

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rosenalee Care Centre
Centre ID:	OSV-0000277
Centre address:	Poulavone, Ballincollig, Cork.
Telephone number:	021 4850 930
Email address:	rosenalee@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Rosenalee Care Centre Limited
Provider Nominee:	Timothy Cyril Murphy
Lead inspector:	Mary O'Mahony
Support inspector(s):	Maria Scally
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	5

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. 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:
06 July 2016 10:30	06 July 2016 20:00
07 July 2016 07:45	07 July 2016 14:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Substantially Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Substantially Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Non Compliant - Moderate
Outcome 05: Suitable Staffing	Compliance demonstrated	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Non Compliant - Moderate

Summary of findings from this inspection

This inspection by the Health Information and Quality Authority (HIQA) of Rosenalee care centre, was undertaken as part of the dementia thematic programme of inspections. Inspectors followed the experience of a number of residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia, using a validated observation tool. As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the inspection process. The person in charge had completed the provider self-assessment tool on dementia care and forwarded this to the Authority. On the day of the inspection there were 34 residents in the centre and five vacant beds. The person in charge had stated that there were 15 residents who had been diagnosed with dementia and

another five residents who had cognitive impairment. There was no dementia specific care unit in the centre and all residents dined and interacted together, providing an environment that promoted wellbeing. Overall, inspectors found the person in charge and staff were committed to providing a high quality inclusive service for residents with dementia.

During the unannounced inspection, inspectors met with residents, visitors, the person in charge, staff members including night staff, the accounts manager and the providers. Inspectors observed practices and reviewed documentation such as care plans, medical records, allied health care records, policies and the planned activity programme. A number of staff files and residents' files were checked for relevant documentation. Inspectors found the premises, fittings and equipment were of a high standard. The centre was noted to be very clean and well maintained. The providers and person in charge informed inspectors that they were involved in the centre on a daily basis. The centre was found to be easily accessible to residents, relatives and staff.

Some actions were required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland 2016. These improvements included: notifications, risk assessments and complaints. Six Outcomes were inspected against on this inspection and the findings were outlined in the following report.

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: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The person in charge stated that residents were initially admitted on a short term basis to ensure that the service was capable of meeting their needs. Inspectors reviewed a number of residents' files in detail and observed that there was a comprehensive assessment and care plan in place to guide staff on providing holistic care to residents with a diagnosis of dementia. Care plans were developed on a computerised and paper based system. These included a detailed profile of each resident. Residents' relatives or representatives, where appropriate, were involved in reviewing the care plans.

Residents had access to medical and allied health care professionals and inspectors noted that these were accessed on a regular basis for residents. For example, inspectors noted that exercise classes were facilitated, general practitioners |(GPs), the dietician, dentist, chiropody, optical and speech and language services (SALT) had been accessed. However, one resident who had been assessed as, at high risk of malnutrition, had not been seen by a dietician for a year. This resident had been seen by SALT in April 2016 in relation to a suitable consistency for her food, as she had been diagnosed with dysphagia (difficulty in swallowing).

All members of staff fulfilled a role in meeting the social needs of residents and inspectors observed that staff communicated with residents in a respectful and person-centred manner. There was a dedicated activity coordinator employed in the centre. This was discussed further under Outcome 3: Residents' rights, dignity and consultation. The environment was interesting with plenty of objects to engage and interest residents. Staff were offered a range of training opportunities, including dementia training courses, which outlined effective communication strategies. Arrangements were in place to support the civil, religious and political rights of residents with dementia where this was possible.

Judgment:

Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors found that measures were in place to protect and safeguard residents. There was a policy in the centre that set out the protocol in place for the prevention, detection, reporting and investigating of allegations of elder abuse. However, the policy did not reference the Health Service Executive's (HSE) Safeguarding Vulnerable Persons at Risk of Abuse, Policy & Procedures, 2014 and in addition the policy did not identify a designated person in the centre to investigate allegations of abuse. Staff were not aware of the HSE policy and had not received training in its implementation. In addition, inspectors noted that two allegations of possible abusive interactions had not been notified to HIQA within the three day time frame required by Regulation. These were sent in to HIQA retrospectively following the inspection. Training records reviewed confirmed that the majority of staff had received training in recognising and responding to elder abuse. However, this training had not been delivered by a suitably qualified trainer in the subject of safeguarding and safety.

Documentation was seen which indicated that allegations of abuse were appropriately addressed and external expertise had been sought. The provider stated that he intended to contact an external advocacy agency as additional support to residents. Contact details of this service was readily available. Residents spoken with said they felt safe and secure in the centre and stated that staff were supportive and helpful. Relatives confirmed with inspectors that staff had a caring attitude. Staff, spoken with, were aware of the procedure to follow if they witnessed, suspected or had an allegation of abuse disclosed to them.

There was a policy in the centre to support staff in appropriate interventions for residents who exhibited responsive behaviours, which were related to the behavioural and psychological symptoms of dementia (BPSD). A number of nursing and care staff confirmed that training was being provided to them in how to support residents with dementia. However, not all staff had received this training to date. A schedule of training had been compiled by the senior staff nurse. Individualised care plans on behaviour issues were in place in a sample of residents' files seen by inspectors. Inspectors noted that they described the behaviour, the support that was to be provided to the resident and suitable interventions to de-escalate the situation. PRN (as necessary) medication had been prescribed for administration if residents remained anxious. Inspectors noted that audit of the use of this psychotropic medication was undertaken and that it was reviewed regularly by the GP. Inspectors viewed an entry in the medical notes of one resident which indicated that the GP had declined to increase psychotropic drugs for one resident, as increased medication might have increased the falls risk for the resident.

The person in charge explained to inspectors that when a resident's usual behaviour changed an assessment was carried out to rule out any infection, environmental issue or continence need. Inspectors observed staff interacting with residents and intervening appropriately when a resident began to communicate distress or anxiety. For example, a resident who was restless and calling out was attended to promptly. Inspectors found that there was a restraint free environment promoted in the centre. Alternative measures to the use of bed rails were promoted for the majority of residents. Risk assessments had been completed for those residents who required bed rails. Documentation seen by inspectors indicated that these were checked and reviewed regularly. There was evidence that consent had been sought for the use of restraint and where a clinical decision had been made for the use of restraint, a consultation process was followed. Multidisciplinary (MDT) input was sought and this was documented in the relevant care plan. Inspectors found that residents' finances were in order. Two staff members signed any financial transaction and the sample of records checked were seen to be accurately recorded.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

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:

Residents meetings were held on a regular basis. The provider and person in charge stated that they met with residents and relatives on a daily basis. Inspectors viewed documentation which indicated that residents were consulted about how the centre was run. Surveys were conducted on an annual basis and there was a suggestion box located in the hallway of each area. Residents with dementia were enabled to make choices and maintain their independence. There were opportunities for residents to participate in activities which suited their assessed needs and interests. Menu choices and seasonal changes were discussed with residents. Residents were seen to be consulted at meal times and inspectors observed that a choice of menu was available at each meal.

Residents had access to a private telephone facility. Internet access was available in the centre. Televisions were located in all bedrooms and in sitting rooms. A large screen TV and projector screen, which was donated by family members of a former resident, were installed for residents' use. Conservatory areas were available which afforded access and views of the well maintained gardens. Information on local events and photographs of local school children were displayed on the walls. Daily newspapers were supplied to residents and residents were seen to avail of these at various times during the day. There were no restrictions on visitors and there were a number of areas where residents

could meet visitors in private. During the inspection visitors were observed spending time with residents in the restaurant, in the bedrooms and in the sitting rooms. There was a variety of activities available to residents in the centre which were organised and facilitated by an activity coordinator. The weekly activity schedule included music, board games, arts and crafts, knitting, gardening, newspaper reading, religious activity, Sonas and various chair based exercise. The activities coordinator informed inspectors that residents who had been diagnosed with advanced dementia or cognitive impairment had access to one to one interactions. The activity coordinator spent time with these residents, facilitating for example, music sessions, religious service on TV and hand massage. Documentation to this effect was maintained for residents.

Life story information was available in each resident's activity file. This documentation included details of residents' individual interests, level of communication, preferences and background. This information informed the activity plan and the daily choice of each resident. Residents with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors. Privacy locks were in place on all bedroom and bathroom doors. Inspectors observed all staff interacting with residents in an appropriate and respectful manner. Residents had a section in their care plan that covered communication needs, and there was a detailed communication policy in place that included strategies for effective communication with residents who had dementia.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents. Inspectors used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observation tool used was the Quality of Interaction Schedule or QUIS (Dean et al 1993). These observations took place in a section of the sitting room which was screened off to facilitate the 'Sonas' activity (a communication and memory activating session for people with cognitive impairment). The second observation took place in one of the two dining rooms in the centre. Each observation lasted a period of 30 minutes and inspectors evaluated the quality of interactions between carers and residents with dementia. During the 'Sonas' session the observing inspector noted that interactions were positive and meaningful. The facilitator related to residents in a calm and gentle manner. Residents were referred to by name and there was eye contact between residents and the facilitator. Social conversation was encouraged and when residents wanted to engage in conversation or initiate singing, this was facilitated in a respectful manner. Residents portrayed a sense of wellbeing by smiling and actively engaging with each other and the facilitator. The interactions during this session indicated 'positive connective care' as outlined in the QUIS tool. The observation in the dining area also indicated positive connective care for residents with dementia. Staff were observed to actively engage in conversation with all residents including those who were non-verbal. One resident was noted to be sitting with her eyes closed, however when her food was brought to the table she became more alert as the supporting staff member engaged positively and attentively with her while encouraging her to eat her meal. Staff members were seen to offer all residents choice and spoke with residents to ascertain their choice of cakes following the meal. A number of residents who had dementia were seen to be independent when eating. There were sufficient staff on duty in the dining room and staff and residents engaged in social conversation and gentle banter. There was a calm and unhurried atmosphere

with provided a sense of positive wellbeing for residents with dementia. Residents were neatly and appropriately dressed indicating a sense of respect for their dignity. Staff carefully assisted residents who were using walking aids.

Some residents confirmed that they attended monthly religious service and daily prayer group. The provider stated that this group met nightly in a small sitting room. The provider also stated that residents from all religious denominations were accommodated in the centre when required.

Closed circuit TV (CCTV) was in use in the hallways of the centre, in one dining area and in the combined sitting room/'Sonas' room. Signage was in place indicating its use. However, here was a CCTV policy in the centre which stated that CCTV should not be used in areas where residents and employees have a reasonable expectation of privacy such as a dining room. The provider was asked to review this policy and procedure to ensure compliance with the Data Protection Act and the protection of the privacy and dignity of staff, residents and visitors.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The centre had a policy and procedure on the management of complaints which had last been reviewed in April 2016; however, it did not comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. For example: The complaints officer was named in the complaints procedure which was displayed in the centre. This person was responsible under Regulation 34 for maintaining a record of all complaints in the centre including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied. However, the centre's complaints policy indicated that all complaints were not necessarily recorded. For example, the policy stated that only in the event that the complaints officer failed to resolve a complaint would it then be recorded. It was unclear to inspectors what role the designated complaints officer fulfilled in the centre, as she had not been involved in any of the complaints recorded in the complaints book. In addition, it was unclear as to who had been nominated in the centre to oversee all complaints and that they had been appropriately responded to. Inspectors reviewed the complaints log detailing investigations and responses to complaints. They found that the satisfaction or not of complainants had not been recorded in the complaints log, on all occasions. There was an independent appeals process available if residents, relatives or staff were not happy with the response to a complaint. Contact details for the

Ombudsman were required to be updated in the complaints procedure.
Judgment: Non Compliant - Moderate

Outcome 05: Suitable Staffing

Theme: Workforce

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: Inspectors viewed an up to date staff training matrix which indicated that all staff did not have up to date training in fire safety or safe moving and handling. Other training issues were discussed under Outcome 7: safeguarding and safety. <p>A sample of staff files was reviewed. Inspectors found that one staff file did not contain a full employment history, together with a satisfactory history of any gaps in employment, as required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. This was produced before the end of the inspection. Current registration with the relevant professional body was in place for nurses. Staff files demonstrated that annual staff appraisals were undertaken in 2014 and 2015 and management confirmed that appraisals were due to begin shortly for 2016.</p> <p>Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care for residents. Inspectors found staff to be well informed and knowledgeable regarding their roles, responsibilities and residents' needs. Inspectors observed that residents were familiar with staff members and engaged easily with them in personal conversations. Residents and relatives, spoken with, were positive about the communication they experienced with all members of staff.</p> <p>The number and skill-mix of staff on the day of the inspection appeared adequate to meet the assessed needs of residents. Staff spoken with by inspectors stated that they were happy with the staffing levels on both day and night duty. Staff rosters were in place and staffs supervision methods were appropriate.</p>

Judgment: Non Compliant - Moderate
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Outcome 06: Safe and Suitable Premises

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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 centre was originally a bungalow which had been converted into a two-storey building. It was opened in 1988 and provided long-term, convalescent and respite care to older persons. It was currently registered for 39 residents. The centre consisted of two sections which could be accessed through two independent key padded entrance doors joined by a central corridor. One side of the centre was called the convalescent unit, providing convalescent care and full time care. The second side was called the nursing home unit, providing long-term or short-term nursing home care.

Adequate bedroom facilities, assisted toilets and bathrooms were available in the centre with the majority of the rooms having en suite facilities. Communal accommodation consisted of:

- two dining rooms
- three lounges
- two conservatory areas
- an upstairs visitors' room.
- a small sitting room.

The external grounds and gardens were maintained to a very high standard. Flower boxes and plant containers were available at the entrance to the home and on all window sills. The gardens at the back of the centre had recently been made more accessible with the addition of a concrete ramp as well as the steps which had already been in place. A supporting rail was located next to this ramp to aid wheel chair users. A garden pool area was stocked with goldfish and waterlilies. This was appropriately risk assessed. A new fence section had been ordered for this area as the provider stated that a tree which had been located next to the pool had been cut down. Suitable garden seats were placed around the garden and on the patio area. Areas of the patio were sheltered by the use of a gazebo. Residents stated that this facility meant that they could stay outdoors in the summer time, even if it rained. Residents were seen walking independently around the gardens and they spoke with inspectors about the enjoyment they got from the lovely extensive garden area available for their use. Residents with an interest in gardening had access to an external glasshouse where plants were grown at appropriate times of the year. The centre was warm, homely and decorated to a high standard with suitable furnishings, fire resistant curtains, seating and flooring.

Staff dining facilities, staff changing facilities, storage, offices, family overnight facilities and secure medication storage were accommodated on the first floor of the nursing home unit. A lockable stair gate was located at the foot of this stairs.

Areas of risks identified during the inspection included a small number of designated fire doors held open with wedges, lighted night lights container in aromatic burners, no evacuation fire drill conducted through the upstairs fire exit door and the use of CCTV in

communal areas. These had not been risk assessed. The lighted night lights were assessed by the person in charge, during the inspection, as of low risk. The centre had a no smoking policy in place.

Ample car parking was available to the front and the rear of the building.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary O'Mahony
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:	Rosenalee Care Centre
Centre ID:	OSV-0000277
Date of inspection:	06/07/2016
Date of response:	19/08/2016

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: Health and Social Care Needs

Theme:

Safe care and support

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

A resident at high risk of malnutrition had not been seen by the dietician for a year. This referral was required under the guidelines outlined on the evidence based tool used to assess the resident's nutritional status.

1. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a

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

resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

The resident is not malnourished and is already taking 3 nutritional supplements with a full diet as per previous dietician recommendations. However, the dietician has been contacted and is due to visit this week.

Proposed Timescale: 19/08/2016

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

The HSE policy on Safeguarding Vulnerable adults at risk of abuse, 2014, had not been implemented or integrated with the centre's own policy.

2. Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

We are updating our policy, once it has been approved it will be implemented.

Proposed Timescale: 30/09/2016

Theme:

Safe care and support

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

All staff had yet to receive appropriate training in responding to and deescalating responsive behaviour associated with BPSD.

3. Action Required:

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

At inspection time, this training session was ongoing.

Ongoing

Proposed Timescale: 19/08/2016

Theme:

Safe care and support

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

As part of the investigation process into allegations of abuse the appropriate notification had not been sent to HIQA.

4. Action Required:

Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

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

NF 06 Form is now sent

Proposed Timescale: 19/08/2016

Theme:

Safe care and support

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

All staff had yet to be afforded training in the prevention and response to abuse. Training had not been delivered by a suitably qualified trainer.

5. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

The train the trainers course is booked for October 2016

Proposed Timescale: 31/10/2016

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

CCTV was in use in areas where residents dined and in sitting room areas.

6. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

We provide two areas for our residents to use for private and personal activities with no CCTV. For our resident's safety, our day rooms and conservatory needs to be monitored.

Proposed Timescale: 19/08/2016

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

The complaints policy was required to be updated in line with best practice and to comply with Regulations.

7. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

We are reviewing our complaints policy

Proposed Timescale: 30/09/2016

Theme:

Person-centred care and support

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

The person in charge had failed to nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in the designated centre to ensure that all complaints were appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintained the records specified under in Regulation 34 (1)(f).

8. Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

A person is now nominated to ensure that all complaints are appropriately responded to.

Proposed Timescale: 19/08/2016

Theme:

Person-centred care and support

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

According to the policy, the complaints officer was required to record complaints only if they had not been satisfactorily addressed. The complaints officer did not always keep a record of whether or not the resident was satisfied.

9. Action Required:

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

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

Complaints officer will be more involved in the recording of complaints. Ongoing

Proposed Timescale: 19/08/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Inspectors were shown a staff training matrix which showed that not all staff had up to date training in fire safety or safe moving and handling.

10. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Our training is ongoing
Ongoing

Proposed Timescale: 19/08/2016

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Full fire prevention precautions and emergency procedures were not followed:

For example:

- the use of fire door wedges on designated fire safe doors
- lighted night lights
- no evacuation drill through the upstairs fire exit

as set out in the Statement of Purpose.

11. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

- 1) Fire door wedges are all removed now
- 2) Lighted night lights – For fragrance purposes. A risk assessment done on inspection day and found to be of low risk.
- 3) Evacuation drill – will be reviewed and implemented

Proposed Timescale: 30/09/2016