

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kiltormer Nursing Home
Centre ID:	OSV-0000352
Centre address:	Kiltormer, Ballinasloe, Galway.
Telephone number:	090 962 7313
Email address:	info@kiltormernursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	D & G Nursing Home Limited
Provider Nominee:	Derek Glynn
Lead inspector:	PJ Wynne
Support inspector(s):	Damien Woods
Type of inspection	Unannounced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	0

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: 01 June 2016 10:00 To: 01 June 2016 14:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report set out the findings of an unannounced monitoring inspection. This inspection took place over one day. The centre was previously inspected on the 1 February. The inspection at that time evidenced significant failings to adequately meet the requirements of the regulations. A total of 14 Outcomes were inspected. Seven Outcomes were judged as major non-compliant.

A second inspection was undertaken on the 26 February 2016. This inspection evidenced some improvement in the management systems. The management team demonstrated a clearer understanding of their responsibilities to the inspectors. Increased time was available to the person in charge to engage in the operational management of the centre. There was an improvement in staff resources. The level of care assistant work hours had been increased.

In line with the HIQA's procedures to manage risk and ensure safe quality care a further unannounced inspection was undertaken. The purpose of this inspection was to monitor progress and assess the action undertaken by the provider.

There were 24 residents in the centre and one in hospital at the time of this inspection. One resident was being accommodated for short-term care for a period of respite or convalescence. The remaining residents were accommodated for long-term

care.

There were nine residents with maximum care needs. Seven residents were assessed as highly dependent and seven had medium dependency care needs. The majority of the residents accommodated were over 85 years of age.

This inspection evidenced continued improvement in the quality and safety of care provided. On this visit it was established all residents had a range of risk assessments completed with care plans developed.

There was an improvement in timely access to medical care as residents' needs indicate. The majority of residents had a review by the physiotherapist and occupational therapist.

Mandatory training required by the regulations in fire safety, moving and handling techniques, adult protection and responsive behaviours was completed by the majority of staff. The systems in place to ensure the health and safety of residents, staff and visitors in the centre are improved and action is taken to address matters identified.

A total of seven Outcomes were inspected on this visit. The inspector judged two Outcomes as moderate non-compliant namely, Health and Social Care Needs and Governance and Management. Four Outcomes were judged as being substantially in compliance the regulations and one Outcome as complaint

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 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

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

Findings:

A revised Statement of Purpose was submitted to the HIQA which set out the services and facilities provided in the designated centre.

The Statement of Purpose was updated to detail the date of expiry of current registration period, the conditions of registration and registration number.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

This inspection evidenced a continued improvement in the management systems. There is an internal management structure appropriate to the size, ethos, and the purpose and function of the residential service.

The management team demonstrated a clear understanding of their responsibilities to the inspectors. The person in charge and the senior nurse were both on duty at the time of this inspection.

There was an improvement in nursing staff resources as current staff are working additional shifts. The decrease in the maximum number of residents accommodated presently has correspondingly assisted to improve the ratio of staff resources to residents accommodated.

Increased time is available to the person in charge to oversee the operational management of the centre. This was evidenced in the new arrangements developed to ensure residents have timely referral to healthcare services including specialist services, health and social care professionals and psycho-geriatric services. There was evidence of the development of a system to ensure each resident has timely access to a general practitioner (GP) or suitably qualified medical practitioner of their choice.

A staff training and development programme was being developed. Training was being facilitated by an appropriately qualified person. Staff had completed training in adult protection and responsive behaviours since the last inspection. Training on medication management and cardio pulmonary resuscitation techniques was planned to occur in the aftermath of this inspection.

Continued work remains to be undertaken to ensure the service provided is safe, appropriate, consistent and effectively monitored to deliver a good quality of care. The development of systems to ensure a high standard of evidence based nursing care and proactive, well planned responsive healthcare remain to be implemented. This was being aided by moving to an electronic based records system. This included clinical risk assessments and audit tools to help the person in charge in planning, managing and monitoring the service.

The computerised system is in an early stage of introduction in the centre and further training is required by staff to ensure the system is utilised to inform management decisions and to drive continuous improvements in service provision.

Written operational policies requires review to ensure they are centre specific. Some policies were identified as requiring review to take account of emerging best practice to ensure procedures are well developed to guide staff, in particular the risk management and medication management policy.

Judgment:

Non Compliant - Moderate

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):

Findings:

The systems in place to ensure the health and safety of residents, staff and visitors in the centre have improved. The needs of the residents had been assessed to outline their evacuation requirements in the event of a fire occurring. Personal emergency evacuation plans were developed for residents. These were updated since the last inspection to identify both day and night time evacuation needs.

The procedures to follow in the event of a fire were displayed to include the action to take on hearing the alarm or discovering a fire around the building.

A fire drill was completed in April. The provider indicated routine drills would be undertaken and fire drills would be undertaken to simulate different scenarios to include a night time situation when staffing levels are reduced. The template had the facility to document the learning from fire drills completed to help staff understand what worked well, identify any improvements required and share learning.

An officer from the statutory fire authority visited the centre and conducted a review of the building in March. A schedule of works were agreed in order to improve the level of fire safety within the building. This included the replacement of seals on fire doors to prevent smoke passing around the door in the event of a fire. While the seals were upgraded, gaps remained visible when the fire doors were closed. A number of fire doors were identified as requiring adjustment to the position they sat in the frame so that they closed fully and the gaps between the door leaves and the frame were minimised to prevent smoke passing the door in the event of a fire.

Some operational practices and storage procedures posed a hazard of cross infection on the previous inspection. Further precautions are required in this area. Two urine specimens were stored on the shelf in the main bathroom.

A new accident report form is available from the electronic care records system being introduced. However, the form was not available to staff for completing. The version viewed on previous inspections was retained in the accident book. This did not have the facility to detail all relevant information when an adverse event occurred. There was no incident reports completed to document events of an minor nature, for example residents with minor wounds or skin tears or near miss events. Therefore an investigation as to the possible cause or action to minimise the risk of a repeat occurrence or ensure learning for all staff was not in place.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified to include the type of hoist and sling size. These were documented in care plans.

Judgment:

Substantially 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):

Findings:

Photographic identification was available on all the blister packs and in the sample of medication administration records examined to reduce the possibility of error when medication was administered.

There was a system in place to check the medications delivered by pharmacy reconciled with the prescribed medication.

A copy of the prescription was now available with the blister pack and the copy in sample viewed was clearly legible. However, a small amount of medications not included in the blister pack were not identified and as being stored elsewhere on relevant documentation. .

The storage arrangements for drugs that require special control measures were reviewed to meet the requirements of the regulations. Medication was secured in a double locked cupboard. There were two cupboards to store medication each with a separate lock.

Judgment:

Substantially Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

Findings:

There were 24 residents in the centre and one in hospital at the time of this inspection. One resident was being accommodated for short-term care for a period of respite or convalescence. The remaining residents were accommodated for long-term care.

There were nine residents with maximum care needs. Seven residents were assessed as highly dependent and seven had medium dependency care needs. Three residents were considered as low dependency. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition.

There were four wound care problems in receipt of attention, one of which was a pressure wound and two vascular wounds. Advice from a clinical nurse specialist in wound management had been obtained for each wound care problem. A further review for a long term vascular wound problem was obtained and a change to the type and frequency of dressing was recommended.

Professional expertise provided was being followed according to wound assessment charts and dressing records. The inspectors saw that care plans, wound dressing records and comments on progress were available and that all wounds were indicating signs of improvement or had healed. One resident was awaiting a review by a vascular surgeon and the treatment regime recommended by the clinical nurse specialist was being followed. Nutritional supplements to aid healing were included in the diets of residents with a poor appetite.

There was an improvement in timely access to medical care as residents' needs indicate. A recently admitted resident was seen by the GP within a short time frame of admission. Another resident who became unwell was reviewed by the GP prior to transfer to hospital.

The majority of residents had an assessment and review by the physiotherapist and occupational therapist. Detailed information was obtained. However, the person in charge did not have a plan to deliver the recommendations by the allied health professionals. By way of example in one file reviewed the notes indicated a resident would benefit from lower limb exercise following a review.

Residents were reviewed by the speech and language therapist and the recommendations were outlined in plans of care. Staff were familiar with residents who required modified consistency diets and thickened fluids.

Nutritional risk assessment were completed. Residents had care plans for nutrition in place. There was access to allied health professionals for residents who were identified as being at risk of poor nutrition. There was ongoing monitoring of residents nutrition and skin integrity.

All residents were weighed monthly. Food intake records were maintained and were being completed for two residents at the time of this inspection. Food charts outlined the amounts of food eaten. In most cases this was well described and indicated the

portion size consumed at each mealtime. However, fluid charts were not totalled to ensure a daily fluid goal was achieved.

On this visit it was established all residents had a range of risk assessment completed with care plans developed. Recognised assessment tools were used to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and continence needs.

Assessed needs were set out in individual electronic care plans. A paper based record was also maintained. The care plans reviews and daily nursing records on a resident's health and treatment given were recorded on the paper based system.

Further work is required to ensure clear linkage between the risk assessments, the care plans and reviews. In particular to reflect changes in the health status and changes in care regimes. Some care plans were not updated to reflect changes in the intervening period between the four monthly reviews. The content some of care plans requires further work to ensure they are person-centred and individualised.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

Findings:

The centre is registered to accommodate 36 residents. As outlined in the Statement of Purpose there are 13 single and one twin bedroom. There are seven bedrooms where it was agreed the occupancy level would be reduced. At the time of this inspection all residents' were accommodated in either single or twin occupancy bedrooms.

Decorative maintenance previously identified as requiring attention were completed. Assistive frames in toilets and radiators in bathrooms were painted.

The organisation of the main communal sitting/dining area had improved since the last inspection. The dining table was relocated to the centre of the room to provide a focal point and was also used to support activities on the morning of the inspection.

The number and position of tables in front of chairs which is a restrictive practice as it prohibits many residents with mobility or dexterity problems moving from their chairs freely was being managed more appropriately. While further work is required, it was evident the tables were used in most cases to support residents read a newspaper or have drinks.

The external area requires work to ensure to well maintained in a safe and clean condition with all old obsolete equipment and materials removed.

Judgment:

Substantially Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

Findings:

There was an adequate complement of nursing and care staff on each work shift at the time of this inspection to meet the needs of the number of residents accommodated. The inspectors noted that the planned staff rota matched the staffing levels on duty.

Mandatory training required by the regulations in fire safety, moving and handling techniques, adult protection and responsive behaviours was completed by the majority of staff. Professional development training in medication management and cardio pulmonary resuscitation techniques was planned by the provider. However, this had not occurred within the timeframes outlined in the action plan response of the previous inspection.

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:

PJ Wynne
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:	Kiltormer Nursing Home
Centre ID:	OSV-0000352
Date of inspection:	01/06/2016
Date of response:	11/07/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Some policies were identified as requiring review to take account of emerging best practice to ensure procedures are well developed to guide staff, in particular the risk management and medication management policy.

1. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement

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

all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

- Training on medication management is scheduled to take place on the 28th July 2016
- The risk management policy has been reviewed and updated.
- The medication management policy has been reviewed and updated.

Proposed Timescale: 28/07/2016

Theme:

Governance, Leadership and Management

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

Work remains to be undertaken to ensure the service provided is safe, appropriate, consistent and effectively monitored to deliver a good quality of care. The development of systems to ensure a high standard of evidence based nursing care and proactive, well planned responsive healthcare remain to be implemented.

2. Action Required:

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

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

- Work is ongoing in relation to our move to an electronic based system to provide a high standard of evidence based nursing care. Staff are adapting well to the move and are progressing positively. Ongoing training and education re the electronic based system is providing staff with guidance and confidence with using it. However staff who are not yet competent with the system are continuing to use their original written system.
- All incidents/accidents and near misses are now documented in the nurses station. All staff are aware of this and this practice has commenced, I am in the process of implementing an audit tool for auditing accidents/ incidents

Proposed Timescale: 29/07/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

There was no incident reports completed to document events of an minor nature, for

example residents with minor wounds or skin tears or near miss events. Therefore an investigation as to the possible cause or action to minimise the risk of a repeat occurrence or ensure learning for all staff was not in place.

3. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

- There is an accident form available to staff in the event of an adverse event occurring in the nurses' station, this incorporates all relevant information in relation to the incident/accident.
- All minor incidents and near misses are documented in the nurses' station, there is a folder in place for recording these incidents. It is documented in the daily/nightly nursing notes as well as the incident/near miss forms. This incorporates causes or action to minimise risk of a repeat occurrence. All staff have been made aware of this.

Proposed Timescale: 07/07/2016

Theme:

Safe care and support

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

Some operational practices and storage procedures posed a hazard of cross infection. Two urine specimens were stored on the shelf in the main bathroom.

4. 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 by the Authority are implemented by staff.

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

- Specimens are stored separately in the fridge now in a sealed specimen bay prior to been taken to the laboratory

Proposed Timescale: 07/07/2016

Theme:

Safe care and support

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

A number of fire doors were identified as requiring adjustment to the position they sat in the frame so that they closed fully and the gaps between the door leaves and the frame were minimised to prevent smoke passing the door in the event of a fire.

5. Action Required:

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

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

- All fire doors have been repaired and gaps are fully closed in all doors

Proposed Timescale: 11/07/2016

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:

A small amount of medications not included in the blister pack were not identified and as being stored elsewhere on relevant documentation.

6. 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:

- All medication that is not blister packed is highlighted in the medication administration record sheet as arranged with the pharmacy.

Proposed Timescale: 07/07/2016

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

Effective care and support

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

Fluid charts were not totalled to ensure a daily fluid goal was achieved.

7. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

- All staff are advised to total fluid charts daily. This is ongoing

Proposed Timescale: 07/07/2016

Theme:

Effective care and support

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

Some care plans were not updated to reflect changes in the intervening period between the four monthly reviews. The content some of care plans requires further work to ensure they are person-centred and individualised.

8. Action Required:

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

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

- Care plans are reviewed 4 monthly or as required
- Care plans are audited monthly by the person in charge

Proposed Timescale: 07/07/2016

Theme:

Effective care and support

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

The person in charge did not have a plan to deliver the recommendations by the allied health professionals. By way of example in one file reviewed the notes indicated a resident would benefit from lower limb exercise following a review.

9. Action Required:

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

- We are currently coming to the end of a full review of all residents with the OT & Physiotherapist. I am in the process of organising OT & Physiotherapy Sessions on a regular basis with the Healthcare company. We have one more day of reviews with the remaining few residents and a plan will be put in place accordingly.

Proposed Timescale: 10/08/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The external areas requires work to ensure it is well maintained in a safe and clean condition with old obsolete equipment and materials requiring removal.

10. Action Required:

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

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

- All external areas have been cleared and all obsolete equipment and materials have been removed. All garden furniture have been cleaned & Painted, The whole building has been power washed & painted.

Proposed Timescale: 07/07/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Professional development training in medication management and cardio pulmonary resuscitation techniques was planned by the provider. However, this had not occurred within the timeframes outlined in the action plan response of the previous inspection.

11. 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:

- CPR training took place on the 7th July, another date is to be confirmed for training for additional staff who could not attend the training day. I am waiting on a further date from the course facilitator.
- Training for the Medication management training is scheduled for the 28th July 2016

Proposed Timescale: 28/07/2016