Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Beechwood Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000199</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Rathvindon, Leighlinbridge, Carlow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>059 972 2366</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@beechwoodnursinghome.ie">info@beechwoodnursinghome.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Maisonbeech Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Eileen Stapleton</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Siobhan Kennedy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>54</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</td>
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**About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration**: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance**: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>04 April 2016 13:00</td>
<td>04 April 2016 18:30</td>
</tr>
<tr>
<td>05 April 2016 09:00</td>
<td>05 April 2016 18:30</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk</td>
<td>Compliant</td>
</tr>
<tr>
<td>Management</td>
<td></td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

The purpose of the inspection was to monitor ongoing regulatory compliance including reviewing matters arising from the previous inspection which was carried out on the 20 June 2014. These matters related to health and safety and the premises.

The designated centre is a single story centre which was extended and is currently registered to accommodate 57 residents.

Governance and management of the centre was found to be satisfactory systems were in place to monitor the service but an annual review of the quality and safety of care delivered to residents was not available for inspection and this merited a major non-compliance. The person in charge was recently appointed to this role and participated in a fit person interview during the inspection. This was satisfactory. Management of the centre were knowledgeable of the legislation and standards governing the provision of care in the nursing home. Staff of various grades were aware of the organisational structure of the centre and was aware of the ethos and
principles underpinning the provision of nursing and social care in the designated centre.
Matters arising from the previous inspection were satisfactorily actioned.

Residents and relatives were positive in their discussions with the inspector and expressed satisfaction about the facilities and the services and care provided. They were complimentary about all aspects of residents’ care and the support provided by staff and management.

There were measures in place to protect residents from being harmed or suffering abuse and information received confirmed that residents felt safe in the centre.

Residents had good access to nursing, medical and allied health care and in the main, the administration of medicines was satisfactory. The inspector saw that there were good opportunities for residents to participate in activities, appropriate to their interests and capacities.

The health and safety of residents was promoted and the environment was safe, suitably designed and laid out to meet the needs of the residents. There was a plan in place to update the original part of the premises.

The levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. There was evidence that staff had access to education and training, appropriate to their role and responsibilities.

Primarily, the centre was in compliance with the Health 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. The action plan of this report identifies the matters arising which requires to be actioned.
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:**
The inspector found that there was a clearly defined management structure that identifies the lines of authority and accountability, specifies roles and details responsibilities for the areas of care provision. This was outlined in the statement of purpose and staff were familiar with their duty to report to line management.

Management had systems in place to capture statistical information, for example, audits were carried out and analysed in relation to accidents, complaints, medication management and skin care. However, an annual review of the quality and safety of care delivered to residents was not available for inspection and this merited a judgement of major non-compliance.

There was evidence of consultation with residents and their representatives in a range of areas, for example, the assessed needs of residents, the care planning and review process, involvement in social and recreational activities. Residents who communicated with the inspector expressed their satisfaction regarding the facilities and services and care provided and did not identify any area of concern.

**Judgment:**
Non Compliant - Major

**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:
The centre was being managed by a suitably qualified and experienced nurse who has authority and is accountable and responsible for the provision of the service. She is a registered general nurse, has experience of working with older persons and works full time.

During the inspection she demonstrated that she had knowledge of the regulations and Standards pertaining to the care and welfare of residents in the centre. This was further evident during a fit person interview during the inspection.

She is supported in her role by nursing, care, administration, maintenance, kitchen and housekeeping staff, who report directly to her and she in turn to the registered provider, who was available throughout the inspection.

The person in charge and the staff team including the proprietor/registered provider had facilitated the inspection process by providing documents and had good knowledge of residents’ care and conditions. Staff confirmed that good communications exist within the staff team and relatives and residents highlighted the positive interactions and support provided by the entire team.

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):
No actions were required from the previous inspection.

Findings:
Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences.

The inspector reviewed documentation in relation to an allegation of abuse and found that this had been investigated in accordance with the National Policy for Safeguarding
Vulnerable Persons at Risk of Abuse and the centre's policies and procedures.

The person in charge during an interview with the inspector clearly demonstrated her knowledge of the designated centre’s policy and was aware of the necessary referrals to external agencies, including the Health Service Executive's (HSE) designated officer responsible for the protection of residents from abuse.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Staff were fully knowledgeable regarding reporting procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Great emphasis was placed on residents’ safety and the inspector saw that a number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example there was a keypad lock on the main entrance of the centre but internally all other communal areas were accessible to residents. The inspector saw that there were facilities such as grab rails in place to assist residents to retain their mobility.

During interviews with the inspector residents confirmed that they felt safe in the centre due to the security arrangements and the support and care provided by the staff team.

There was a policy and procedure in place in relation to the management of residents' finances and there was evidence that these were implemented.

There was a policy and procedure in place regarding behaviours exhibited by residents which are challenging. This was referred to in the policy as "responsive behaviour". An individual care plan was drawn up specifically documenting the behaviours with information which promoted a consistent approach by staff. There was evidence of professionals being involved in the review of residents' behaviours. Staff had received training in dementia and behaviours that challenge and further training was being planned.

There were systems and practices operating regarding restraint and where restraint was used as an enabler. It was the policy of the centre to have a restraint free environment and the inspector saw that systems and practices were in place to achieve this, for example grab rails were used instead of fully integrated bed rails. Management explained to the inspector that bedrails were used for some residents for their safety and protection and in such cases documentary evidence was available regarding the resident's assessed needs, consultation with the residents, their family members and significant professionals and the supervision arrangements in place. Reviews of restraint measures were evident and records were maintained, for example the times when lap belts were released.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and
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 matters arising from the previous inspection you related to the wedging open of fire doors and inadequate signage. These matters were satisfactorily addressed.

From a review of the risk management documentation in the centre, the inspector found that the centre had relevant policies in place relating to risk management. There was a comprehensive risk register which identified the risks and put controls in place either to minimise or fully control the risk.

There was an up to date health and safety statement and related policies and procedures.
The inspector reviewed the emergency plan and found it to be sufficient to guide staff and management in their roles and duties in the event of an emergency evacuation.

Fire safety measures were in place. There was a clear personal emergency evacuation plan (PEEP) for each resident that identified the resident’s cognitive and mobility levels and requirements for assistance in the event of an emergency evacuation either during the day or night time. The inspector reviewed logs of daily, weekly, monthly, quarterly and annual checks and tests by the staff and by external organisations and found them to be well recorded.

Certification and inspection documents were well maintained in relation to fire fighting equipment service, emergency lighting tests and the six-monthly fire drills that were conducted as part of staff fire safety training. It was noted that staff working in the centre had received fire safety training in the past 12 months. All doors in the centre were fire doors, and were fitted with electronic or magnetic hold open devices which would close in the event of an emergency situation. Emergency exist and fire assembly points were clearly indicated.

Infection control precautions within the centre were satisfactory. The centre was clean and staff were able to describe the infection-control procedures in place.

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:
There were policies and procedures to support safe medication practices which were subject to regular audit. The inspector was informed by a staff nurse administering medicines to residents that the medication policy and procedures were useful guides in the management of residents' medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

Management had introduced a new electronic system for the administration of medicines. This entailed the staff nurse administering medicines to log into the system and scan the barcode on each blister pack which contained each individual resident’s medicine which had been prepared by the pharmacist. The electronic system held all of the necessary information pertaining to the administration of medicines. Prior to administering medicines to residents the inspector observed the staff nurse consulting with residents and performing good hand hygiene. However, the inspector observed that medications were crushed without individual authorisation from the prescriber. There was evidence of general practitioners (GPs) reviewing residents’ medicines on a regular basis.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning/end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspector examined medicines available and this corresponded to the register.

Judgment:
Non Compliant - Moderate

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
From an examination of a sample of residents' care plans, discussions with residents,
relatives and staff, the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there was information which detailed residents’ choices with regard to daily routines, risk assessments such as moving and handling, falls, use of bed rails, nutrition and continence. The care plans were up-to-date and had been audited.

Although none of the residents had pressure sores at the time the inspection the inspector saw that there were arrangements in place to manage and monitor wounds and treatment plans and interventions had brought about healing for residents with ulcers. The nursing team led by the person in charge who had a particular interest in this area were aware that wound prevention and treatment was multi-factorial and necessitated individual person centred care plans with regular reviews. They were familiar with maintaining wound charts, in order to provide a clinical picture for comparative purposes to monitor whether the wound was progressing or regressing. There was documentary evidence that residents were reviewed by tissue viability specialist services and monitoring of fluid and nutritional intake. Aids such as pressure relieving mattresses and specialist cushions were in place for those residents at risk of developing pressure ulcers. Evidence was available that these were serviced annually and there was a procedure in place to regularly check the correct functioning of these aids and to ensure settings were set correctly. Pain assessment charts were in place and evidence was recorded in the narrative notes of residents’ care plans that prescribed analgesia was administered to promote comfort if the assessment recommended this, prior to completing a dressing of a wound.

There was evidence of appropriate medical and allied health care for example, referrals to the dietician, occupational and physio therapists and speech and language therapists.

Judgment: Compliant

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 matters arising from the previous inspection related to the sluice room not been fitted out and hazards in the external gardens. These matters were satisfactorily actioned.
The centre is a single story building which had recently been extended.

Residents’ bedroom accommodation consists of 17 single bedrooms, 34 single ensuite with shower bedrooms and 6 single ensuite bedrooms with wash hand basin and toilet. In addition to the ensuite facilities there are 4 wheelchair accessible bathrooms and 4 separate toilets. Each bedroom included sufficient space for storage of personal belongings in fitted wardrobes and lockable storage for valuable items. An alarm call bell system was in each bedroom with coded external lighting to show if the call bell had been responded to by staff.

Communal accommodation consists of 2 dining rooms, activity room, 2 large open plan sitting rooms, hairdressing and quiet room. The inspector noted that one of the dining rooms was congested during the meal times but the provider informed the inspector that there are plans to extend this space. The nurse station was extended and looks onto one of the large open plan sitting areas. It contains a clinical room. In addition there are a variety of stores and a sluice room.

The premises was clean, warm and well maintained with good access for residents using wheelchairs, particularly in the extended part of the centre. Hand and grab rails were evident throughout the centre and some of these were a different colour to the toilet suites to support residents with visual impairment and cognitive impairment. Hot water fittings throughout the premises had anti-scall measures in place. The temperature throughout the building was controlled centrally.

Residents had access to an enclosed garden that had adequate seating and was pleasantly landscapes.

There was a full time maintenance staff member on site.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
There was a written operational policy and procedure relating to the making, handling and investigation of complaints.
The procedure identified the nominated person to investigate a complaint, a further person identified to ensure that all complaints are appropriately responded to and maintain records of the complaints and the appeals process. This was displayed in a prominent position and residents who communicated with the inspector were aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction.

The inspector examined the complaints record and there were no serious complaints. It was the policy of the centre to address complaints through the local resolution process.

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):
No actions were required from the previous inspection.

Findings:
Residents were provided with food and drink at times and in quantities adequate for their needs. The meals were attractively served. Although management and catering staff identified that residents had a choice of meals it was noted that the lunchtime menu only provided a choice of one hot meal. There was no hot meal on offer for residents who did not like the main course on the menu.

There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence and appropriate equipment was provided to support this. Residents confirmed their satisfaction with mealtimes.

The training record showed that staff had been trained in nutritional care of the older. This included weight loss and gain, what to do when changes occur, dysphagia and the completion of food and fluid records.

The menus had been evaluated and approved by a dietetician. Staff members and records of staff meetings confirmed that there was good communication between catering and care staff so as to ensure that appropriate meals which met residents’ needs were served.

Documentation in the residents' care plans examined by the inspector showed that residents were weighed on a monthly basis and appropriate action taken as necessary.
There was a policy on food, nutrition and hydration management.

Care plans contained risk assessments regarding nutrition and detailed residents' requirements and preferences. Referrals to Allied health professionals such as general practitioner, speech and language and occupational therapists, dietician and dentists were evident in the documentation.

Snacks and beverage were offered to residents at intervals between main meals and visitors to the centre were offered refreshments and/or a meal. Water dispensers and fresh fruit were available.

**Judgment:**
Substantially Compliant

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<thead>
<tr>
<th><strong>Outcome 18: Suitable Staffing</strong></th>
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<tr>
<td>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.</td>
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| **Theme:** |
| Workforce |

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

| **Findings:** |
| Staffing levels and skill mix of staff were sufficient to meet the needs of the residents in the centre. |

The staff duty roster identified that in addition to the provider and person in charge there were 2 staff nurses on duty providing direct care to residents with the assistance of a team of 14 care staff members. The roster identified the healthcare duties assigned to locations within the designated centre and break times. In addition 2 activity coordinators are employed. Support staff consisted of a supervisor for the catering services which included a cook and 3 kitchen assistants, housekeeping, laundry, maintenance and administration and a staff member to attend to residents’ wardrobes. Two staff nurses and 2 care staff members are on duty throughout the night.

Records were maintained in relation to staff details and participation in training. There was evidence that staff had participated in mandatory courses for example dementia and challenging behaviour, infection-control, fire safety training, protection of residents from abuse, food hygiene and manual handling. Additional courses/training included...
first aid, swallowing impairment associated with dementia, health and safety, venipuncture, pain management and nutritional care.

Arrangements for supervision and development of staff were evident such as induction, probationary period and an annual appraisal system.

Staff who communicated with the inspector demonstrated that they had a good knowledge of the residents in the centre and were familiar with procedures of emergency evacuation and in identifying and reporting safeguarding issues.

Residents were full of praise for the staff team and spoke highly of their competency, friendliness and delivery of care.

Inspectors observed staff interacting well with residents being patient, and respectful towards their privacy and dignity for example knocking on residents' bedroom doors and waiting for permission to enter.

**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:**

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
**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:**
An annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority was not available for inspection.

1. **Action Required:**
Under Regulation 23(d) you are required to: Ensure there is an annual review of the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:
An annual review is currently being completed in order to collate concisely information collected & audited from the management systems in place, which will indicate that the care being provided in the centre is that required by the regulations.

Proposed Timescale: 31/07/2016

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medications were crushed without individual authorisation from the prescriber.

2. Action Required:
Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident’s pharmacist regarding the appropriate use of the product.

Please state the actions you have taken or are planning to take:
The medication prescription system has been changed to ensure that all medication which has to be ‘opened or crushed’ has been authorised individually by the appropriate prescriber.

Proposed Timescale: 04/05/2016

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:
Residents were not provided with a choice of hot meals at lunchtime.

3. Action Required:
Under Regulation 18(1)(b) you are required to: Offer choice to each resident at mealtimes.

Please state the actions you have taken or are planning to take:
Residents now have a choice of hot meals at lunchtime and this is documented on the daily menu.

**Proposed Timescale:** 04/05/2016