<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Hillcrest House Nursing Home</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000346</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Long Lane, Letterkenny, Donegal.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>074 91 22342</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:ann_p_gall@hotmail.com">ann_p_gall@hotmail.com</a></td>
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<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<td>Registered provider:</td>
<td>Hillcrest Nursing Home Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Anne Gallagher</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Geraldine Jolley</td>
</tr>
<tr>
<td>Support inspector(s):</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 1 day(s).

The inspection took place over the following dates and times

From: To:
06 July 2016 10:00 06 July 2016 18:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
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<tr>
<td>Outcome 02: Governance and Management</td>
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<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 Management</td>
<td>Substantially Compliant</td>
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<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Substantially Compliant</td>
</tr>
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</table>

Summary of findings from this inspection

This report set out the findings of an unannounced monitoring inspection, which took place over one day. The inspector talked to the provider / person in charge, staff members, residents and visitors during the inspection. The collective feedback from residents and visitors was one of satisfaction with the service and care provided.

The centre provided a comfortable and home like environment for residents. Hillcrest House is a purpose built private nursing home that provides accommodation for up to 34 residents who require long term, respite or convalescent care. The building is organised over two floors and there is lift access to the upper floor. The conservatory entrance leads to the main hallway, the communal sitting and dining areas and residents accommodation. Private accommodation for residents comprised of 16 single rooms and nine twin rooms. All but two of the single rooms on the ground floor have en suite toilet and wash hand basin facilities. Ten bedrooms have en suite shower facilities. There are two assisted bathrooms on the ground floor (one with a bath and shower, the other with a shower) and three toilets, one of which is located near the main communal areas. On the first floor, there are three single bedrooms (without en suite facilities) that have access to a large assisted toilet/shower area. The building has been adapted and modified over the years to meet the needs of
dependent people. It was comfortably warm and was generally in good condition. There were some areas such as radiators where paintwork needed to be renewed to ensure surfaces could be easily cleaned to manage infection control effectively. To the side of the centre there is a garden, which can be secured with gates. A mature garden and patio area is located at the front entrance and there is a parking area in front of the building.

The person in charge was fully involved in the management of the centre, worked full time and was found to be easily accessible to residents, relatives and staff. There was evidence that individual residents’ needs were appropriately met and that staff supported residents to maintain their independence and contacts with the local community. For example, the inspector found that residents who had complex needs had appropriate assessments, were regularly reviewed and there were plans in place to support them to be as independent as possible. The majority of residents accommodated were over 65. Many had problems associated with dementia, confusion or a mental health problem and were living in the centre long term. All residents had care plans that outlined their care needs and lifestyle choices. Staff conveyed a good understanding of their needs and there were social activities available that provided them with meaningful occupation. Care plans were noted to be reviewed regularly but some did not indicate what aspects were reviewed and evaluations of care did not provide an overview of progress or change since the previous review. Residents had access to general practitioners (GP) services and to allied health professionals that included speech and language therapists, dieticians and occupational therapists.

Residents were provided with meals that were nutritious, served attractively, in sufficient quantity and well balanced. Residents were observed to be offered a choice of drinks with food and were supported by staff with eating and drinking whenever they needed this help. A resident told the inspector that, “The food is really lovely and there is great variety”. A visitor said, “The food is appetising and there are always choices available”. Catering staff knew the dietary preferences and restrictions in place for some residents and said they were updated by nursing staff when residents’ needs changed.

The inspector found the centre was managed in a way that ensured there was an adequate complement of staff with appropriate skills and experience to care for residents. There was an ongoing training programme for staff and in addition to training on the statutory topics of moving and handling, fire safety and adult protection staff had received training in risk management, tissue viability, nutrition and informed consent. The training record required revision to ensure that the information available on statutory training was readily accessible and to ensure all training that staff attended was recorded. The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 02: Governance and Management
*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.*

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector found there were sufficient resources to ensure the effective operation of the service in accordance with the Statement of Purpose. There is a clearly defined management structure that identifies the lines of authority and accountability. The provider/person in charge has been in this role since the commencement of the regulatory process.

Fitness of the provider/person in charge was determined by interview on previous inspections and will continue to be determined by ongoing regulatory work, including further inspections of the centre and commitment to addressing actions arising from all inspections.

**Judgment:**
Compliant

### Outcome 04: Suitable Person in Charge
*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The provider is also the person in charge and this arrangement had not changed since the last inspection. She is a registered nurse, who works daily in the centre and was well known by residents. She demonstrated good knowledge of residents’ care needs and had arrangements in place to ensure their care and well being was promoted and protected. The person in charge and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately. There was dedicated time allocated to manage the governance and administration duties required by the post of person in charge. Additional nurse hours were allocated to ensure care plans were reviewed and updated.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
The centre had a policy on prevention, detection and response to elder abuse and adult protection. No protection incidents had been reported to the Authority since the last inspection. Residents told the inspector that they felt safe in the centre and also said that they would discuss anything that concerned them with staff or with family. Staff confirmed that they had training on the topic of adult protection, were able to describe aspects of protection of vulnerable adults and knew how to report a concern or allegation of abuse. This training was provided by the person in charge.

There was a record of visitors in place and this was noted to be up to date.

The inspector reviewed a sample of assessments that underpinned the use of restraint including the use of bed rails and sensor alarms where used to protect residents assessed at risk if they left the centre. Documentation indicated that alternative options were explored prior to using restraint measures and where a bedrail was used as a support/enabler this function was described.

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

**Findings:**
The centre had a health and safety statement that had been updated in May 2016. It outlined the general governance arrangements and the health and safety principles in place to manage risk in the centre. The inspector found that staff took a proactive approach to controlling risk. They were observed to undertake moving and handling manoeuvres safely, to store equipment in a way that did not obstruct or hinder residents when walking around the building and to generally observe good hygiene practices. The infection control policy included information on hand and food hygiene. There were appropriate facilities in place for the prevention and management of infection control, including hand washing facilities, hand sanitizers and personal protective equipment such as aprons and gloves. Staff were noted to wash hands or use hand gel when moving from one area to another. Residents who had diabetes and who were required to have blood sugar regularly monitored had their own glucometer in accordance with good infection control practice guidance. However, some improvements were required to infection control procedures as staff were observed to carry laundry for washing through the building which created an infection control risk.

There were assessments in place for risk factors such as falls, unpredictable or aggressive behaviour, cross infection, residents leaving the building and the open fires in communal sitting areas. The assessments and controls in place were reviewed annually and were last reviewed in 2015.

There were fire safety arrangements in place and these could be described by staff. There was a range of fire fighting equipment, emergency lighting and smoke detectors throughout the building. These were noted to have been serviced regularly and there was a service contract in place. All fire exits were unobstructed, and staff took part in regular fire evacuation drills which were documented. Four fire drills had taken place during 2016. Fire safety training was noted to include how the fire alert system operated, evacuation procedures, fire exits and the use of fire blankets. The management of a fire incident where a resident’s clothing is on fire needed to be included in the topics covered during training.

The procedure, to be followed in the event of fire, was displayed in the centre. There were regular checks of the fire alarm to ensure it was operating effectively and the record indicated these checks were up to date. Daily checks of fire exits were undertaken and also recorded. The external fire escape from the upper floor was noted to be in good condition.
The inspector reviewed the reports of accidents/ incidents that had occurred in the centre. One minor injury had been recorded for 2016 and other incidents had not resulted in any injury to residents. An analysis of incidents that took place was undertaken by the person in charge. This identified the time of incidents, if witnessed or not and also where residents had repeated falls so that preventative measures could be put in place.

Actions outlined in the last inspection to address the accessibility of some calls bells and the variation in the floor level on the upper floor had been addressed.

**Judgment:**
Substantially Compliant

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**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:**
A medication management policy was in place to guide practice and included the arrangements for ordering, prescribing, storing and administrating medicines to residents. The inspector found that medication was managed safely and that secure arrangements were in place for medication storage.

Residents’ medication regimes were regularly reviewed. All medications were clearly identifiable on administration charts and were signed by residents' doctors. There were appropriate procedures for the handling and disposal for unused and out of date medicines. None of the residents managed their own medication at the time of inspection. Crushed or liquid medications were written up and prescribed by residents’ GP and documented on their medication administration charts as required.

**Judgment:**
Compliant

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**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
Theme:
Effective care and support

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

Findings:
There were 33 residents in the centre during the inspection. There were no residents assessed as having maximum care needs, three had high level needs and nineteen had medium level needs. The remaining eleven residents were assessed as low dependency. The majority of residents were noted to have a range of complex healthcare issues and were being treated for more than one medical condition. Over 70% of the resident group had problems associated with confusion, dementia or mental health problems. An action plan in the last report required that the dependency rating reflected more accurately the care needs of residents. This had been addressed and care records indicated the level of care residents required.

The arrangements to meet residents’ assessed needs were set out in individual care plans. Recognised assessment tools were used to evaluate residents’ progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, risk of developing pressure area problems and moving and handling requirements. Four resident’s care plans that reflected the management of nutrition, complex care and dementia were reviewed.

The inspector found that good standards of personal and nursing care were in place and this was supported by timely medical and allied health professional input when required. The risk assessments completed were suitably linked to care plans where a need/risk was identified. Staff conveyed good knowledge of the personal choices and wishes expressed by residents in relation to how they spent their time, the activities they attended and how they wished their personal care to be addressed. The inspector saw evidence that the ethos of person centred care was promoted each day. Residents could for example get up at times of their choice and could remain in bedroom areas or go to the communal areas to meet others or take part in activity. The sitting areas were well supervised and the inspector observed that staff greeted residents and engaged them in conversation when they entered each area. There was an emphasis on ensuring that all residents were engaged and included in interactions.

Care plans provided a good overview of residents’ care and how care was delivered. On admission, a comprehensive nursing assessment and additional risk assessments were complied for all residents. This assessment was based on a range of evidence based practice tools. For example, a nutritional assessment tool was completed to identify risk of nutritional deficits, a falls risk assessment to determine vulnerability to falls and a tissue viability assessment to assess pressure area risk. The inspector noted that the assessments were used to inform care plans and that care was delivered in accordance with established criteria to ensure well being and prevent deterioration. They were updated at the required intervals and in a timely manner in response to a change in a
resident’s health condition. Reviews generally provided an overview of responses to treatment and care interventions but some reviews and evaluations of care were noted to have limited information and did not provide a summary of residents’ progress or changes since the previous review. For example, the comments in some reviews indicated that the care plan was followed but there was no detail on the effectiveness of the plan and how it impacted on the wellbeing or healthcare status of residents.

Residents had access to GP services and records showed that GP’s visited the centre to review medications and to respond to changes in health care. Access to allied health professionals such as speech and language therapists, dieticians, physiotherapists, occupational therapists and community mental health nurses was available. There was evidence that residents and relatives were involved in care plans and their views were recorded and incorporated into daily care practice. The inspector noted that where residents had dementia there was good detail on what activities residents responded to and reflections on their emotional and psychological health were recorded in daily records. Communication capacity was generally described well and there was information available on orientation to surroundings, the social care needs of residents and how these were being addressed and what interventions were put in place when residents had fluctuating behaviour patterns. Assessments and care plans for residents who had dementia required improvement in some cases as the capacity and residual abilities of residents was not always evident. For example, the day to day activities that residents could undertake for themselves, who they recognised or their emotional health and how they participated in varied activities was not information that was readily available in care records and could impact directly on quality of life. Some residents had access to assistive technology to enable them to communicate and this was noted to have been reviewed when their health and capacity changed to ensure that they could continue to use the equipment purposefully.

The record of residents’ health condition and treatment given each day and night was up to date. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and shared between providers and services. Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. There was a varied and interesting social programme and some activities were specifically targeted towards the needs of people with dementia. There was a high level of participation in activities. Residents were observed to engage well in quiz and word games which were facilitated by staff at varied times during the day. Residents also participated well in the sonas activity which is a specialist sensory activity aimed to stimulate and prompt responses where residents have dementia or memory problems.

Some residents had health problems that included fluctuating behaviours. The pattern and extent of behaviours were outlined clearly in care plans with the interventions to be undertaken by staff to reduce the incidents of such behaviours and improve the quality of life for residents. The inspector saw that gradual and sustained improvements had been recorded and was told that a placement in a more independent environment was under consideration.
Judgment:  
Non Compliant - Moderate

**Outcome 16: Residents' Rights, Dignity and Consultation**  
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

**Theme:**  
Person-centred care and support

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

**Findings:**  
The inspector found that residents were supported to communicate and staff were aware of the different communication needs of residents including where residents used assistive technology. Staff had explored varied options with residents and where necessary these had been reviewed in accordance with residents’ changing needs and in consultation with specialist staff such as occupational therapists.

Residents were provided with information about the service and had information on how to raise a concern or complaint. There was access to radios, televisions and music systems.

Staff sought and obtained consent before assisting residents and explained to residents what they were going to do before any actions in relation to their personal care was undertaken.

**Judgment:**  
Compliant

**Outcome 18: Suitable Staffing**  
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector reviewed staffing levels and discussed the staff allocation with the person in charge and the staff team. The inspector was found that the day and night staff allocation was appropriate to meet the needs of residents. On the day of inspection the person in charge was also the nurse on duty. This was not usual as the rota indicated and the person in charge confirmed that there were normally two nurses on duty during the day with three nurses scheduled on some days to address documentation and administration related to care practice.
The centre provides educational/work experience placements for students undertaking a variety of courses including Further Education and Training Awards Certification (Fetac) level 5. Appropriate documentation in relation to employment history and vetting was obtained for all students on placement.

The inspector carried out interviews with varied staff members and found that they were knowledgeable about residents’ individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. All could identify how they would report a suspicion or incident of abuse. Staff told the inspector that they were well supported and that the person in charge provided good leadership and guidance.

The inspector was provided with details of the training that had been provided to staff during 2015/2016 and further training that was scheduled. Training was noted to be identified in a systematic way to ensured that mandatory training was completed and also to ensure that staff had up to date skills relevant to care practice and to meet the current needs of residents. The person in charge provided the training including refresher training in adult protection. Training had been completed on topics that included:

- Principles of food hygiene
- Tissue viability and wound care
- Care planning
- Risk management and informed consent
- Dysphagia, nutrition and hydration.

However, the format for recording training completed required review as it was difficult to determine that all staff had completed training or refresher training in the topics of moving and handling, fire safety and adult protection that are described in legislation.

Residents and staff were observed to have good relationships and residents said they valued the way staff spent time with them, remembered their preferences and the ways they liked their daily routines and personal care to be carried out. The inspector observed that call-bells were answered promptly, staff were available to assist residents and there was appropriate supervision in the dining room and sitting rooms throughout the inspection day. Staff were well informed about residents' care needs and the specialist needs of some residents that required particular interventions.
Judgment:
Substantially 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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<td>OSV-0000346</td>
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<tr>
<td>Date of inspection:</td>
<td>06/07/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>17/08/2016</td>
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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 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 procedures for transferring laundry from residents' rooms to the laundry required review as some arrangements observed created an infection control hazard.

1. **Action Required:**
   Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published

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

**Please state the actions you have taken or are planning to take:**
Staff will be reminded to bring the laundry collection trolley with them to collect laundry rather than bringing the laundry to the trolley

**Proposed Timescale:** 21/08/2016

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Fire safety training did not cover the topic of the action to take should a resident's clothing be on fire and needed expansion to cover this eventuality in accordance with regulation 28(1)(d).

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

**Please state the actions you have taken or are planning to take:**
- Risk assessment and Management updated to address this risk
- The procedure to be followed in the event of residents clothing catching fire to be incorporated into the Fire awareness training programme

**Proposed Timescale:** 26/08/2016

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**Outcome 11: Health and Social Care Needs**

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some reviews and evaluations of care were noted to have limited information and did not provide a summary of residents' progress or changes since the previous review. For example, the comments in some reviews indicated that the care plan was followed however there was no detail on the effectiveness of the plan in relation to the wellbeing or healthcare status of residents.

3. **Action Required:**
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise
it, after consultation with the resident concerned and where appropriate that resident’s family.

**Please state the actions you have taken or are planning to take:**
The primary nurses to review the Evaluation process and review their documentation for all residents and in particular where an issue has been identified.

**Proposed Timescale:** 17/09/2016

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Assessments and care plans for residents who had dementia required improvement in some cases as the capacity and residual abilities of residents was not always evident. For example, the day to day activities that residents could undertake for themselves, who they recognised or their emotional health and how they participated in varied activities was not information that was readily available in care records.

**4. Action Required:**
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

**Please state the actions you have taken or are planning to take:**
Care Plans for residents who suffer from Dementia to be reviewed to include and reflect day to day activities.

**Proposed Timescale:** 17/09/2016

**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The format for recording the training completed by required review as it was difficult to determine that all staff had access to and had completed training or refresher training in the topics of moving and handling, fire safety and adult protection that are described in legislation.

**5. 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:**
<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
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