

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sonas Nursing Home Cloverhill
Centre ID:	OSV-0000384
Centre address:	Lisagallan, Cloverhill, Roscommon.
Telephone number:	090 662 8882
Email address:	cloverhill@sonas.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sonas Nursing Home Management Co Limited
Provider Nominee:	John Mangan
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	51
Number of vacancies on the date of inspection:	2

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: 05 July 2016 08:50 To: 05 July 2016 19:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The centre can accommodate a maximum of 53 residents who need long-term care, or who have respite, convalescent or palliative care needs. The inspector reviewed progress on the action plan from the previous inspection. Notifications of incidents received since the last inspection were reviewed on this visit.

The inspector met with the provider and person in charge who displayed a good knowledge of the regulatory requirements. There was evidence of a commitment to providing quality, person-centered care.

Staff supported residents to maintain their independence where possible. There was an adequate complement of nursing and care staff on each work shift. The building was warm and comfortably decorated. Fittings and equipment were clean and well maintained.

Residents spoken with stated that they felt safe in the centre. A range of activities was facilitated by an activity coordinator. The inspection evidenced a good standard of evidence-based care and appropriate medical and allied health care access.

A total of nine Outcomes were inspected. Five Outcomes were judged as compliant with the regulations and a further three as substantially in compliance. One Outcome was judged as moderately non-compliant.

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 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 provider has ensured sufficient resources to ensure the delivery of care in accordance with the Statement of Purpose. There was a defined management structure in place with which staff were familiar. The governance arrangements in place are suitable to ensure the service provided is safe, appropriate and consistent. The management team have a visible presence at all levels throughout the centre.

There was evidence of monitoring of the services. However, the procedures to complete audits requires review to inform learning and ensure enhanced outcomes for residents. The aim, objective and methodology was not defined for all planned audits.

A significant amount of clinical data was collected. However, there was not a system to collectively review the information to identify trends, to inform the development of improvement plans to ensure enhanced individual and collective outcomes for residents. By way of example, the last audit on medication usage was in December 2015. The data collected in relation to falls by residents was not reviewed for trends, to identify repeat falls. There was no correlation between the times falls occurred and staff levels or the identification of contributory factors for example, changes to medication or onset of infection.

Judgment:

Substantially 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 person in charge has not changed since the last inspection. The person in charge is a registered nurse and is noted on the roster as working in the post full-time.

The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience. The nominated person to fulfil the role of the person in charge has more than three years experience of nursing older persons within the last six years as required by the regulations.

The person in charge has maintained her professional development and attended mandatory training required by the regulations. The person in charge facilitated the inspection well and provided all information requested by the inspector.

She was well known by residents. She had good knowledge of residents care needs and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

Judgment:

Compliant

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records. Records were stored securely and easily retrievable.

Written operational policies, which were centre specific, were in place to inform practice

and provide guidance to staff.

A sample of three staff files were examined to assess the documentation available, in respect of persons employed. The information required by Schedule 2 of the regulations was available in the staff files reviewed. The provider was awaiting the outcome of Garda Siochana vetting for the two most recent staff recruited.

A directory of residents' was maintained and available for review. The directory contained the facility to record all the information required by Schedule 3, of the regulations. The directory was accurately maintained up to date. The details of the most recent transfer to hospital were recorded in the directory.

The certificate of registration was displayed prominently as required by the regulations.

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):

Findings:

There were effective and up to date safeguarding policies and procedures in place. There were sufficient numbers of suitably qualified staff on each shift to promote residents independence.

The inspector observed and saw that residents were treated well, with safety at the forefront of care. Support to residents was provided appropriately. The person in charge is a qualified trainer in adult protection and facilitates training with the staff. While the majority of staff were trained in safeguarding vulnerable adults, refresher training was identified for some staff in line with the centre's policy. Five staff last attended training in 2013.

No notifiable adult protection incidents which are a statutory reporting requirement to HIQA have been reported since the last inspection.

There is a policy on the management of responsive behaviour. Staff were very familiar with resident's behaviours and could describe particular residents' daily routines very well to the inspector. However, all staff had not participated in training in caring for

people with dementia and responsive behaviours. Two nursing staff, most recently recruited and some care staff were identified as requiring training.

In line the national policy on promoting a restraint free environment there was a policy on restraint management (the use of bedrails and lap belts) in place. There were 18 residents with bedrails raised at the time of this inspection. A risk assessment was completed. Signed consent was obtained by the resident or their representative.

The risk assessment tool requires review to take cognisance of a broader range of issues to include risks from responsive behaviour, intermittent confusion, medical conditions and medications administered. An audit of residents with bedrails raised was recently completed and the use of five bedrails was discontinued.

Judgment:

Substantially Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

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

Findings:

The governance arrangements to manage risk situations were specified. The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. Responsibility for health and safety procedures and an organisational safety structure was included in the risk management policy and health and safety statement.

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed. The needs of the residents had been assessed in the event of an evacuation of the centre. Personal emergency evacuation plans were developed for residents. These detailed both day and night evacuation requirements by residents.

There was an ongoing program of refresher training in fire safety evacuation. A small number of recently recruited staff were identified as requiring training in fire safety evacuation. Records indicated fire drill practices were completed. The drill records recorded the date of the drill and the names of staff who took part. The fire drill records recorded the scenario/type of simulated practice, to include the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. However, the documented evaluation of learning from fire drills completed to

help staff understand what worked well or any improvements identified requires review as some staff were not fully clear when spoken with regarding the fire drill practices.

There were procedures to undertake and record internal fire safety checks. Regular checks of the fire extinguishers were undertaken to ensure they were in place and intact, the fire panel and automatic door closers were operational. Records were maintained evidencing the fire escape routes were checked. A number of bedroom doors are not connected to the fire alarm as identified on the last inspection. Some work has been undertaken to connect bedroom doors to the alarm system. However, the work was not completed on all doors at the time of this inspection.

The training records showed 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. Moving and handling risk assessments were completed for each resident. The type of hoist and sling size was specified in each moving and handling risk assessment.

There was a contract in place to ensure hoists and other equipment to include electric beds and air mattresses used by residents was serviced and checked by qualified personnel to ensure they were functioning safely.

Hand testing indicated the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Access to the building was secure. Restrictors were fitted to windows. Access to work service areas to include the laundry, cleaning and sluice room was secured in the interest of safety to residents and visitors. All parts of the building were clean and well maintained. There was a sufficient number of cleaning staff rostered.

There arrangements in place for recording and investigating incidents and near miss events require review. Incidents that were documented were recorded with a good level of detail. There was evidence of neurological observations being recorded where a resident sustained an unwitnessed fall or a suspected head injury. However, there was evidence all accidents were not documented in the incident reporting book.

In one file examined the nursing notes indicated the resident sustained two accidents unwitnessed. In one case the resident sustained a cut to the forehead. There was no incident report completed Therefore an investigation as to the possible cause or action to minimise the risk of a repeat occurrence was not in place as a result. Post incident reviews were not completed to identify any contributing factors for example, suspected infection or the impact of changes from medication.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

There was a management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

Each resident's medication was dispensed from blister packs. These were delivered by the pharmacy and contained a monthly supply of each resident's medication. The drugs on arrival are checked against the prescription sheets in the signed kardex to ensure all medication orders received were correct for each resident.

The inspector reviewed a sample of drugs charts. The prescription sheets reviewed were legible. Regular medication, (PRN) medication (a medicine only taken as the need arises) and short term medication were identified separately on the prescription sheets. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication. The GP's signature was in place where medication was discontinued.

There were no drugs being crushed for any residents at the time of this inspection. The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) regulations. Nurses kept a register of controlled drugs. There were four residents in receipt of controlled drugs at the times of this inspection. Controlled drugs were checked by two nurses at the change of each shift.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

Findings:

There were 51 being accommodated in the centre. Four residents were in hospital at the time of inspection. There were 22 residents with maximum care needs. Ten residents were assessed as highly dependent and ten had medium dependency care needs. Nine 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. Sixty percent of the residents had a diagnosis of either dementia, cognitive impairment or Alzheimer's

The arrangements to meet residents' assessed needs were set out in individual care plans. A range of risk assessments had been completed. These were individualised and described the current care to be given. Risk assessments were regularly revised.

The inspector reviewed four resident's care plans in detail and certain aspects within other plans of care. There were plans of care in place for each identified need.

In the sample of care plans reviewed there was evidence care plans were updated at the required four monthly intervals or in a timely manner in response to a change in a resident's health condition. There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan.

Residents had access to general practitioner (GP) services and there was evidence of medical reviews at least three monthly and more frequently when required. Medical records evidenced residents were seen by a GP within a short time of being admitted to the centre. A review of residents' medical notes showed that GP's visited the centre regularly.

There were two residents with pressure wounds at the time of this inspection. One was rated as a grade four. There was access to a clinical nurse specialist in wound care. Professional expertise provided was being followed. The inspector saw that the care plan, wound dressing records and comments on progress were available and that the wound was indicating good signs of improvement. Nutritional supplements to aid healing were included in the resident's diet.

Nutritional screening was carried out using an evidence-based screening tool. There were eight residents on a pureed diet and six on a minced moist diet. Eight residents required their fluids to be thickened. The instructions for food and fluid consistency were clearly described in care plans and available to staff in the kitchen and dining room. Food was being fortified for 15 residents.

There was a good dietary intake observed by the inspector at mealtimes by the residents. There was a good choice of a variety of nutritious, wholesome food provided. Each resident's weight was closely monitored and referrals to the dietician were made for specialist advice. The food from the kitchen was served to the three units at the

same time. This was discussed with the management team as requiring review to ensure there is an adequate number of staff in each unit to assist those requiring help.

Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:
Effective care and support

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

No actions were required from the previous inspection.

Findings:

The building is designed to meet the needs of dependent older people. The building was well maintained, warm, comfortably decorated and visually clean.

There was a good standard of décor throughout and good levels of personalisation evident in most residents' bedrooms. Residents spoken with confirmed that they felt comfortable in the centre.

Bedrooms are adequate in size and equipped to assure the comfort and privacy needs of residents. There was a call bell system in place at each resident's bed. Suitable lighting was provided and switches were within residents reach. There were a sufficient number of toilets, baths and showers provided for use by residents. Toilets were located close to day rooms for residents' convenience.

Staff facilities were provided. Separate toilets facilities were provided for care and kitchen staff in the interest of infection control.

A safe enclosed garden was available to residents

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:
Workforce

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

Findings:

There was an adequate complement of nursing and care staff on each work shift. Staff had the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre.

There are nine care assistants rostered from 8:00 am till 11:00 am and eight care assistants till 2:00 pm and six until 6:00 pm. There are two nurses rostered throughout the day. The nurses are supported in their role by the person in charge.

There was a detailed policy for the recruitment, selection and vetting of staff. It was reflected in practice. Staff confirmed to the inspector they undertook an interview and were requested to submit names of referees and complete Garda Siochana vetting.

Staff received regular supervisions appraisals which were documented in their files. Staff told the inspector that they felt well supported by the person in charge. Staff confirmed they had access to ongoing professional development and training.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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:	Sonas Nursing Home Cloverhill
Centre ID:	OSV-0000384
Date of inspection:	05/07/2016
Date of response:	05/08/2016

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The procedures to complete audits requires review to inform learning and ensure enhanced outcomes for residents. The aim, objective and methodology was not defined for all planned audits

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to

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

ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

Audit Process under review to include aims , objectives, methodology & outcomes for residents

Proposed Timescale: 01/12/2016

Outcome 07: Safeguarding and Safety

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 not participated in training in caring for people with dementia and behaviours that challenge. Two nursing staff, most recently recruited and some care staff were identified as requiring training.

2. 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:

Quality Of Life & challenging behaviour training took place on 15th & 20th June 2016 , planned training for remaining staff will take place on 30th September 2016

Proposed Timescale: 30/09/2016

Theme:

Safe care and support

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

The risk assessment tool requires review to take cognisance of a broader range of issues to include risks from responsive behaviour, intermittent confusion, medical conditions and medications administered.

3. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Risk assessment tool currently used is under review to include responsive behaviour,

intermittent confusion medical conditions & medications administered

Proposed Timescale: 01/11/2016

Theme:

Safe care and support

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

Refresher training in safeguarding vulnerable adults was identified for some staff in line with the centre's policy. Five staff last attended training in 2013.

4. 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:

All staff will have refresher training completed in safeguarding vulnerable adults before the date outlined below

Proposed Timescale: 01/11/2016

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 evidence all accidents were not documented in the incident reporting book. In one file examined the nursing notes indicated the resident sustained two accidents unwitnessed. There was no incident report completed and an investigation as to the possible cause or action to minimise the risk of a repeat occurrence was not in place as a result.

5. Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

All accidents however minor will now be entered into adverse instance book to outline cause & to minimise further occurrence

Proposed Timescale: 10/07/2016

Theme:

Safe care and support

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

Post incident reviews on falls sustained by residents were not completed to identify any contributing factors for example, suspected infection or the impact of changes from medication.

6. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

Policy on Post incident reviews on falls sustained by residents now includes identifying any contributing factors such as suspected infection and the impact of changes from medication.

Proposed Timescale: 05/08/2016

Theme:

Safe care and support

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

The documented evaluation of learning from fire drills completed to help staff understand what worked well or any improvements identified requires review as some staff were not fully clear when spoken with regarding the fire drill practices.

7. Action Required:

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

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

Fire drills carried out monthly using different scenarios. This is used as an opportunity for learning for staff. Any deficits in practice identified and training provided to staff if required.

All staff participate in evacuation training annually and post training questionnaire completed to analyse effectiveness of training

Proposed Timescale: 30/08/2016

Theme:

Safe care and support

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

A number of bedroom doors are not connected to the fire alarm as identified on the last inspection. Some work has been undertaken to connect bedroom doors to the alarm system. However, the work was not completed on all doors at the time of this inspection.

8. 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:

Plan in place to connect all Bedroom doors to the fire alarm system on a phased basis to be completed by the date outlined below

Proposed Timescale: 01/03/2017

Theme:

Safe care and support

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

A small number of recently recruited staff were identified as requiring training in fire safety evacuation.

9. 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:

Fire training took place on 13/7/16 for all staff

Proposed Timescale: 05/08/2016

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:

The food from the kitchen was served to the three units at the same time. This was

discussed with the management team as requiring review to ensure there is an adequate number of staff in each unit to assist those requiring help.

10. Action Required:

Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

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

Timing of serving of food altered slightly to ensure that staff are efficiently deployed

Proposed Timescale: 10/12/2016