

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Stella Maris Nursing Home.
Centre ID:	OSV-0000105
Centre address:	Baylough, Athlone, Westmeath.
Telephone number:	090 649 2162
Email address:	stellamaris1@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Clare McNally
Provider Nominee:	Clare McNally
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	21
Number of vacancies on the date of inspection:	4

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: 18 January 2016 11:00 To: 18 January 2016 18:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 06: Absence of the Person in charge	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant

Summary of findings from this inspection

This unannounced inspection was the eleventh inspection of the centre by the Authority. The inspection was undertaken to follow-up on completion of the actions to address non-compliances with the regulations identified during the last inspection in June 2014.

The inspector found that the plan submitted as part of the registration renewal documents was satisfactorily completed with the number of residents accommodated reduced from 27 to 25. The inspector observed and residents agreed that this had a positive impact on their quality of life in the centre. Feedback from residents was positive in relation to care and the service provided. All staff-resident interactions observed by the inspector were respectful, kind and supportive.

Seventeen of the twenty four actions from the last inspection were completed. However, the other seven actions were not satisfactorily progressed. Areas with on-going moderate non-compliances included aspects of governance and management, fire evacuation procedures, risk management, documentation and records and care planning to meet residents' needs.

The inspector found that the centre was visibly clean and recently decorated. However there was inadequate work top space in the laundry to segregate clean and used linen and residents' clothing.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of 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 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There were no actions required from the last inspection in relation to the Statement of Purpose. However, this document was updated by the provider in July 2015 to include refurbished bedrooms in the centre. The Inspector reviewed the updated Statement of Purpose and found it accurately describes the service that is provided in the centre. The statement of purpose and function accurately described the range of resident needs that the designated centre meets.

This document contained all information as required by schedule 1 of the Regulations.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

There was a defined management system in place that identified the lines of

accountability and authority in the centre. A registered nurse was employed to support the person in charge.

The inspector found that the refurbishment plan to address areas of the premises that were in non-compliance with the regulations was satisfactorily completed. Completion of this project impacted positively on the quality of life for residents residing in the centre.

The inspector observed that there were management systems in place for monitoring some key aspects of quality and safety and quality of life for residents in the centre. A service satisfaction questionnaire was administered to residents. 55% of residents responded and the overall feedback was positive. Residents were satisfied with living in the centre and the service they received. However, the system for monitoring the quality of the service was not comprehensive and did not support sustained, quality improvements. For example a clinical audit identified that care planning as an area for improvement. While an action plan was developed, there was scant evidence of implementation and sustained improvement. This finding was also evidenced in the outcomes of environmental auditing, which did not inform a comprehensive risk management strategy for the centre as discussed in outcome 8. In addition, some audits did not identify deficits found on this inspection as documented in this report. Therefore, the management systems in place did not ensure the quality and safety of the service was assured.

The person in charge demonstrated that she was collating the information for the annual report on the quality and safety of care delivered to residents.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Each resident had a written contract of care detailing the terms and conditions of their residency in the centre. The inspector observed that the sample of contract documents reviewed were signed in agreement by residents and/or their next of kin within four to six weeks from their decision to reside in the centre. An additional weekly charge of €10 stated in the contract and was levied on some residents for their participation in social activities and recreation provided. The inspector was told that this charge was levied on an assessment of capacity basis and the individual choice of each resident. This finding is discussed further in outcome 16.

The was a residents' guide had all the required information and was available to each resident.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The inspector reviewed a sample of residents' documentation and found a number of entries which nurses had not signed. This finding was not in compliance with Schedule 3 of the regulations.

Daily records of care delivered by nursing staff was not consistently linked to care plans and did not communicate if care planned was implemented or if an assessed need was met.

The records of evacuation drills were not documented as required by Schedule 4 of the regulations.

The inspector reviewed a sample of staff employment files and findings confirmed that the records listed in Schedule 2 of the regulations were maintained in the designated centre.

The inspector reviewed the directory of residents and found that all required information as described in Schedule 3 of the regulations was included.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The Person in Charge was absent for more than 28 days from the designated centre. The Chief Inspector was notified of the proposed absence within the appropriate time frame. The assistant director of nursing was deputising for the person in charge as described in the centre's statement of purpose. This position was maintained on a supernumerary basis and an additional registered nurse was rostered to support the deputy person in charge.

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:

There were policies and procedures available, to promote the health and safety of residents, staff and visitors. This documentation included a safety statement updated in August 2015. A risk management policy was also available. However the policy did not reference identification and assessment of risks posed to the safety of residents and others and the controls in place mitigate level of risk in areas identified and the inspector found that improvements were required to ensure health and safety and risk management was comprehensively managed. The Inspector observed that regular environmental audits were completed by a member of staff who had attended a health and safety training course. While these audits identified areas of risk in the centre, they did not inform risk management procedures in the centre.

The inspector observed that risks present in the centre were identified with controls in place but documentation related to risk management was poor. For example doors were fitted with locks to control access to stair wells and hazardous areas. However, the risk

log in the risk management policy did not reference identification and assessment of these risks posed to the safety of residents and others. There was also an absence in this advisory documentation of the controls put in place to mitigate level of risks. An example of undocumented risks to the safety of vulnerable residents included three flights of stairs, a ramp on the corridor to one of the residents' sitting rooms, a door to a part of the roof with an area of perspex surface and hazardous chemicals in the sluice, laundry, the cleaner's room and in the cleaning trolley. The inspector observed that each of these risks although undocumented had satisfactory controls in place to mitigate risk of injury to vulnerable residents. For example, handrails were in place on the ramped area of the corridor and the door was locked to the roof area.

Residents had a personal evacuation assessment and plan in place. The person in charge told the inspector that fire drills were completed on a regular basis. However, the records fire drills completed did not demonstrate adequate detail of the fire drills or completion of a simulated evacuation drill to reflect the conditions at various times including night-time. This was also a finding at the previous inspection.

The inspector also reviewed the records of fire maintenance and confirmed that a daily checking procedure was in place. The staff training records confirmed that staff attended annual training on fire safety. More frequent training was also provided in use of evacuation equipment. The centre also has a clear policy on the action to be taken in the event of an emergency and the inspector observed information displayed that advised on this procedure.

The inspector observed up to date records of cleaning throughout the designated centre. A colour coded cleaning system was demonstrated. Staff were observed by the inspector to complete hand hygiene procedures as appropriate. Auditing of staff hand hygiene procedures were completed and demonstrated quality improvement actions taken until compliance was achieved. The inspector observed that all open bins as found on the last inspection were placed with lidded bins to minimise the risk of infection.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There was a record maintained of all accidents and incidents in the centre. The inspector reviewed this record and was satisfied that all incidents and accidents were appropriately

notified within the specified timescales to the Chief Inspector as required.

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:

There was twenty one residents in the centre on the day of inspection. Three residents were assessed as having maximum dependency needs, three residents had high, seven residents had medium and six residents had low dependency needs. Eight residents had a diagnosis of Alzheimer's disease/dementia and a number of other residents had conditions that affected their cognitive function.

Each resident had care plans developed from an assessment of their needs. The inspector reviewed a sample of care plans and care documentation. A variety of assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration. For example, vulnerability to falls with corresponding actions to take in response to level of assessed risk, dependency levels, nutritional risk assessment and moving and handling assessments which were updated every four months thereafter. A pressure related skin damage risk assessment tool in use informed the level of risk as reflected by the score calculated and care as required. No residents had evidence of pressure related skin injury on the day of inspection.

The inspector found that although residents' needs were identified appropriately in the sample reviewed, care planning required improvement to ensure residents' needs were met. For example, some care interventions to meet individual assessed needs were not comprehensive and in many instances there were a number of care plans developed to address the same assessed resident need. While daily evaluation of resident care completed by nursing staff was informative in many cases, it was not consistently linked to care plans and did not comprehensively inform care implemented or if an assessed need was met. This finding is addressed in outcome 5. In general, there was an absence of evaluation of the social or emotional aspects of each residents' care in the daily updates made by the registered nurses.

While the care plans were observed to be reviewed regularly, there was an absence of

evidence that reviews were completed in consultation with residents or/and their next of kin.

Residents had documented access to community medical services in addition to specialist services to support their mental health needs where required. The inspector also observed that residents were facilitated to access allied health professional services as necessary and their documentation referenced consultation and recommendations made which were implemented. Palliative care services were available and were supporting one resident with pain management.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The actions required for completion from the last inspection were found to be satisfactorily completed. The inspector reviewed the smoking room which was accessible from one of the two sitting rooms and found that cigarette smoke was adequately extracted with the insertion of a larger extractor fan since the last inspection.

Residents' bedrooms are located on both the ground and first floor. The provider submitted a plan to bring areas of the premises into compliance with the legislation and national standards by 31 July 2015. This was completed to provide seven single and nine twin bedrooms, reducing the capacity of the centre from 27 to 25 residents. The layout and space in the refurbished bedroom accommodation viewed by the inspector met the needs of residents residing in these rooms.

The visitors' room was fitted with an air cooling unit to ensure the environmental temperature was within the recommended range. The environmental temperature was monitored in this room as part of the centre's environmental auditing procedures.

Residents' bedrooms were personalised with their possessions, photographs and ornaments and the centre was homely. Many of the residents also told the inspector that they enjoyed the homely atmosphere in the centre.

Dining arrangements were reviewed to provide two sittings following the last inspection

in response to findings of inadequate space for all residents to dine together in this area. The inspector observed that the revised arrangements met the needs of residents.

The interior of the centre had been redecorated in bright colours since the last inspection. The temperatures of hot water outlets were controlled to prevent scald injury to residents. Hot water was available to all sinks including hand hygiene sink in the sluice which was absent on the last inspection in the centre.

The laundry room had been relocated to a new location on the first floor since the last inspection to facilitate improvement of the layout and additional floor space. There was no evidence of unsegregated clean/used linen or clothing found on the day of inspection in the new laundry area. However the adequacy of the arrangements for segregation of clean and used linen/clothing, including provision of adequate worktop space required improvement.

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

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

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

Findings:

An action required from findings of the last inspection in relation to high environmental temperature in the visitors room was observed by the inspector to be satisfactorily addressed. This finding is discussed in outcome 12.

A refurbishment plan submitted as part of the registration renewal documentation for the centre was completed as discussed in outcome 12. The inspector observed that the three bedded rooms had been converted to a twin room and a twin room to a single bedroom with en-suite facilities. Screening in all shared bedrooms was adequate and the upgrading of storage for residents' personal possessions ensured residents' privacy needs were met on this inspection.

Judgment:

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:

The inspector observed a record was maintained of residents' personal property and that this was updated regularly. Since the last inspection, a secure facility for the storage of residents' valuables placed in the safekeeping of the centre has been installed in an area accessible to staff. The inspector observed this facility and confirmed that residents who wished to access their valuables could do so. The system in place for safeguarding residents' money was robust and a sample of residents' money checked was accurately and securely maintained.

The inspector further confirmed that residents' clothes are individually labelled and residents spoken with stated that there was never an issue with their clothes being returned. The inspector observed that wardrobe space was reviewed in a number of residents' bedrooms to ensure residents could retain control over and had access to their personal clothing and possessions. New drawer units fitted in wardrobes as observed, facilitated adequate storage space for residents' clothing.

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:

Catherine Rose Connolly Gargan
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 report¹

Centre name:	Stella Maris Nursing Home.
Centre ID:	OSV-0000105
Date of inspection:	18/01/2016
Date of response:	04/03/2016

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The management systems in place did not ensure the quality and safety of the service was assured.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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:

Audits are scheduled and ongoing. A proposed timescale for implementing any changes to be made as a result of these audits will be implemented on any future audits. Audit templates have been updated to this effect.

Management meetings are scheduled every 6 weeks and the template for these meetings has been updated to include audits and risk assessments to ensure that any outcomes are formally discussed and responsibility for any actions determined.

Proposed Timescale: 04/03/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

A number of entries in residents' nursing care documentation were not signed.

Daily records of care delivered by nursing staff was not consistently linked to care plans and did not communicate if care planned was implemented or if an assessed need was met.

The records of evacuation drills were not documented as required by Schedule 4 of the regulations.

2. Action Required:

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

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

The documentation that was not signed at the time of inspection has now been rectified. Staff have been informed that all care plans must be signed and not have a printed name of the nurse in place of a signature.

Nurses have been advised to expand on the daily nursing notes to ensure they are linked to care plans.

Evacuation drills are now documented in more depth to include information on length of evacuation. Timed simulated evacuation on different shifts will be carried out and documented.

Proposed Timescale: 04/03/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The risk management policy did not reference identification and assessment of risks posed to the safety of residents and others and the controls in place mitigate level of risk in areas identified.

3. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

The risk register has been reviewed and updated to include additional risks that were missing on the day of inspection. This document will be reviewed regularly and risks added as required.

Proposed Timescale: 04/03/2016

Theme:

Safe care and support

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

The records of fire drills completed did not demonstrate adequate detail of fire drills or completion of a simulated evacuation drill to reflect the conditions at various times including night-time.

4. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Evacuation drills are now documented in more depth to include information on length of evacuation. Timed simulated evacuation on different shifts will be carried out regularly and documented appropriately.

Since inspection a night time simulated fire drill has been carried out to evacuate a zone. This drill documents the time taken to respond to the alarm and how long it took to evacuate the zone. It specifies how many residents were in the affected zone and the type of evacuation (e.g. mobile, wheelchair, evac chair and ski sheet). The zone to be used for simulated evacuation will be rotated

A schedule is in place for future fire drills.

All staff have annual fire training which was updated on March 2nd 2016

Proposed Timescale: 04/03/2016

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:

Some care interventions to meet individual assessed needs were not comprehensive and in many instances there were a number of care plans developed to address the same assessed resident need.

5. Action Required:

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

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

Care plans for all residents are currently being reviewed. This is to ensure that all individual needs have suitable interventions and that there is no duplication in care plans. This will make them clearer and easier to follow.

Proposed Timescale: 13/03/2016

Theme:

Effective care and support

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

While the care plans were observed to be reviewed regularly, there was an absence of evidence that reviews were completed in consultation with residents or/and their next of kin.

6. 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 it, after consultation with the resident concerned and where appropriate that resident's family.

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

Care plans are reviewed in consultation with residents or their representatives. This was not clear on the day of inspection due to the layout of the care plans. Care plan templates have been updated to make this easier to read and will be on all care plans going forward.

Proposed Timescale: 13/03/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The adequacy of arrangements for segregation of clean and used linen/clothing, including provision of adequate worktop space required improvement.

7. Action Required:

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

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

All used linen/ clothing is continued to be segregated at the bedside. An additional trolley has been placed in the laundry to further separate used clothing prior to washing. A folding table has also been provided in the clean area to ensure that there is extra space for the organisation of clean clothing if required.

All staff that are involved in using the laundry have had training in infection prevention and control.

The policy has been updated to specify that segregation of laundry occurs at the bedside and that training in infection prevention and control is provided. This policy is available in the office and accessible to all staff.

Proposed Timescale: 04/03/2016