communal bedrooms. Not all of these rooms were viewed on this occasion. Of those viewed, it was noted that although the rooms were of adequate size, they did not fully meet the needs of residents in terms of privacy and dignity. Circulation space between beds and around the rooms appeared adequate but it was noted that some of the rooms viewed did not contain chairs or other seating. In all rooms viewed it was noted that most beds were not accessible from both sides and where staff required to access both sides to deliver care the beds would have to be pulled.

The centre was found to be well maintained, warm, comfortably and tastefully furnished and visually clean. All walkways were clear and uncluttered to ensure resident safety when mobilising.

Findings on this inspection replicated the findings of the registration inspection in 2014. The provider informed the Authority in 2013 that as part of the action plan response to the registration report that plans which included consideration of options for extension or full replacement of this facility were being drafted and would be commenced to ensure compliance with the relevant regulations and standards by July 2015. However on this inspection, it was found that works to implement any plans had not yet commenced.

In discussions with the provider nominee, the inspector was told that previous plans to renovate the centre were put on hold to try to find more practical and economical ways
to address the issues of the premises. The provider nominee was also conscious of the need to ensure that any renovations would include design features that would support best practice in dementia care. Assurances were given that new plans were under consideration and under discussion with stakeholders and that a timeframed and costed plan would be provided ahead of the registration renewal timeframe which would meet the requirements of the regulations and standards going forward.

**Judgment:**
Non Compliant - Moderate

### Outcome 13: Complaints procedures
*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

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

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

**Findings:**
Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the record of complaints there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

The action required from the last inspection was addressed in that all complaints were reviewed by a second nominated person other than the nominated complaints officer to ensure all complaints were recorded and responded too appropriately.

**Judgment:**
Compliant

### Outcome 14: End of Life Care
*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**
Person-centred care and support
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<thead>
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<th>Outstanding requirement(s) from previous inspection(s):</th>
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<tbody>
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<tbody>
<tr>
<td>As no actions were required from the last inspection all lines of enquiry were not reviewed on this inspection.</td>
</tr>
<tr>
<td>Care practices and facilities were found to be in place to endeavour to ensure that all residents received end of life care in a way that meets their individual needs and wishes and respected their dignity and autonomy. Policies and procedures were in place and staff were aware of them. There was access to specialist palliative care services as appropriate. End of life care plans were in place for most residents although no resident was receiving end of life care on the day of inspection. But it was noted that although questions regarding spirituality and dying were raised on admission, formal arrangements to capture residents’ end-of-life preferences in relation to issues such as; preferences for place of death or funeral arrangements were not in place. Systems were also in place to guide staff on the level of medical intervention to be provided to a resident during end of life care. A detailed form was used to direct the level of medical intervention and possible transfer to hospital based on the residents' preferences or in their best interests. But evidence that these were completed in consultation or agreement with the resident, their family next of kin or advocate was not available. It was also noted that all forms were not fully completed.</td>
</tr>
</tbody>
</table>

Judgment: 
Substantially Compliant

**Outcome 16: Residents’ Rights, Dignity and Consultation**

Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme: 
Person-centred care and support

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<tr>
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<tr>
<th>Findings:</th>
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<tbody>
<tr>
<td>Evidence that residents rights, privacy and dignity was respected with personal care delivered in their own bedroom or in bathrooms with privacy locks and the right to receive visitors in private. There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends reading newspapers, books or chatting in the large open plan sitting room which was bright and spacious with soft...</td>
</tr>
</tbody>
</table>
comfortable furnishings.
Choice was respected and residents were asked if they wished to attend Mass or exercise programmes, control over their daily life was also facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. Residents said they could vote in national referenda and elections with the centre registered to enable polling.

Staff were observed to interact with residents in a warm and personal manner, using touch eye contact and calm reassuring tones of voice to engage with those who became anxious restless or agitated.

Evidence that residents and relatives were involved and included in decisions about the life of the centre was viewed. A monthly or bimonthly meeting was held where residents were consulted about future activities or outings. Minutes of these meetings were viewed and included discussions on suggestions for a quarterly newsletter, ideas for improving internal activities and external outings and feedback to chef on the quality and variety of the menu. There were several suggestions made by residents including; movie nights gardening, baking, more opportunities to go for a walk outside and trips to the National Gallery, Malahide Castle and Collins Barracks. But there was no evidence that any or all of these were tried, were successful or not or that the trips to the suggested venues took place. In conversation with residents they continued to express their preference for more opportunities to go out for a walk although all agreed that there was a great variety of things to do within the centre and that there were regular usually weekly outings to various places. Some talked about having enjoyed a recent musical- Oklahoma and an outing to Powerscourt gardens. The residents spoken too were not fully clear on the purpose of the meetings being held and some were not aware of them. It was also noted that although they were consulted and involved in the running of the centre, this was primarily in relation to the activities and other aspects of life in the centre were not discussed and their views were not sought such as; fire drills and practices; renovations or refurbishment; staffing.

During the course of the lunch period, the inspector noted that all meals were served directly from the main kitchen located beside the dining room. All were hot and well presented. Residents spoken with all agreed that the food provided was always tasty hot and appetising. They said they were told what was for the meal when being asked for their choice each morning. The menu was also displayed in the dining room. The interactions of staff that were working in the dining room or bringing residents into the room for lunch were observed. Staff were observed to make eye contact use touch and gentle encouragement in low key moderate and supportive tone of voice.

All communal areas were supervised and apart from short periods at least one staff member was present to ensure resident safety

An activity programme that included activities arranged for the mornings and afternoons such as; music, quizzes, bingo, card games, exercise and relaxation therapies. On the day of inspection, a musician entertained residents in the morning and there was fit for life exercise class in the afternoon. Later that evening a large group of residents were noted to be watching the Soccer match on TV.
**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:**
All lines of enquiry were not reviewed on this inspection. Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile. The staff rota was checked and found to be maintained with all staff that worked in the centre identified. Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place. Agency staff were not used to cover gaps in the roster, the inspector was told that where cover was required it was filled by staff from this centre or the 'sister' centre working occasional additional shifts in an effort to maintain consistency of care. Appropriate and sufficient supervision and guidance, auditing of care delivery, assessments and implementation of care interventions by the senior management team were in place. Staff allocation and key worker systems were in place to ensure safe delivery of care and updates on residents’ condition.

Training records were reviewed and evidenced that all staff had been provided with required mandatory training such as fire safety, moving and handling and prevention of elder abuse. Additional training in wound care, infection prevention and control; nutrition screening; dementia and management of behaviour that challenges was also provided.

**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:**

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

<table>
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<th>Centre name:</th>
<th>Ailesbury Private Nursing Home</th>
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<td>OSV-0000002</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>04/11/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>23/12/2015</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 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:
Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified.

1. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
We acknowledge the comments made by the inspector and have amended our care plans to now include the effectiveness of the plans to manage the needs of each resident. In all reviews of care plans going forward each one will include whether the current care plans are effective.

Proposed Timescale: Commenced immediately, as each care plan is being reviewed over the next four months, this documentation will be included.

Proposed Timescale: 23/12/2015

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some care plans did not include the recommendations of allied health professionals and some were not detailed enough to guide staff on the appropriate use of interventions to consistently manage the identified need.

2. 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:
Despite every resident having a care plan commenced on admission, and updated daily as needs change, some may have minor omissions in relation to specific detail about de-escalation techniques in respect of challenging behaviour. These have now been included. Furthermore, as and when a resident is reviewed by an Allied Health Professional, any recommendations they suggest will be reviewed and implemented immediately in consultation with the resident and their family where appropriate.

Proposed Timescale: 23/12/2015

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:
Aspects of the centre do not meet the requirements of Regulation 17 or Standard 25 (Physical Environment) of the National Quality Standards for Residential Care Settings
for Older People

3. 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:
As discussed with the inspector on the day of the inspection, we are currently engaged with our architects with a view to redevelop Ailesbury. We will be forwarding proposed plans to the Authority once available.

Proposed Timescale: Ongoing

Proposed Timescale:

Outcome 14: End of Life Care
Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans in place were not sufficiently specific to direct the care to be delivered in an holistic manner that meets residents individual physical, psychological, spiritual and emotional needs and wishes.
Resident's preferences on end of life arrangements were not identified.

4. Action Required:
Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

Please state the actions you have taken or are planning to take:
Despite all residents previously having an End of Life Instruction document, this has been developed further to include a continuation sheet attached. This will serve as the document where any conversation pertaining to End of Life wishes are recorded, on admission and at every occurrence thereafter where a resus status is reviewed or the resident health status changes. Furthermore, included in this information is the conversation relating to the plans for funeral arrangements and residents wishes. Names of solicitors or the person responsible for funeral arrangements are included here.

Proposed Timescale: As care plans are reviewed over the next four months this information will be included.
| Proposed Timescale: 23/04/2016 |