

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Regina House Community Nursing Unit
<b>Centre ID:</b>	OSV-0000612
<b>Centre address:</b>	Cooraclare Road, Kilrush, Clare.
<b>Telephone number:</b>	065 905 1209
<b>Email address:</b>	anneb.mcnamara@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Maria Bridgeman
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	22
<b>Number of vacancies on the date of inspection:</b>	4

## 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: 19 July 2016 09:00 To: 19 July 2016 17:30

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

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

**Summary of findings from this inspection**

This report sets out the findings of a monitoring inspection, which took place to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place on one day.

As part of the inspection the inspector met with residents, the person in charge and staff. The inspector observed practices and reviewed documentation such as care plans, medical records, health and safety records, incident logs, complaints logs, policies and procedures and staff files.

On the day of inspection, the inspector was satisfied that the nursing and healthcare needs of residents were being met. Nursing documentation was of a good standard.

The person in charge and staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff.

Phase two of the building development works to the premises was almost completed however, the upgrading of the toilet facilities in the original building had not been completed. The provider had indicated in the action plan response to the last inspection report that these works would be addressed by 30th April, 2015.

The enclosed garden area had been enhanced with new landscaping and pathways. Residents were observed enjoying using the garden facilities.

The inspector had concerns that health and safety and risk management systems in place were not robust, in particular that management had not responded promptly to identified risks. This is discussed further under Outcome 8.

Other areas for improvement included medication management, premises and records relating to staff. These are contained in the Action Plan at the end of this report.

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

***Outcome 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:**

Systems were in place to review the safety and quality of care. Regular audits were carried out in relation to infection control, hand hygiene, medication management, medication errors, risk management, fire register, care plan documentation and falls. There was evidence of some improvements been brought about as a result of these audits, action plans were documented and discussed with staff. The annual review of the quality and safety of care had commenced, improvements required were highlighted and actions plans along with timeframes for completion were in place.

The system of review included consultation with and seeking feedback from residents and their representatives. Residents committee meetings continued to be held on a regular basis and were facilitated by the activities coordinator. Minutes of meetings were recorded, a representative from SAGE (support and advocacy services for older people) had recently visited the centre and spoke with staff and residents.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. The structure included supports for the person in charge and included a clinical nurse manager 2 (CNM2), risk advisor, infection prevention and control manager, business manager and senior operations manager. The management team were in regular contact. There were established regular meetings of persons in charge to discuss issues of concern and share learning. Formal management meetings took place on a regular basis.

**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 person in charge is a registered nurse with the required experience in the area of nursing older people. She has been employed in the post since 1998, she works full time. She was on-call at weekends and out of hours.

The person in charge was knowledgeable regarding the Regulations, the Standards and her statutory responsibilities.

The person in charge had maintained her continuous professional development having previously undertaken a Diploma and Degree in Healthcare Management. She had attended training in relation to risk management, infection control and end of life care. She had trained as a hand hygiene auditor and carried out regular hand hygiene audits in-house.

Suitable governance arrangements were in place in the absence of the person in charge. The CNM2 deputised in the absence of the person in charge. The person in charge told the inspector that there was always a senior nurse on duty at weekends and night time to supervise the delivery of care.

**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:**

Records in respect of staff as required under Schedule 2 and 4 of the Regulations were not available in the centre for all staff. This is discussed further under outcome 18 Suitable staffing.

**Judgment:**

Non Compliant - Moderate

***Outcome 07: Safeguarding and Safety***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were comprehensive recently updated policies on safeguarding vulnerable persons at risk of abuse. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. Further training was planned on the new national policy and procedures. There had been no allegations of abuse in the centre.

The inspector reviewed the policies on managing behaviour that challenged and use of restraint. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment. There were three residents using bedrails at the time of inspection, the inspector saw that alternatives such as low low beds and crash mats were in use for some residents. Staff spoken with and training records indicated that staff had attended recent training on dealing with behaviours that challenged and restraint in the care of the older person.

The inspectors reviewed a sample of residents files with bed rails in use and presenting with behaviours that challenged. Care plans in place were found to be up to date, informative and person centered. There was evidence of comprehensive risk assessment

including alternatives tried, rationale for decision to use of bedrails and input from the multidisciplinary team. There was evidence of access and referral to mental health services and ABC charts were available to record episodes of behaviours in line with the centers policy.

The inspector was satisfied that residents' finances were managed in a clear and transparent manner. There was a policy in place on the management of residents' personal property. The inspector spoke with the person in charge and the administrator who told the inspector that small amounts of money were kept for safekeeping on behalf of some residents. All money was securely stored. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two staff members. Receipts were kept for all purchases and expenditure. Monthly balance checks were carried out by the person in charge and external audits were carried out annually.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoke highly of staff and stated that they were happy and felt safe living in the centre.

**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):**  
No actions were required from the previous inspection.

**Findings:**  
There was an up to date health and safety statement available and risk management policies in place, however, the inspector was not satisfied that systems in place were robust. For example, the automatic fire door release systems to some bedroom doors were not in proper working order, some would not fully close while others would not stay open. These risks had been continuously identified during the regular in house fire safety checks carried out dating back to January 2015 but they had not been acted upon. Some bedroom doors continued to be held open by inappropriate means such as waste bins. This issue was brought to the attention of the person in charge who advised that the maintenance department and the provider had been made aware of the risks. She immediately contacted the person nominated to represent the provider who confirmed that a service engineer would visit the centre later that day. Following the inspection the person in charge contacted the inspector and confirmed that the fire door closing units to the bedroom doors had been replaced and were functioning correctly.

There was a risk register in place and risks specifically mentioned in the Regulations were included, however, risks identified during the inspection such as defective/bulging floor covering, high door threshold leading to the enclosed garden area and on going building works were not included. During the inspection, signage was provided adjacent to the door leading to the garden alerting people to the risk of falling over the high door threshold and signage along with carpet mats were taped over the bulging defective floor covering to the corridor. The day following the inspection, the person in charge emailed the inspector to confirm that the defective floor covering had been replaced.

The inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in October 2015 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in March 2016. Systems were in place for weekly testing of the fire alarm and automatic release doors. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Training records reviewed indicated that all staff had received up-to-date formal fire safety training. Several staff had recently attended fire marshal training.

There was a emergency plan in place which included clear guidance for staff in the event of a wide range of emergencies including the arrangements for transport and accommodation should it be necessary to evacuate the building.

There was a comprehensive infection control policy in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the centre. All staff had attended recent infection control training.

The inspector reviewed the manual handling training records which indicated that all staff members had received training and further training sessions were scheduled. All hoists in use had been recently serviced.

**Judgment:**  
Non Compliant - Major

***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:**  
The inspector had concerns regarding some medication management practices. Nursing staff demonstrated knowledge when outlining procedures and practices on medication management. They outlined their concerns regarding some practices taking place in the

centre such as administering some medications without an original signed prescription that authorised them to administer those medications.

The inspector reviewed a sample of medication prescribing/administration charts. The inspector reviewed prescription and administration records and noted that nursing staff had administered some medications without an original signed prescription that authorised them to administer medications. Nursing staff told the inspector that in the absence of an original signed prescription they administered some medications by referring to the unsigned sticky labels with the medication details at the front of the booklet or to a copy of the pharmacy prescription which they retained at the back of the booklet. This posed an increased risk of medication error to residents and was not in accordance with best practice guidelines or prescription Regulations. The person in charge was aware of the practices taking place and stated that she had brought it to the attention of the provider and General Practitioners (GP's) concerned.

Medications requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

Systems were in place for checking medications on receipt from the pharmacy and for the return of unused/out-of-date medications to the pharmacy. Nursing staff confirmed that they had good support from the pharmacist who also provided ongoing training and advice to staff.

Systems were in place to record medication errors which included the details, outcome, follow up action taken as well as learning and improvements required. Staff were familiar with them. Nursing staff had completed recent medication management training.

Regular medication management audits were carried out by the pharmacist and nursing management.

**Judgment:**  
Non Compliant - Major

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

**Theme:**  
Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. Each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

All residents had access to a choice of general practitioner (GP) services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' notes.

The inspector reviewed a number of residents' files including the files of residents with restraint measures in place, at high risk of falls, nutritionally at risk and presenting with behaviours that challenge and with communication issues. See Outcome 7 Safeguarding and Safety regarding restraint and behaviours that challenge.

The inspector found that the nursing documentation had improved since the previous inspection. Comprehensive up-to-date nursing assessments were completed. A range of up-to-date risk assessments had been completed including nutrition, falls, dependency, manual handling, bedrail use, oral care and skin integrity. Care plans were found to be person-centred, individualised and clearly described the care to be delivered. Care plans were in place for all identified issues. Care plans had been reviewed and updated on a regular basis. Systems were in place to record evidence of residents/relatives involvement in the development and review of their care plans.

The inspector was satisfied that weight loss was closely monitored; residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly or more often if staff had concerns. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, liaise with the GP and referrals maybe made to the dietician and/or SALT. Files reviewed by the inspector confirmed this to be the case. Some residents were prescribed nutritional supplements which were administered as prescribed.

The inspectors reviewed the files of residents who were at high risk of falls and some who had fallen recently. There was evidence that falls risk assessments and falls care plans in place were updated post falls. Additional measures including low low beds, sensor mats and crash mats had been put in place for some residents. The inspector noted that the communal areas were supervised by staff at all times.

There was evidence of adequate wound assessments, care plans and wound progress notes in place.

Staff were aware of the different communication needs of residents and care plans set out the ways in which those who had a communication impairment required intervention.

Staff continued to provide meaningful and interesting activities for residents. Each resident had a meaningful activities assessment and activities plan documented. There was an activities coordinator employed three days a week as well as external facilitators such as artist and musicians. The daily activity schedule was displayed. The inspector observed residents enjoying a variety of activities including mass. It was warm and sunny on the day of inspection and residents enjoyed sitting outside while attending and partaking in a live music session. Residents were observed to enjoy having ice creams and cold drinks while enjoying the sunshine in the enclosed garden area.

**Judgment:**  
Compliant

***Outcome 12: Safe and Suitable Premises***

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

**Theme:**  
Effective care and support

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

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

**Findings:**

The inspector noted that further improvements had been carried out since the previous inspection and the building works to phase 2 of the development works was almost completed however, the upgrading of the toilet facilities in the original building had not been completed. The provider had indicated in the action plan response to the last inspection report that these works would be addressed by 30th April, 2015.

Additional shelving/storage units for personal belongings had been provided to the new bedrooms and bathrooms.

The design and layout of parts of the existing building did not meet with the needs of residents or comply with the requirements of Regulations. There were still limited bathing/showering facilities available to the residents in the older section of the building. Single rooms were small in size and did not meet the needs of residents.

Phase two of the building development works was almost complete and included four

additional single bedrooms with en suite facilities, a communal day room, visitors room, assisted toilet and sluice room. The person in charge stated that phase two of the building works was scheduled to be completed by September 2016. She stated that the redevelopment and upgrading to the original building was due to commence in August 2016.

The enclosed garden area had been landscaped with a variety of plants and shrubs, new paved walkways had also been provided. Residents had access to the garden area and the inspector observed many residents sitting outside and walking in the garden.

**Judgment:**

Non Compliant - Moderate

***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:**

During the inspection, staffing levels and skill mix were sufficient to meet the assessed needs of residents. There were three nurses, a clinical nurse manager (CNM2) and four care staff on duty in the morning and afternoon, two nurses and three care staff on duty in the evening and two nurses and one care staff on duty at night time. The person in charge was normally on duty during the day time Monday to Friday.

The inspector was unable to determine if safe recruitment processes were in place. The person in charge told the inspector that all staff were recruited centrally by the HSE and staff files were not available in the centre for some staff. The inspector requested a sample of six staff files for review but only three were available. Records in respect of staff as required under Schedule 2 and 4 of the Regulations were not available in the centre for all staff. This is actioned under Outcome 5 Documentation.

Staff files that were available were found to contain all the required documentation as required by the Regulations. Nursing registration numbers were available and up-to-date for all staff nurses. Details of induction/orientation received and training certificates were noted on staff files. The inspector reviewed the file of a volunteer and noted that

their roles and responsibilities were clearly set out.

The management team were committed to providing ongoing training to staff. There was a training plan in place for 2016. Staff had recently completed training in medication management, advocacy services, food safety, dysphagia, and nutritional screening, restraint/falls management and open disclosure.

**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:***

Mary Costelloe  
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 report<sup>1</sup>**

<b>Centre name:</b>	Regina House Community Nursing Unit
<b>Centre ID:</b>	OSV-0000612
<b>Date of inspection:</b>	19/07/2016
<b>Date of response:</b>	25/08/2016

**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 05: Documentation to be kept at a designated centre**

**Theme:**  
Governance, Leadership and Management

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

Records in respect of staff as required under Schedule 2 and 4 of the Regulations were not available in the centre for all staff.

**1. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by

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

the Chief Inspector.

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

In relation to the three files that were unavailable for inspection: - two were for nursing staff that had recently been recruited and their files were in central HR. Both of these files have been received from central HR.

The third file requested was for an agency staff person who was on duty on the day of inspection. The agency maintains files for their staff and a pre-employment screening is carried out by the agency to ensure all their staff meet with Regulation 21 (1).

**Proposed Timescale:** 16/08/2016

**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:**

Risks identified during the inspection such as bedroom doors being wedged open, bedroom fire doors not closing properly, defective/bulging floor covering, high door threshold leading to the enclosed garden area and on going building works were not included in the risk register.

**2. Action Required:**

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

Fire Doors were repaired and door closures were replaced by Allied Fire Ltd on 20.07.2016.

Defective floor covering has been replaced

All identified risks have now been added to Risk Register.

The access door to the enclosed garden referred to will not be used owing to risk of Slips, Trips or Falls. The door threshold works will be incorporated in the schedule of works for Phase 3. Alternative access to the garden is available.

**Proposed Timescale:** 19/07/2016

**Theme:**

Safe care and support

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

The automatic fire door release systems to some bedroom doors were not in proper working order, some would not fully close while others would not stay open. These risks had been continuously identified during the regular in house fire safety checks carried

out dating back to January 2015 but they had not been acted upon. Some bedroom doors continued to be held open by inappropriate means such waste bins.

**3. Action Required:**

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Fire Doors were repaired and door closures were replaced by Allied Fire Ltd on 20.07.2016.

**Proposed Timescale:** 20/07/2016

**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:**

Nursing staff had administered some medications without an original signed prescription that authorised them to administer medications.

**4. 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:**

A copy of the original script is available from the GPs however, the writing up of medication booklets/kardex for residents in the Unit is in dispute with GP's supplying services to the unit. This dispute is associated with the level of payment they receive for the service. This has been raised at appropriate national level and efforts to resolve this are ongoing.

Proposed Timescale: Ongoing

**Proposed Timescale:**

**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 design and layout of parts of the existing building did not meet with the needs of residents or comply with the requirements of Regulations. There were still limited bathing/showering facilities available to the residents in the older section of the building.

Single rooms were small in size and did not meet the needs of residents.

The toilet facilities in the original building had not been upgraded as outlined in your response to the action plan of the last inspection report. 'Upgrade of Toilet facilities in the Lark & Robin Wing to be addressed by 30th April, 2015.'

**5. 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:**

A full Design Team were engaged in August, 2016. Construction will commence in early 2017 with a completion date in mid 2017. The agreed scope of additional works in Phase 3 is as follows:

The proposal is broken into 4 areas:

Area A – Bedroom finishes (flooring and lighting) and WC/wet room refurbishment (East),

Area C – WC/wet room refurbishment (West)

Area D – Ensuite Bedroom reconfiguration and

Area E – New entrance canopy

The reconfigured Area D provides a twin room and a single room. The extra space (set aside) in the dirty utility will be used to create a large ensuite for the twin room. An ensuite will be added to the existing store to provide an ensuite single room. The corridor adjacent to these rooms will be widened in line with the recently widened corridor outside new dirty utility.

Proposed Timescale: Mid 2017

**Proposed Timescale:**

