

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Douglas Nursing and Retirement Home
<b>Centre ID:</b>	OSV-0000223
<b>Centre address:</b>	Moneygourney, Douglas, Cork.
<b>Telephone number:</b>	021 436 4264
<b>Email address:</b>	douglasnh@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Golden Nursing Homes Limited
<b>Provider Nominee:</b>	Janet Woodward
<b>Lead inspector:</b>	Mairead Harrington
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	35
<b>Number of vacancies on the date of inspection:</b>	2

## **About Dementia Care Thematic Inspections**

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
31 May 2016 09:00	31 May 2016 18:00
01 June 2016 09:15	01 June 2016 17:00

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

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

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to focus on the care and quality of life for residents with dementia living in the centre. As part of the thematic inspection process, providers were invited to attend information seminars provided by HIQA. In addition, evidence-based guidance was developed to guide providers on best practice in dementia care and the inspection process. The provider had submitted a completed self assessment on dementia care, along with relevant policies and procedures, prior to the inspection. The inspection was unannounced and took place over two days. The inspector met with residents, relatives, staff members and the proprietors of the centre, who fulfilled the roles of person in charge and provider. Of the 35 residents who were residing in the centre on the days of the inspection, eleven had a possible or confirmed diagnosis of

dementia. The centre did not have a specific residential dementia unit and resident care was integrated throughout the centre. The inspector reviewed a number of care plans of residents with dementia, including processes around assessment, referral and monitoring of care. The inspector observed care practices and interactions between staff and residents during the inspection that included the use of a standardised observation recording tool. Relevant documentation such as policies, medical records and staff files were also reviewed.

The provider had completed a dementia care self-assessment form in advance of the inspection. The self-assessment form compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People. The provider had assessed that the centre was in compliance with the requirements. Findings on this inspection concurred with the self-assessment in relation to premises and assessed substantial compliance in relation to health and social care, complaints and rights and dignity. In relation to residents' healthcare and nursing needs the inspection findings were positive with a good standard of care in evidence where assessed. Effective and appropriate communication and interaction between staff and residents with dementia or cognitive impairment was noted throughout the inspection.

However, some areas for improvement were identified. For example, documentation required review in relation to policies on safeguarding, medication management, complaints and also the use of closed circuit TV. Refresher training for staff in mandatory areas such as safeguarding and safety and manual handling was also overdue. These issues are further explored in the body of the report.

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

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

This outcome sets out the inspection findings relating to healthcare, assessment and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3.

Care planning assessments and records were maintained electronically and the system reviewed provided an accessible and effective oversight of the care of any individual at a given time. An admission policy was in place that reflected the statement of purpose. In keeping with its statement of purpose the centre promoted an unrestricted environment with residents having direct and independent access to outside space. However, the admission policy was undated and required review to provide more detail about the service provided and the criteria and assessments for admission. It also required further detail to reflect procedures where the needs of a resident changed such that the centre could no longer provide a service in keeping with its statement of purpose.

The person in charge ensured that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia and cognitive impairment. The person in charge undertook pre-admission assessments that included meeting with the resident personally in either their home or care setting. On admission residents were comprehensively assessed around key components of care such as nutrition, mobility, skin integrity and cognition, using standardised assessment tools. Care plans were implemented in line with these assessments which provided relevant guidance to staff on the delivery of care. A sample of care plans was tracked on inspection and it was found that timely and comprehensive assessments were carried out with care plans reviewed regularly or as care needs changed. The care planning process involved the use of validated tools to routinely re-assess residents in relation to the key components of care.

The inspector spoke with residents and those who could were able to explain their condition and the treatment they received. Relatives spoken with were positive in their feedback about communication from staff and management about their relatives' care. Of the cases reviewed appropriate care plans were in place around all activities of daily

living and specific plans were in place for individual issues identified such as nutrition, wound management, toilet requirements and personal hygiene. Residents had access to relevant allied healthcare such as speech and language therapy, dietetics and physiotherapy. Arrangements were seen to be in place to support residents in accessing dental and optician services as required. The person in charge explained that community services in relation to occupational therapy were very limited and that, subject to consultation with family and residents, access to private services could be made available as required.

An inspection focused on food and nutrition had taken place at the centre in April 2014 that had found good compliance in this area which was further supported by the assessment of this inspection. Catering staff spoken with had been appropriately trained and understood the particular needs of the resident profile. Hard copy communication systems for each resident with special dietary or nutritional needs were in place. These were regularly reviewed with nursing staff where changes occurred, or for new admissions. A record of residents who were on special diets, such as diabetic and fortified diets or fluid thickeners, was available for reference by all staff and kept under review. Residents could exercise choice as to where they took their meals; the dining area was spacious and bright with tables well laid out for individuals or small groups according to preferences. Staff were seen to be courteous as a matter of course and to provide appropriate and discreet support to residents requiring assistance with their meals. Menus were regularly rotated and offered good choice and appropriate nutritional balance. Meals were seen to be freshly prepared and thoughtfully presented including those for residents who required the consistency of their food to be modified. Snacks and refreshments were offered on a regular basis throughout the duration of the inspection. Based on observations, feedback and a review of documentation and systems, the inspector was satisfied that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia or cognitive impairment.

An inspection focused on end-of-life care had taken place at the centre in April 2014 that had found good compliance in this area which was further supported by the assessment of this inspection. The person in charge explained that the centre had also recently partaken in workshops specifically around the development of advanced care directives. A comprehensive policy on the provision of care at end-of-life was in place which appropriately addressed the physical, emotional, social, psychological and spiritual needs of the resident. There was good evidence that practice and systems to prevent unnecessary hospital admissions were in place. These included regular attendance and review by the general practitioner (GP) and the development of advance care planning through consultation with residents and their families as appropriate. The inspector reviewed the care plan of a resident recently deceased at the centre and found it was comprehensive and the palliative care plan provided relevant and person-centred directions. Relatives were also facilitated to be with the resident throughout.

Operational policies and procedures were in place for the ordering, prescribing, storing and administration of medicines. However, these were out of date and review was overdue. Processes in place for the storage and handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Medication prescription and administration records were in keeping with regulatory requirements and contained the necessary biographical information. Staff were observed

to follow appropriate administration practices. Times of administration were recorded and signed appropriately. Fridge temperatures were monitored. Where residents with cognitive impairment refused medication in the first instance, good practice was in evidence with staff repeating the offer of medication at a slightly later time. Where residents refused appropriate recording and review was in place. At the time of inspection no residents were self-administering. Residents could retain the services of their pharmacist if they so chose. Audit procedures in place also supported by the pharmacist.

**Judgment:**

Substantially Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre referenced the National Policy 'Safeguarding Vulnerable Persons at risk of Abuse (2015) in relation to safeguarding procedures. However, policy and procedures specific to the centre were not set out in writing and required development to provide appropriate guidance for staff on responsibilities and protocols around recording and reporting for example. A review of the training matrix indicated that a regular programme of training on safeguarding and safety was delivered by the centre. Those staff members spoken with by the inspector had received appropriate training. They also understood how to recognise instances of abuse and were aware of the relevant reporting systems in place. Safeguarding training had last been delivered on 9 May 2016; however, two members of staff were overdue refresher training in this regard. Residents spoken with by the inspector reported positively of their experience of care and stated that they felt safe and well minded in the centre. These residents were clear on who was in charge and who they could go to should they have any concerns they wished to raise.

Where possible, residents managed their own finances either independently or with the support of family and the centre did not administrate any individual accounts. Systems were in place to safeguard residents' finances with a record maintained of individual transactions where entries were recorded and double signed. A sample of these records were checked and the figures reconciled with the balance of funds held.

A policy and procedure was in place on the management of challenging behaviour. This was undated and required review to reflect the good practice in evidence in relation to the assessment and management of care for residents presenting with behaviours and psychological symptoms of dementia as seen in individual care plans. A number of staff had received recent training in relation to people with dementia (PWD) and related behaviours and psychological symptoms of dementia (BPSD). Through observation and

a review of care plans it was evident that staff were knowledgeable of their residents' needs and provided support that promoted a positive approach to the behaviours and psychological symptoms of dementia. Staff were seen to reassure residents and divert attention appropriately to reduce anxieties. A daily notes narrative was entered on the electronic care plan system and a review of these entries indicated that staff were monitoring residents in a manner that was person-centred and that the information recorded was meaningful and relevant. A policy on restraint was also in place, however it was undated and required review to reflect the practice in place and to provide effective direction around the definition of different types of restraint and their use in keeping with relevant national guidelines and best practice. Where restraints, such as bed-rails or the use of PRN (as required) medications were being implemented, appropriate assessments had been undertaken and nursing notes reflected regular monitoring of their use with reviews by a GP also recorded.

**Judgment:**

Non Compliant - Moderate

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There were no restrictive visiting arrangements and, on the day of inspection, a good number of visitors were observed spending time with residents in all areas of the centre. Feedback from visitors was consistently positive around their experience and observation of care at the centre. The inspector was informed by residents that they attended regular resident meetings. They stated that their feedback was listened to and changes made when necessary. Minutes of these meetings were available for review during the inspection.

The centre was managed in a way that promoted the autonomy and independence of residents. Residents could exercise choice around where they spent their time with adequate communal space for some residents to engage in activities, listen to music or watch TV and a separate area also for residents to receive visitors in private. The environment of the centre was well laid out with unrestricted and secure access to outside space. Communal sitting areas opened onto a bright, comfortable conservatory area with a separate conservatory area where residents who smoked could sit. On the days of inspection residents were regularly seen sitting outside interacting with each other, staff and visitors. The centre provided access to a range of activities with provisions for the meaningful occupation of residents with dementia or cognitive impairment. Some members of staff had received training around the use of tactile and sensory stimuli for residents with dementia and in this regard a number of residents were seen with their own personal comfort items. The centre had access to a community service resource in the delivery of their activity programme that also

included specialised activities for residents with cognitive impairment. The weekly programme included morning and afternoon arrangements for activities such as music, bingo and exercise time. A hairdressing service was available weekly or on request. Residents were facilitated to attend family events with arrangements in progress at the time of inspection to support a resident attend an upcoming wedding. Social outings and musical performances were also promoted at the centre.

The inspector saw that staff and management acknowledged all residents as a matter of course and that residents with advanced dementia were also routinely included in the conduct of day-to-day activities and duties. Although these exchanges were often brief the communication was consistent, appropriate, interactive and inclusive. Staff from all areas of the centre, household and catering staff, as well as care staff, were seen to engage positively in this way.

Aside from routine observations, as part of the overall inspection, a standardised tool was used to monitor the extent and quality of interactions between staff and residents. This monitoring occurred during discrete 5 minute periods in a block of 30 minutes. Three episodes were monitored in this way and a positive result was recorded for each when it was noted that staff had engaged positively and meaningfully with residents on a regular basis. In general, residents with dementia were seen to receive care in a dignified way that respected their personhood. Inspectors observed staff interactions with residents that were appropriate and respectful in manner.

The inspector confirmed with management that appropriate arrangements were in place to facilitate residents to vote, either by proxy or at local polling stations as requested. The person in charge confirmed that appropriate support was afforded to residents in the exercise of their individual rights with an independent advocate regularly attending the centre and facilitating meetings with residents. The inspector observed a person-centred culture of care in the centre. Both staff and visitors appropriately considered the privacy needs of residents with cognitive impairment. Staff were aware of individual residents' communication needs and were seen to enquire as to the preferences of residents with dementia and also to accommodate those preferences and facilitate where residents might choose to change their minds about their choices. Appropriate consideration was given to how the mood of a resident with dementia might change and staff were seen to use communication effectively to ease residents who were experiencing agitation. This view was supported by feedback from the relatives of residents with dementia spoken with by the inspector at the time of inspection.

The inspector noted that closed circuit television (CCTV) monitoring was in use in several areas of the centre, including the corridors and communal areas. CCTV policy and practice required review in order to reflect the requirements of relevant data protection legislation as regards the rights of residents, visitors and staff. Additionally, signage as to the locations of its use was not clearly placed.

**Judgment:**  
Substantially Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a complaints policy in place dated June 2014 and the complaints procedure was displayed prominently in the centre. However, this policy and procedure required review to fully reflect the requirements of the regulations in relation to the nominated persons responsible for oversight of the management of complaints and any appeals procedures. Additionally, protocols required clarification in circumstances where either the provider or person in charge were the subject of a complaint.

Residents spoken with understood who was in charge and how to make a complaint and also explained that any issues were usually addressed as raised at the time by staff and that matters could also be raised at the resident meetings. The person in charge explained that action plans were implemented following issues identified as resident meetings for example with learning from any issues raised communicated through regular staff and management meetings. Staff members spoken with explained that where practical issues were raised they were usually addressed on an ongoing basis at the time. The inspector reviewed the complaint records, which were maintained manually, and noted that entries recorded the necessary information as required by the regulations in relation to the complaint and complainant, details of any investigation into the complaint and whether or not the complainant was satisfied with the outcome.

**Judgment:**

Substantially Compliant

***Outcome 05: Suitable Staffing*****Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed recruitment and training records and procedures and spoke with staff and management in relation to both these systems. Staff spoken with demonstrated an appropriate knowledge of evidence based good practice and were competent to deliver care and support to residents. Staff were also familiar with the standards and regulations and were aware of their statutory duties in relation to the general welfare and protection of residents. A regular programme of training was in

place that captured all mandatory training and also addressed the specific needs of the resident profile. The person in charge had identified further areas of training to be developed around advanced care planning. Staff spoken with confirmed that they were supported to attend training as required. However, current training in relation to manual handling was overdue for several members of staff. The planned and actual staff rota was reviewed and, overall, the inspector was satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre.

At time of inspection the system of supervision was directed through the person in charge with further administrative support from the provider. Management systems were in place to ensure that information was communicated effectively and minutes of staff meetings were available for reference. There was a clearly defined management structure that identified the lines of authority and accountability. A schedule of staff appraisals was in place. Supervision was also implemented through monitoring and control procedures such as audit and review. An appropriately qualified, registered nurse was on duty at all times. Copies of the Standards and Regulations were readily available and accessible by staff.

Recruitment and vetting procedures were in place that verified the qualifications, training and security backgrounds of all staff. A sample of staff files was reviewed and documentation was appropriately maintained as per Schedule 2 of the Regulations. A record of current professional registration details was in place. The centre did not engage any volunteers at the time of inspection. However, where residents at the centre retained the services of a personal assistant the policy and procedures on staffing required review to address appropriate provisions, such as safeguarding, in relation to these arrangements.

**Judgment:**

Non Compliant - Moderate

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre was a single storey premises set back from the main road on well maintained grounds on the outskirts of Cork city. Ample parking facilities were available to the front of the premises. The centre provided accommodation for up to 37 residents comprising 25 single ensuite rooms, ten single with wash-handbasins and one twin room with wash-handbasin. Adequate bathroom and toilet facilities were appropriately located throughout with separate facilities available for staff that included an area for changing

and storage. An assisted bath facility was provided. The premises were well maintained with good standards of cleanliness in evidence throughout. Equipment was serviced regularly and maintenance documentation was available to this effect.

There were several communal areas available to residents including a sitting room that accessed onto the conservatory with views of the garden and patio area. An adjoining, smaller conservatory was reserved for residents who smoked. The dining area was bright and open plan, well laid out with views over the grounds and with easily accessed toilet facilities. This layout was in keeping with the statement of purpose and facilitated freedom of movement to promote access and independence of residents. The centre also provided a second, large sitting room with a TV and a selection of books for reference. The premises overall was well decorated the grounds were well maintained. Residents had choice around areas in the centre where they could meet their visitors and a private space for visits could also be made available. Residents' rooms were comfortable and personalised, to varying degrees, with appropriate attention to the availability of familiar items and memorabilia for residents with a cognitive impairment or dementia. Individual accommodation provided adequate space for the use of assistive equipment if necessary and also space for the storage of personal belongings and a secure locker. Call bells and grab-rails were in place throughout the centre where required. The centre was well decorated and homely with pictures, paintings and soft furnishings throughout. Furnishings were in good condition and comfortable. The centre was thoughtfully decorated. Heating, lighting and ventilation was appropriate to the size and layout of the centre.

In relation to the specific needs of residents with dementia, the development of orientation signage in some areas of the premises would further support the requirements of those with a cognitive impairment. Contrasting colours were used for doors and visual cues such as pictograms were used to good effect in some instances, to identify toilets for example, and their use could be developed further to promote the independence of residents with dementia or a cognitive impairment.

Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. The laundry area was well equipped and suitable in design to meet its purpose with sufficient space and facilities to manage all laundering processes. Residents had access to assistive equipment as required and staff were observed to use appropriate manual handling techniques when lifting and transferring residents. The centre had an adequate stock of equipment such as wheelchairs and hoists to meet the needs of the residents.

**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:***

Mairead Harrington  
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>	Douglas Nursing and Retirement Home
<b>Centre ID:</b>	OSV-0000223
<b>Date of inspection:</b>	31/05/2016
<b>Date of response:</b>	17/06/2016

### Requirements

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

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

### Outcome 01: Health and Social Care Needs

#### Theme:

Safe care and support

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

The policy in relation to admission processes and medicines management required review and update.

#### 1. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any

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

event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

All Policies and Procedures are being reviewed and updated

Proposed Timescale: To be completed by October 31st 2016:

**Proposed Timescale:** 31/10/2016

**Outcome 02: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Policies and procedures on safeguarding measures specific to the centre required updating and development to provide appropriate guidance for staff on allegations of abuse, the management of behaviour that might challenge and the use of restraint.

**2. Action Required:**

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

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

All Policies and Procedures are being reviewed and updated

Proposed Timescale: To be completed by 31st October 2016

**Proposed Timescale:** 31/10/2016

**Theme:**

Safe care and support

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

Arrangements to be put in place for refresher training on safeguarding for all members of staff.

**3. 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 have training in this area prior to commencement of employment and refresher training annually. The 2 staff members overdue now have refresher training scheduled.

Proposed Timescale: To be completed by 30th July 2016

**Proposed Timescale:** 30/07/2016

### **Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

CCTV policy, use and signage required review in order to reflect the requirements of relevant data protection legislation as regards the rights of residents, visitors and staff.

**4. Action Required:**

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

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

CCTV policy will be reviewed and larger signage will be displayed

Proposed Timescale: To be completed by 31st October 2016

**Proposed Timescale:** 31/10/2016

### **Outcome 04: Complaints procedures**

**Theme:**

Person-centred care and support

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

The complaints policy and procedure required review to fully reflect the requirements of the regulations in relation to the nominated persons responsible for oversight of the management of complaints and any appeals procedures. Additionally, protocols required clarification in circumstances where either the provider or person in charge were the subject of a complaint.

**5. Action Required:**

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

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

All Policies and Procedures are being reviewed and updated

Proposed Timescale: To be completed by 31st October 2016

**Proposed Timescale:** 31/10/2016

### **Outcome 05: Suitable Staffing**

**Theme:**

Workforce

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

Policies and procedures on staffing required review to address appropriate provisions, such as safeguarding, in relation to arrangements where residents at the centre retained the services of a personal assistant.

**6. Action Required:**

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

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

All Policies and Procedures are being reviewed and updated

Proposed Timescale: To be completed by 31st October 2016

**Proposed Timescale:** 31/10/2016

**Theme:**

Workforce

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

Current training in relation to manual handling was overdue for several members of staff.

**7. 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:**

All staff have Manual Handling training before commencement of employment and two yearly refresher courses thereafter. The few staff whose refresher is overdue have now been scheduled

Proposed Timescale: To be completed by 30th August 2016

<b>Proposed Timescale: 30/08/2016</b>