

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sacred Heart Residence
Centre ID:	OSV-0000157
Centre address:	Little Sisters of the Poor, Sybil Hill Road, Raheny, Dublin 5.
Telephone number:	01 833 2308
Email address:	ast.raheny@lspireland.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Little Sisters of the Poor
Provider Nominee:	Theresa Martin
Lead inspector:	Leone Ewings
Support inspector(s):	Niall Whelton;Sheila McKevitt
Type of inspection	Unannounced
Number of residents on the date of inspection:	81
Number of vacancies on the date of inspection:	3

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 2 day(s).

The inspection took place over the following dates and times

From:	To:
20 July 2016 10:00	20 July 2016 18:30
08 August 2016 12:00	08 August 2016 16:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Substantially Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Major
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an unannounced inspection of the centre for the purpose of monitoring compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Regulatory Enforcement Proceedings (regulatory meeting followed by the issuing of an improvement notice on 18 May 2016) were initiated by the Authority. This was as a result of findings during previous inspections, 11 November 2015 and 5 April 2016.

At the time of the last inspection there had been major non-compliances noted in four outcomes including governance and management, staffing, safeguarding and medication management. The provider was given an eight week time frame to come into compliance. Progress had been made, however, further work was required to come into compliance.

Staff practices were observed, and relevant documentation reviewed including care plans, medical records, accident and incident logs, policies and procedures, and staff files. Inspectors also talked to residents and staff.

Evidence of good practice and improvements were found throughout the inspection, and staff were knowledgeable about the residents, and were observed to treat all residents with dignity and respect throughout the inspection. Four outcomes - health and social care needs, staffing, medication and safeguarding were now found to have been fully addressed by the provider.

Improvements in aspects of governance and management were also evidenced by the provider and person in charge during this inspection. A detailed review of the quality and safety of care delivered, and quality of life for residents had been completed.

The outstanding matters that related to fire safety were discussed with the provider who gave assurances that they would be addressed by 24 August 2016.

External supports had been sourced and were now working with the provider and person in charge to address non-compliances. These need to be sustained and carried out in full to meet regulatory requirements.

The action plans at the end of this report identifies areas where improvements were required in order to comply with the regulations.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose was under review and was not available for inspection. An updated version was submitted by the provider following the inspection and noted to largely describe the services provided. However, it required minor changes to fully reflect Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example, details of the revised management reporting structure, admissions policy and also the whole time equivalent of nursing staff, were not reflective of those currently working in the centre, or with the statement of purpose submitted at the time of registration.

Judgment:

Substantially 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:

This Outcome was monitored and included the actions to be completed by the provider

to address the non-compliances identified during the last two inspections on 12 November 2015 and 5 April 2016. Systems in place to oversee the service, audit systems and the supervision of practice were not fully in place at this time. The management structure in the centre had now improved, and on this inspection inspectors saw that auditing had now become more established. The annual review of the quality of the service had also now been completed. Resident satisfaction surveys were completed as part of the consultation process with residents and their families. Inspectors were informed that much of this work had been achieved with supports and mentoring from external consultants.

The inspectors confirmed that the assistant director of nursing had continued to record and monitor key performance indicators report since the last inspection. Inspectors were informed of the recent appointment of a clinical nurse manager. A detailed restraint review and audit was recently completed. The action plans following this audit could be evidenced on this inspection as being fully implemented. Inspectors reviewed the monthly key performance indicator report available for June 2016. This included the monitoring of a number of different areas including dependency levels, pressure ulcers and wounds, restraint, falls, weight loss and infections in the centre. Residents' dependency was now closely monitored and a validated tool was now in use to inform and guide staffing decisions. Staff supervision had improved on the floors.

A number of the actions from the previous inspection were not satisfactorily addressed. The provider was requested to submit additional supporting information within five working days in relation to fire safety drills which had taken place at the centre, statement of purpose, schedule 2 confirmation of staff references, regulation 23 annual report, resident dependencies and an accident form which was not available on the date of the inspection. The provider and person in charge submitted most of this information within the required time frame. The provider and person in charge confirmed to inspectors that work to address any outstanding non-compliance was well advanced but had not been fully addressed as in the provider's action plan response for 13 July 2016. The inspectors were informed that this would be fully re-evaluated in terms of a revised work plan, and continued external supports.

The actions which were identified on the last inspection that have not yet been completed included fire safety procedures and fire maintenance works, and related documentation. Overall, the provider and person in charge demonstrated that they were working towards compliance with the regulations.

Judgment:

Non Compliant - Moderate

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

People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

Records set out in Part 6 of the Regulations were available for inspection. These had improved and were kept in a secure place.

The policy on safeguarding vulnerable adults had been reviewed and was now detailed to ensure staff were guided on the appropriate response to allegations of abuse.

The inspectors noted clear evidence of improvement in record keeping. For example, the daily nursing records were found to be in place and consistently documented an accurate and professional record of care provided, and the residents' condition. Staff used a new handover sheet to assist with communicating the daily care needs at shift handover. Inspectors spoke with staff and residents and viewed records including care plans. Examples of good nursing documentation were seen. Evidence that staff had received additional training in writing and developing care plans to meet the assessed needs of residents was confirmed by inspectors.

The staffing records and staff rosters showed some improvement where duty records were kept. Overall the staffing records of shifts worked were found to be fully and accurately maintained over the staff roster. However, further improvements were required in relation to records of schedule 2 staff reference checks.

The inspectors observed that medication administration records were now consistently being completed for residents at the prescribed times contemporaneously. The times of administration as documented on the medicines administration records matched the prescription sheet.

Some records requested by inspectors were not available for inspection included an accident report and records of staff training in respect of fire safety. The records were submitted following the inspection.

Judgment:

Non Compliant - Moderate

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:

A new safeguarding policy had been developed since the previous inspection and documentation had improved to include evidence that least restrictive alternatives were considered and trialled. Training and education in the use of restraint had taken place for 37 of the 120 staff since the last inspection, with three separate sessions. Staff on duty confirmed to inspectors the actions they would take to safeguard residents from all forms of abuse.

The inspectors found that the use of bed rails was now in line with best practice and used only in accordance with the national policy as published on the website of the Department of Health. There was clear evidence that staff were working towards creating a restraint free environment.

A detailed audit and review of bed rail usage had been completed in June 2016. Following this review and reassessment, a number of bed rails were removed or replaced, and an action plan implemented to ensure that care plans were in place informed by each residents individual risk assessment. Resident preferences and attention to some areas where bed rails were used more frequently were also highlighted in this review. For example, five residents had been identified as requesting the use of bed rails.

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:

Actions required from the previous inspection were found to be addressed or in the process of being addressed, with the exception of the issue of fire drills, and completion of remedial maintenance works to fire resistant doors. The maintenance person showed inspectors that remedial works on the doors of the second and third floor were largely completed but explained that the major part of this work was yet to be completed. However, the inspector found that doors to some rooms such as small stores and nurses' stations / offices were not included in the remedial work. Works also completed

included replacement of furniture in the smoking room, fire extinguisher maintenance, and emergency lighting inspection. The inspectors discussed the outstanding works with the provider and were satisfied that satisfactory progress was being made. The provider gave assurances that the outstanding works, training and drills would be completed by 24 August 2016.

On day two of the inspection, the inspector found that a number of fire rated doors to rooms containing a fire risk, were held in the open position with a wedge, rendering the fire door incapable of restricting the spread of fire and smoke. This was brought to the attention of the provider.

On the previous inspections, it was found that the records for fire drills did not adequately demonstrate that staff members were aware of the procedures to evacuate residents in the event of a fire. The revised fire drill procedure as described to the inspectors now replicated real life fire scenarios. Inspectors were informed that 44 of 120 staff had participated in recent training and fire drills. Plans were in place to include the remainder of staff including night staff.

The personal emergency evacuation plans (PEEPs) for each resident were now completed and reflected the revised fire procedures. The provider confirmed to inspectors that they had engaged an external consultant to carry out a fire risk assessment for the centre and advise on actions required. The written risk assessment was reviewed by inspectors along with all aspects of fire prevention and protection. The fire procedure was revised and updated since the last inspection. Additional fire training was provided to staff to ensure that all staff are familiar with the procedure. Additional training dates were planned. Fire drills were carried out to ensure that staff respond appropriately to the fire alarm but stopped short of a simulated evacuation. The records of the fire drills held since the date of the last inspection were not available for inspection. Some staff interviewed by inspectors during the inspection were found to be clear on the actions to take in case of fire, use of assistive equipment and residents' PEEP's. However, three staff members could not fully relay the revised procedures to the inspectors.

The fire procedure had been revised and updated to ensure that they provide details required as identified by the inspection. The provider confirmed that revised fire instructions and plans were on order for each floor. However, these were not yet in place to inform the revised practices.

Judgment:
Non Compliant - Major

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:

The provider and person in charge had fully addressed the non-compliances relating to medication management. The inspectors reviewed medication charts, and observed practices relating to medication management, and found improvements had taken place. The inspectors saw that practices relating to medicines management were now safe and fully in line with the medication management policy and best practice.

Inspectors saw a new prescription sheet had been introduced. A full review of medication charts was completed. The original signed prescription sheets were now in place for each resident, and all areas including allergy section had been completed in full. Staff had worked with prescribers to request indications for PRN 'as required' medicines, which were now recorded on the prescription sheet. The dates were recorded when nutritional supplements or medicinal products with a short life were opened. Training records showed that nursing staff had attended medication management refresher training.

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):

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

Findings:

Inspectors found that practice had improved since the last inspection and the provider had fully addressed the non-compliances relating to care planning for health care needs, wound care, and records of monitoring body weights and nutrition.

Care plans were updated to include the residents' changing health care need and now were sufficiently detailed to evidence a good standard of evidence based nursing care.

The inspectors reviewed nursing documentation and spoke with residents and staff. Records were checked and nutritional care plans were in place and weight monitoring and all were found to be up-to-date and reflective of care delivery. Nutritional care plans had been updated to reflect recommendations from allied health care professional such as dieticians'. This had been a finding during the previous inspections. Any residents

who had been identified as being at risk of malnutrition, were now being weighed on a monthly basis as recommended by dietitian and best practice. A number of nursing staff had attended education on recognising and managing resident any deterioration in health.

Judgment:
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

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

Findings:

This outcome reviewed during the inspection included the systems in place to ensure residents received appropriate assistance at meal times, and that residents with specialised diets had their specific needs met. Overall, improvements were noted by inspectors and revised systems were in place between catering staff and the staff working in the dining rooms providing meals for residents.

Inspectors observed lunch being served to residents on a number of the units. Residents could have their lunch served in the dining areas in the units, downstairs in the main ground floor dining area or in their bedrooms if they preferred. Inspectors observed that there were staff present at all times while lunch was being served, and that residents who required assistance were provided with such assistance in an appropriate manner.

The food was prepared in the main kitchen and transferred to each of the dining areas. Lists were maintained of the residents who required modified consistency diets, to enable staff in each of the dining areas to properly prepare the food for serving. Arrangements and care plans in place for any residents to receive fortified diets had improved since the time of the last inspection. The diet list maintained in the kitchen on each of the floors contained recommendations to fortify residents' meals. Staff spoken to by the inspector confirmed and identified residents on the unit who were having their meals fortified. However, on one floor butter and cream were not available to fortify meals. This matter was discussed with the provider and person in charge who agreed to review the systems in place to fully meet this need.

Judgment:
Substantially 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:

Staffing levels had improved since the last inspection, as this had been a major non-compliance at the time previous inspections. Inspectors were informed that a clinical nurse manager had commenced full-time, and care staff had also been recruited since this time. Nursing staff recruitment was ongoing and there was a documented use of agency registered nurses in the interim. Inspectors saw that a staffing review had taken place in May 2016, where the number and skill-mix of staff had been reviewed to determine the appropriate levels and skills mix to meet the assessed needs of the residents considering the size and layout of the centre. Recommendations implemented included provision of additional nursing and care staff. Inspectors observed and residents spoken to confirmed that staff responded in a timely manner to call bells.

Inspectors had found that the skill mix of staff was appropriate to meet the needs of the residents. Inspectors observed practice and spoke with residents and evidenced improvements in this area. They found that the an improved system of supervision was in place. The provider and person in charge were now working towards compliance , and have put in place staff training in medication management, fire safety, restraint and care planning.

On the day of the inspection four registered nurses were on duty and rostered to work on each of the three floors, in addition to the person in charge who is a registered nurse. Improvements had been evidenced in the standards of clinical documentation, and in relation to aspects of health care. The care now provided was supervised by a qualified staff nurse on a consistent basis. The nursing staff co-ordinated and supervised the care assistants and gave verbal hand overs to staff delivering direct care. Religious Sisters from the congregation also worked on each of the units and their roles and responsibilities in terms of supervising and supporting residents had been reviewed. However, the reporting arrangements in practice as outlined in the staffing review had not been aligned with the organisational structure on the statement of purpose.

Systems of supervision and clinical oversight at unit / floor level, had improved and

handover and communication was found to be good between all staff. Staff and residents confirmed these improvements to inspectors during the inspection. Inspectors found that staff were now working together. The assistant director of nursing, produced a daily report for the person in charge at the end of each day regarding resident specific issues. The person in charge demonstrated detailed knowledge about residents and their assessed care needs.

There was a human resources system in place to enable management to review mandatory training requirements and track all staff training. The records reviewed indicated that training on elder abuse or protection of vulnerable adults had now been addressed. However, improvements in how staff mandatory training records are maintained were required.

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:

Leone Ewings
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:	Sacred Heart Residence
Centre ID:	OSV-0000157
Date of inspection:	20/07/2016
Date of response:	02/09/2016

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The admissions policy, organisational structure and the numbers of whole time equivalent of nursing staff was not reflective of staffing review.

1. Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of

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

Residents in Designated Centres for Older People) Regulations 2013.

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

The statement of purpose has been reviewed and updated to provide details of the revised management reporting structure, admissions policy and the whole time equivalent of nursing staff. This was forwarded to the chief inspector at time of completion.

Proposed Timescale: 28/08/2016

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 team had not fully addressed all non-compliances to the regulations as stated in the schedule to the improvement notice issued of 18 May 2016.

2. Action Required:

Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

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

With regard to the specific action required above, the improvement notice of the 18th May 2016 also stated that the above action was required. In response to this action on the notice, the centre outlined activities that would be completed. These activities have now been completed. Additional requirements for management systems identified in the notice have also been addressed.

The information provided to the inspector relating to staffing was incorrect on the statement of purpose and function submitted subsequent to the inspection. This has since been rectified and the correct staffing has been submitted to the inspector.

Proposed Timescale: 02/09/2016

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:

Records of staff attendance at fire drills were not available for inspection.

Records of schedule 2 staff reference checks were not fully maintained.

Resident accident report not available for inspection.

3. Action Required:

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

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

We are now in receipt of the 2 staff references and they are available for inspection. The resident accident report form was forwarded to the lead inspector, as requested. Training records for attendance to fire training are available for review and 3 additional training dates in August 2016 are now completed.

Proposed Timescale: 02/09/2016

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 programme of fire drills to ensure staff are fully aware of revised fire procedures was not completed for 76 of the 120 staff working at centre.

4. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

As stated above, 3 additional fire safety training dates in August 2016 have been scheduled for staff. Two fire drills have been held in August 2016 and an additional Stimulated Evacuation Drill at night time was completed on the 22nd August 2016 comprising of horizontal and vertical evacuation. Proof forwarded on the 24/08/2016 @ 22.00 approx. Fire drills will be held on a monthly basis thereafter. Arrangements have been made with external trainer on the 19th of September to train 10/12 of the staff as Fire Wardens - this training is in-house.

Proposed Timescale: 19/09/2016

Theme:

Safe care and support

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

Fire safety maintenance arrangement were not adequate or completed as outlined in

inspection report of 5 April 2016.

Review of the fire resistant doors in the building had not yet been completed as assessed.

5. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

All fire fighting equipment had undergone a scheduled maintenance check. Now a certificate of confirmation of same is available for inspection.

A review of the fire resistant doors in the building that were outstanding was completed by 24th August 2016. Communication with the contractor regarding magnetic fire door closures is now confirmed, equipment has been ordered and phase one is scheduled to commence.

Proposed Timescale: 19/09/2016

Theme:

Safe care and support

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

The inspector found that a number of fire rated doors to rooms containing a fire risk, were held in the open position with a wedge, rendering the fire door incapable of restricting the spread of fire and smoke.

6. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

All wedges have been removed and staff have been informed that the use of wedges is unacceptable. The clinical nurse manager will monitor this on a day to day basis. Staff nurses and unit sisters will also implement the monitoring of these practices.

Proposed Timescale: 19/09/2016

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Butter and cream was not found to be available and stored in the kitchenette as

recommended by the dietician to fortify meals.

7. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Butter and cream is available in all kitchenettes on each unit. Stock for these items are checked on a daily basis, should staff need a further supply of fortified products. These can be obtained from the main kitchen on the lower ground floor.

Proposed Timescale: 24/08/2016