

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Coral Haven Residential Nursing Home
<b>Centre ID:</b>	OSV-0000331
<b>Centre address:</b>	Ballinfoyle, Headford Road, Galway.
<b>Telephone number:</b>	091 76 2800
<b>Email address:</b>	info@coralhavengalway.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Coral Haven Residential Nursing Home
<b>Provider Nominee:</b>	Bridget Corcoran
<b>Lead inspector:</b>	Mary McCann
<b>Support inspector(s):</b>	Marie Matthews
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	59
<b>Number of vacancies on the date of inspection:</b>	1

## 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: 26 January 2016 12:00 To: 26 January 2016 17:30

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

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

**Summary of findings from this inspection**

This report set out the findings of a follow up inspection. As part of the inspection the Inspectors met residents, relatives, the provider, the person in charge the clinical nurse manager, nurses and care staff. Inspectors observed practices and reviewed documentation such as care plans, medical records, training records, staff files, the complaints and incidents log and relevant policies.

Systems were in place to ensure a safe environment was provided to residents. There were policies, procedures, systems and practices in place to assess, monitor and analyse potential risks with control measures in place to ensure risk minimization. The centre was clean, well maintained and clutter free. There were

appropriate staff on duty to meet the assessed needs of the residents for example inspectors noted there were adequate staff on duty to ensure that the sitting areas were supervised at all times and there were adequate staff on duty to ensure the nutritional needs of residents were met.

The Person in Charge and her deputy demonstrated their knowledge of the legislation and standards throughout the inspection process. The provider representative attended the feedback meeting and voiced a willingness to continually work with the Authority to ensure full compliance with current legislation. Residents who could verbalise their views were complimentary about their day to day life experiences, the meals provided and the staff team. Comments included "I am very well looked after here, I am treated well, staff are very nice". Some residents spoken with on the day of inspection were unable to verbalise their views, some responded by non verbal strategies which were interpreted by the inspectors as being well cared for. All residents looked well cared for and were appropriately dressed. The centre was warm on the day of inspection.

A registration renewal inspection had previously been carried out by the Authority in October 2014. Ten actions were documented, eight of these had been completed, and two required further input. Inspectors found on this inspection that eight of the areas which required review from the previous inspection had been addressed. Areas addressed related to the contracts of care, hazard assessment, nutritional care assessments, provision of meaningful activities, recording ownership of personal possessions, and staff training. The two actions that required further input related to recording end of life care wishes for all residents and location of activities. Other areas that required review post this inspection included provision of care plans and behaviour support plans which provide adequate detail to staff to guide in the delivery of person centred care and ensuring the complaints procedure complies fully with regulation 34 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The action plan at the end of the report identifies the improvements that were 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.

**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 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:**

Inspectors found there was a clearly defined management structure that identified the lines of authority and accountability. The provider representative attended the centre to meet with the inspectors and attended the feedback meeting. She displayed a positive attitude towards working with the Authority. The person in charge in conjunction with senior clinical staff in the centre took a lead in auditing and audits with regard to care planning, nutritional care and medication management were completed.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Inspectors viewed a sample of residents' contracts of care and found that there was an agreed written contract in place which included details of the services to be provided to the resident and all fees payable by the resident.

**Judgment:**

Compliant

***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:**

There had been no change to the role of person in charge since the previous inspection. The person in charge has been in post since 2008 and is a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service. She works full-time generally 08:00 to 16:00hrs 4 days per week and 13:00 hrs to 20:00 hrs one day per week.

She demonstrated good clinical knowledge with regard to the area of elderly care. For example nutritional care, falls management and basic nursing care to prevent pressure ulcers was evident on the day of inspection. She displayed a good understanding of her legal responsibilities under the Regulations and Standards. Notifications had been submitted according to her legislative responsibility, all schedule five policies were available and staff files were compliant with Schedule 2 of the regulations. She had engaged in continuous professional development since the last inspection and had completed courses in infection control, safeguarding vulnerable adults, incident reporting, medication management and basic life support throughout 2015. Her mandatory training in safeguarding persons at risk of abuse, manual handling and fire safety and her registration with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were all in date.

**Judgment:**

Compliant

***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:**

Appropriate arrangements were in place for the management of the centre in the absence of the PIC. An experienced clinical nurse manager who worked full-time deputised in her absence.

**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):**

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

**Findings:**

Measures to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place. Staff had received safeguarding training so as to protect residents from harm and abuse. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

There was a visitors' record located in the reception to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Residents spoken with reported that they felt safe in the centre and related this to the care provided and the premises being kept secure.

There was a policy in place for responding to behaviour that is challenging. Although behaviour support plans were in place they were not adequately detailed to ensure staff knew how to respond and to ensure the response was appropriate and consistent. For example, a behaviour support plan stated 'Implement a firm approach when aggressive behaviour is exhibited' with no further details as to how this should be enacted. The care plans also failed to identify what triggers the residents' challenging behaviour so that staff could be aware of the triggers and try and ensure that distraction or de-escalation techniques could be utilised.

**Judgment:**

Non Compliant - Moderate

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

***The health and safety of residents, visitors and staff is promoted and***

***protected.***

**Theme:**

Safe care and support

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

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

**Findings:**

The provider had put systems in place to promote and protect the safety of residents, staff and visitors to the centre. There was an up-to-date health and safety statement. A comprehensive risk management policy to include items set out in regulation 26(1) had been developed. An emergency plan was in place to guide staff as to how to respond to serious untoward incidents. There was evidence that specific infection control measures had been implemented including the provision and use of hand sanitising agents by staff. Hand washing facilities with suitable means of hand drying facilities were located in all toilet areas. Hand gels were available throughout the centre.

Arrangements were in place for investigating and learning from serious incidents/adverse events involving residents. Measures were in place to prevent accidents. The centre was clutter free with grab rails and assistive devices such as tactile mats and lo-lo beds were available to assist residents. Manual handling assessments had been carried out for residents and were kept up to date. All staff were trained in moving and handling of residents.

All Staff were trained and know what to do in the event of a fire. The fire alarm is serviced on a quarterly basis and fire safety equipment is serviced on an annual basis. Fire drills were completed biannually. however no fire drill had been completed with the least amount of staff that would be available at night time to ensure safe evacuation at all times.

There was adequate means of escape and fire exits are unobstructed. Notices displaying the procedure to adapt to safely evacuate were prominently displayed throughout the centre.

**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:**

Staff members had completed medication management training to enable them to provide care in accordance with contemporary evidenced-based practice. One of the inspectors observed one of the nursing staff on part of their medication round and found that medication was administered in accordance with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. There were written operation policies relating to the ordering, prescribing, storing and administration of medicines to residents. The person in charge demonstrated that there were ongoing audits of medication management in the centre. The prescription sheet included the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum dose of PRN (as required medication) was recorded. When a medication error occurred an incident form was completed.

**Judgment:**

Compliant

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

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

One of the inspectors reviewed records of accidents and incidents that had occurred in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspector found that the centre adheres to the legislative requirement to submit relevant notifications 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.***

<p><b>Theme:</b> Effective care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> Inspectors viewed a sample of residents' care plans, medical and nursing notes. Residents had a comprehensive assessment of their health and social care needs conducted on admission to the centre. There was evidence of visits from general practitioners and allied health care professionals (dietitians and speech and language therapists). Assessments of residents' activities of daily living were updated every four months. Care plans were in place to guide the health and social care needs of residents. However, the care plans were generic in format and content and did not identify individual needs and choices. For example, 'discuss likes and dislikes in relation to mealtimes. Staff could describe changes to the identified needs of residents and delivery of care in line with contemporary evidence based practice. The interventions described by the staff reflected the needs of the residents even though they were not always documented in the care plans.</p> <p>There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services. There were no residents with pressure ulcers on the day of inspection and specialist pressure relieving aids were in place for those with a vulnerability to develop ulcers.</p>
<p><b>Judgment:</b> Substantially Compliant</p>

***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.***

<p><b>Theme:</b> Person-centred care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The complaints procedure was displayed in the centre. The complaints policy was reviewed by one of the inspectors. Complaints are initially dealt with by the Person in Charge and a second person was identified in the policy to ensure complaints were appropriately responded to and records maintained thereof. Complaints were detailed in</p>

the complaints log and a detail of the investigative process was also recorded. In one serious complaint documented, there was no evidence available that the complainant was satisfied with the outcome of the complaint or that the complainant had been made aware of the appeals process.

Residents spoken with by the inspectors and from review of a completed satisfaction survey showed that residents could identify who they would speak to if they had any issues or wished to make a complaint.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

There was an action with regard to this Outcome that had not been fully addressed at the time of this inspection. One of the inspectors reviewed a sample of residents' end of life care plans and found that an end of life care plan was not available for one resident who had recently deceased.

A pain assessment and monitoring chart was in place to ensure analgesia was administered as required and monitored for its effectiveness. The centre had established good links with the local palliative care team and were complimentary of the service provided to their residents. Overnight facilities and refreshments were available to residents' family members and friends during end-of-life care.

**Judgment:**

Substantially Compliant

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

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

**Theme:**

Person-centred care and support

<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> Staff had received training in completion of nutritional care assessments and these were completed for all residents. Inspectors found that a nutritious and varied diet was offered to residents that incorporated choice at mealtimes and staff offered assistance to residents in an appropriate and sensitive way. Residents were offered snacks and refreshments at various times throughout the day. Residents' weights were monitored monthly and more regularly when required. The inspector noted that input had been sought from residents' General Practitioners, a dietician and SALT (speech and language therapy) when required and recommendations were recorded in residents' files and reflected in the care plans.</p>
<p><b>Judgment:</b> Compliant</p>

***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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p><b>Findings:</b> Residents had some opportunities to participate in activities however, inspectors noted for residents who were cognitively impaired there was a lack of positive interactions with staff or other residents for some periods of time. One full time and one part-time activity co-ordinator was available in the centre. An activity schedule was displayed.</p> <p>Improvements were required to ensure where a residents care plans recommended a specific therapeutic activity that the resident was facilitated to attend this activity. For example in some social care plans reviewed it was recommended that a resident attend Sonas (a therapeutic activity for residents who are cognitively impaired). However, on reviewing the attendance record for the previous two weeks, there was no evidence that</p>
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the residents had attended any Sonas sessions.

Inspectors noted and residents confirmed that they had access to daily newspapers. Residents also had free access to televisions and to a private telephone in their bedrooms and the centre. Open visiting hours were available.

Residents confirmed that their religious and civil rights were supported. Mass was celebrated weekly and religious ministers and the priest could be contacted at any time.

Inspectors observed the oratory being used for activities on the day of inspection. Consequently the oratory is then not freely available for spiritual reflection for residents. Inspectors discussed with the person in charge the facilities used for recreational activity. She confirmed that they do use the Oratory for activities due to its size and location. This was documented as an action in the last inspection report and has not been addressed.

**Judgment:**

Substantially Compliant

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

At the time of the last inspection, the residents personal property inventories needed updating more regularly and with more detail to ensure residents retained control over their possessions. This action was completed and inspectors saw a revised more detailed inventory list for all residents had been compiled and was up to date.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

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

***Regulations 2013 are held in respect of each staff member.***

**Theme:**  
Workforce

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

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

**Findings:**

On the previous inspection staff training records viewed by inspectors showed that not all staff had up to date training or safeguarding training. This action had been addressed.

Inspectors found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the day of inspection. Residents and staff spoken with expressed no concerns with regard to staffing levels. Inspectors observed that call-bells were answered in a timely fashion. Staff were available to assist residents and residents were supervised in the dining room throughout meal times and in the sitting rooms. An actual and planned staff roster was in place. Staff numbers were on duty as outlined on the roster.

Training records and staff confirmed that all staff had up to date mandatory training in fire safety, manual handling and safeguarding vulnerable adults. Staff had also undertaken other training such as medication management, nutritional care, and dementia care and infection control.

Residents and relatives spoken with were complimentary regarding the staff and the care that they gave to residents and this corresponded with the findings from the resident and relatives' survey.

The person in charge informed the inspector that they had recruited a large number of new staff in the previous twelve months as there had been a high turn-over of staff. Recruitment procedures were in place and samples of staff files were reviewed. The inspector found these were in compliance with schedule 2 of the regulations.

**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 McCann  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Coral Haven Residential Nursing Home
<b>Centre ID:</b>	OSV-0000331
<b>Date of inspection:</b>	26/01/2016
<b>Date of response:</b>	29/02/2016

### 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 07: Safeguarding and Safety

#### Theme:

Safe care and support

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

Although behaviour support plans were in place they were not adequately detailed to ensure staff knew how to respond and to ensure the response was appropriate and consistent.

#### **1. Action Required:**

Under Regulation 07(1) you are required to: Ensure that staff have up to date

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

knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

Further staff training will be provided on Safeguarding and on care planning in relation to managing behaviour that challenges and support will be given to staff members to complete the care plans.

**Proposed Timescale:** 25/05/2016

### **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 were generic in format and content and did not identify individual needs and choices.

**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:**

Further training on resident centred care plans will be provided to the relevant staff members and support given to enable staff to complete the care plans.

**Proposed Timescale:** 22/04/2016

### **Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

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

There was no evidence available that the complainant was satisfied with the outcome of the complaint or that the complainant had been made aware of the appeals process

**3. Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

The complaints procedure has been conveyed to the relevant persons involved and a

template has been prepared for any future complaints.

**Proposed Timescale:** 29/02/2016

#### **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:**

An end of life care plan was not available for one resident who had recently deceased.

**4. Action Required:**

Under Regulation 13(2) you are required to: Following the death of a resident make appropriate arrangements, in accordance with that resident's wishes in so far as they are known and are reasonably practical.

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

Further training on resident centred care plans will be provided to the relevant staff members and support given to enable staff to complete the care plans.

**Proposed Timescale:** 30/04/2016

#### **Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

Improvements were required to ensure where a residents care plans recommended a specific therapeutic activity that the resident was facilitated to attend this activity. For example, in some social care plans reviewed it was recommended that a resident attend Sonas (a therapeutic activity for residents who are cognitively impaired) but on reviewing the attendance record for the previous two weeks there was no evidence that the residents had attended any Sonas sessions.

**5. Action Required:**

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

The activities care plans are currently under review and will reflect the activities attended by the residents.

**Proposed Timescale:** 31/03/2016