<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Oakfield Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000259</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Courtown, Gorey, Wexford.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>053 942 5679</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@oakfieldnursinghome.com">info@oakfieldnursinghome.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Patrick Shanahan</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Patrick Shanahan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Ide Cronin</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
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<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>71</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
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: 25 October 2016 08:30  
To: 25 October 2016 16:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Non Compliant - Moderate</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to follow up on matters arising from a dementia thematic inspection carried out on 5 July 2016 and to monitor progress on the actions required. The inspection at that time evidenced a number of failings to adequately meet the requirements of the Regulations. This inspection also considered information received in the form of notifications forwarded by the provider and other relevant information.

As part of the inspection, the inspector met with residents and staff members observed practices and reviewed documentation such as policies and procedures, care plans and medication management practices. This inspection evidenced an improvement in quality of care and management systems. The management team demonstrated a clearer understanding of their responsibilities to the inspector. Staff were knowledgeable of residents and their abilities and responsive to their needs. Residents' healthcare needs were met to a good standard with timely referral to and speedy review by medical and allied health professionals.

There was evidence of progress in many areas by the provider in implementing the required improvements identified at the last inspection. In particular improvements
were noted in the variety of meaningful activities available to residents within the centre and the assessment and planning of care to meet health and social care needs. Further improvements are still required in some areas although it is acknowledged that the timeframe for completion of some actions arising from the last inspection had not expired when this inspection took place.

The Action Plan at the end of this report identifies a number of areas where improvements are still required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
On the previous inspection it was found that:

An annual review of the quality and safety of the service as required by legislation for 2015 was not available to inspectors or residents. The inspectors observed that clinical and non clinical audit had not been carried out. Therefore the quality of care and experience of residents was not monitored effectively as deficits in practice were not identified.

On this inspection the inspector found that the system in place to monitor the quality and safety of care for residents required improvement. The inspector observed that the only aspect of clinical care that had been reviewed since the previous inspection was restraint. The inspector acknowledges that the timescale for this action had not lapsed yet. The person in charge and care manager were due to attend a training day on clinical audit following inspection. The person in charge said that the process of audit to inform service provision would commence following training.

An annual review of the quality and safety of care was conducted and a report completed using the HIQA guidance template. The report included an improvement plan with timeframes for completion.

Judgment:
Substantially 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

<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
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</thead>
<tbody>
<tr>
<td>No actions were required from the previous inspection.</td>
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</table>

Findings:
Only the component of nursing records was considered as part of this inspection. Nursing staff completed daily progress entries. However, in a sample of four files reviewed there were gaps in the records and some were not completed on a daily basis as required by legislation.

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

<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some action(s) required from the previous inspection were not satisfactorily implemented.</td>
</tr>
</tbody>
</table>

Findings:
On the previous inspection it was found that:

None of the staff had completed any recent training in the management of behaviours that challenging or dementia care

there was no standardised assessment tool to assess behaviours. Clear strategies were not outlined to support a consistent approach to the management of behaviours that challenge or that focussed on a proactive and positive approach
the policy on restraint did not include reference to the Department of Health document "Towards a Restraint Free Environment"

the care plans did not always describe effective positive behavioural strategies for use by staff to manage behaviours. The care plans in place to manage these needs did not fully guide staff on the signs to look for as potential triggers to responsive behaviour

all staff had not received training in the prevention, detection and management of abuse.

Actions arising from the last inspection were being progressed on this inspection. There was a centre specific safeguarding policy in place and it referenced the Health Service Executive Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures (2014). The inspector saw and staff confirmed that all staff had received training in safeguarding vulnerable adults since the previous inspection.

There were policies in place on behaviours that challenge and the use of restrictive practices. Supporting assessment tools were available. The policy of the centre in relation to behaviours that challenge outlined that all residents with behaviours that challenge would have a standardised assessment completed. There was a standardised assessment tool to assess behaviours now in place as observed by the inspector for a resident.

The inspector saw that incidents were being reported and evidence based tools, such as ABC (Ancedent Behaviour Consequence) charts, were used to log and monitor behaviour to track trends and aid understanding of the behaviour. 30% of staff had completed dementia care training which included person centered care and behaviours that challenge. The remaining staff were to be trained in 2017. The communication policy had been reviewed in August 2016. There was a consent and advocacy policy due for review in May 2017.

The use of restraint in the centre had increased since the last inspection. There were twenty seven residents who used bed rails in the centre. There were three residents who had prescribed physical restraints in place. The inspector was satisfied that these were in place to promote the safety and welfare of residents. The inspector observed application of a good standard of assessment and care planning in this area. There were clear assessments in place to reflect their use and alternatives tried prior to their use were clearly recorded. There was a written policy on restraint which referenced the Department of Health document "Towards a Restraint Free Environment".

Judgment:
Substantially Compliant

**Outcome 09: Medication Management**

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

Theme:
Safe care and support

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

Findings:
In relation to medication management practices actions arising from the last inspection were addressed in that medications administered in a crushed format were individually prescribed. In general medication prescribing was found to be in line with professional best practice guidance.

However, the inspector observed during the lunch time medication round that nursing staff were potting medications and then giving the medicines to the care staff to administer to residents. Therefore nursing staff were transferring accountability to the care staff to ensure that residents took their medications. The nursing staff were signing the records without ensuring residents took their medications in the first instance. The records were not signed at the time of administration which is not in line with professional guidance in medication management.

Judgment:
Non Compliant - Moderate

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

Findings:
On the previous inspection it was found that

Assessment and care planning were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.
the inspectors found that pre-admission documentation was scant in some case records and not recorded in others

there was no evidence of a pain assessment being completed for a resident with dementia even though the narrative records indicated that the resident experienced pain

some care plans did not reflect each resident's wishes and preferred pathway as part of their end of life care

an inspector observed that a resident was not discreetly assisted with eating by staff during lunch as the staff member stood over the resident whilst assisting him.

Actions arising from the last inspection were being progressed on this inspection visit. A sample of residents care plan records were reviewed and it was found that the care manager was in the process of implementing a new paper based care planning system. The inspector reviewed a sample of four care plans and found that assessment and care planning was specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the needs of residents. This was in the process of being implemented and the time scale for completion had not yet expired.

The inspector saw that case meetings with the resident, their representatives and care team had been implemented on a rolling programme of two residents per week. The inspector reviewed minutes of these meetings and found that they were informative towards meeting the needs of residents.

Nutritional screening was carried out using an evidence-based screening tool. There was a good choice of a variety of nutritious wholesome food provided. There was a sufficient number of staff deployed to assist those requiring help with their meals. The inspector observed in both dining areas that staff discreetly assisted residents with their meals. The inspector saw that a new pre admission assessment form had been developed which was in use and contained comprehensive information in relation to meeting the needs of residents.

There were no residents in the centre in receipt of end-of-life care on the day of inspection. Palliative care services were available to support residents and staff with symptom control, including pain management. The inspector saw that there was a detailed pain assessment tool in use on this inspection. As on the previous inspection there was inconsistent evidence that the end-of-life needs and wishes of all residents were discussed with them and or with their next of kin as appropriate.

Some care plans addressed the residents' physical, emotional, social and spiritual needs. Some care plans did not reflect each resident's wishes and preferred pathway as part of their end-of-life care. However, the inspector saw that this was in the process of being addressed. The Let Me Decide Advanced Care Directive was in the process of being implemented to allow residents and/or their representative where appropriate to communicate their end of life wishes to the care team. In a care plan reviewed there were detailed instructions of the wishes of a resident with dementia at the end of her
life.

Nursing staff completed daily progress entries. However, in a sample of four files reviewed there were gaps in the records and some were not completed on a daily basis as required by legislation. This is actioned under Outcome 5. This was also an action from the previous inspection.

**Judgment:**
Compliant

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

**Findings:**
On the last inspection it was found that suitable adaptions that may be required shall be provided to residents. The design and layout of the centre met the needs of the residents and was suitable for its purpose. On this inspection the inspector observed that additional signage had been provided. An enclosed garden adjoining the Darac Suite had been renovated and was now accessible to residents. The inspector was informed that the use of contrasting colours in bathrooms will be implemented on a person centred basis where it is assessed that it will benefit the resident.

**Judgment:**
Compliant

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**Outcome 16: Residents’ Rights, Dignity and Consultation**

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

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

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

**Findings:**
On the previous inspection it was found that:

Residents were not given opportunities for participation in meaningful, purposeful and age-appropriate activities to suit their assessed and documented activation needs, preferences and capacities.

there was a policy on consent however; staff could not clearly demonstrate that the process used to obtain a valid consent was in accordance with legislation and current best practice guidelines.

facilitate the establishment of an in-house residents’ committee.

the communication policy indicated that life stories were used as a basis for planning care for residents with dementia. Inspectors saw that there were possibly three life stories completed out of 16 residents with a definitive diagnosis of dementia.

On the last inspection, a lack of meaningful activities or purposeful stimulation for residents was found. Actions required to address this non compliance were found to have been fully implemented on this inspection visit. A new activities coordinator had been appointed and she worked full time Monday to Friday. Healthcare staff were allocated protected time dedicated to activities over the weekend. The inspector saw that this was reflected on the roster. There was a revised activities programme in place and this was also available in each resident’s room on a weekly basis.

The programme included both group and individual activity sessions. It was found to reflect the past interests and hobbies of residents and it included arts and crafts, bingo, poetry and newspaper readings and movie nights. Other dementia relevant activities were included in the programme such as reminiscence, imagination gym and sonas. (a therapeutic communication activity primarily for older people, which focuses on sensory stimulation). The inspector spoke with the activities coordinator who had been appointed in September 2016. The inspector found that she was very enthusiastic and dedicated to improving quality of life for residents.

The inspector sat and observed a newspaper reading session for a period of time and found that all residents interacted with her and other residents. It was a lively informative session as observed by the inspector. Residents' life stories were being collated by staff who were aware of them and the inspector was told they would be used to inform reviews of the programme going forward. One to one time was scheduled for residents with more severe dementia or cognitive impairment or who would not participate in the group activities, and individually oriented activities linked to residents interests were facilitated such as; hand massage, prayers and music (tailored to reflect the resident's individual musical tastes) as observed by the inspector.

In conversation with some residents the inspector learned that all were very pleased with the new programme, the bingo session being a particular favourite. The residents
were also very complimentary of the manner in which staff met their needs. The inspector observed that the communal areas were well supervised by staff and one staff member remained in the sitting room with the residents. A residents’ committee had been established and the first meeting was due to take place following inspection. Advocacy services were available to residents. There was a dementia forum in place which had been facilitated by the Alzheimer’s society. The inspector reviewed minutes of a meeting which had taken place in June 2016. The person in charge said that it had been very informative meeting.

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

Findings:
On the previous inspection it was found that:

There was limited evidence of any current relevant training available to staff to support them in advancing their skills particularly in relation to dementia care.

Training records indicated that a number of staff were not up-to-date with mandatory training. This had also been identified in the previous inspection in 2015.

The person in charge is required to ensure that copies of standards set and published by the Authority are made available to staff.

Actions arising from the last inspection were being progressed on this inspection. The inspector found that suitable and sufficient staffing and skill mix were found to be in place to meet the needs of the current resident profile at the time of inspection. The staff rota was checked and found to be maintained with all staff that worked in the centre identified. Records viewed showed that opportunities for training in areas such as safeguarding, moving and handling, infection control and health and safety were provided to staff.
Mandatory training for the most part was up to date. The inspector reviewed training records and observed that fire training was outstanding for five staff. Additional training in areas such as care planning and assessment, audit, medication management and responsive behaviours was planned for all staff. Further training days were being arranged. 30% of direct care staff had received dementia care training, including person centred care and behaviours that challenge. 90% direct care staff will receive dementia care training, including person centred care and behaviours that challenge by 31 December 2017.

Observations confirmed staff were deployed to meet resident’s needs. Staff demonstrated to the inspector their knowledge in a number of areas for example, infection-control, fire safety, adult protection and caring for residents with dementia or responsive behaviours. Staff who communicated with the inspector confirmed that they were supported to carry out their work by the person in charge and care manager. The inspector saw that copies of the standards have been made available to all staff in each department. The location of these has been communicated to staff.

There was a recruitment policy in place and staff recruitment was in line with the Regulations. The person in charge said that all staff were Garda vetted. There were three volunteers working in the centre at the time of this inspection all of whom were Garda vetted. Staff appraisals had not yet commenced. This action was due to be completed by 31 December 2016.

**Judgment:**
Non Compliant - Moderate

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**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:**

Ide Cronin  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
**Provider’s response to inspection report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Oakfield Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000259</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>25/10/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>10/11/2016</td>
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**Requirements**

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

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

**Outcome 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 inspector found that the system in place to monitor the quality and safety of care for residents required improvement. The inspector observed that only one aspect of clinical care had been reviewed since the previous inspection.

1. **Action Required:**
   Under Regulation 23(c) you are required to: Put in place management systems to

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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:**
Clinical audit training has been secured for the PIC and PPIM on the 23/11/2016. This will inform the implementation of a comprehensive clinical audit process to appropriately monitor the quality and safety of care for residents as required by the regulations.

**Proposed Timescale:** 31/12/2016

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### 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:**
In a sample of four files reviewed there were gaps in the records and some were not completed on a daily basis as required by legislation

2. **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 the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
As referred to in the report we are currently in the process of implementing a new nursing records format. This will ensure that nursing entries are consistently and accurately dated.

**Proposed Timescale:** 31/12/2016

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### 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:**
Ensure that all staff have up to date training in the management of behaviours that challenge.

3. **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:
To date 42% of direct care staff and have received training in the management of behaviours that challenge, this achieves the previous action set for 2016. Further training will be scheduled in order to achieve training for 90% of direct care staff by the end of 2017 as previously identified. Non-direct care staff are also being included in the training programme for 2016/17.

Proposed Timescale: 31/12/2017

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 were potting medications and then giving the medicines to the care staff to administer to residents. Therefore nursing staff were transferring accountability to the care staff to ensure that residents took their medications. The nursing staff were also signing the records without ensuring residents took their medications in the first instance.

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:
The practice of administration observed by the inspector has been discontinued. Nursing staff now administer all medication in accordance with professional guidance in medication management

Proposed Timescale: 26/10/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Ensure that all staff have received suitable training in fire prevention and emergency procedures.

5. Action Required:
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
A planned mandatory training day was held in the centre on the 26/10/2016 at which the 5 remaining staff received training in fire and emergency procedures.

**Proposed Timescale:** 26/10/2016