

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Pilgrims Rest
Centre ID:	OSV-0000376
Centre address:	Barley Hill, Westport, Mayo.
Telephone number:	098 27 086
Email address:	info@pilgrimsrest.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Pilgrims Rest Nursing Home Limited
Provider Nominee:	Noel Marley
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	32
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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 10:30 To: 25 October 2016 16:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This unannounced monitoring inspection was carried out as part of the Health Information and Quality Authority's (HIQA's) regulatory monitoring function to review progress on actions from the previous inspection which took place on the 29 October 2015 and to monitor compliance with the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2013.

Pilgrims Rest Nursing Home is a purpose built single storey bungalow style building which is registered with HIQA to accommodate 35 residents. It is situated 2 miles outside the town of Westport on the Newport Road. Facilities available include a dining room, three sitting rooms, a designated smoking room, 17 single bedrooms sixteen of which have en-suite facilities, nine twin bedrooms, four of which have en-suite facilities. An enclosed garden is also available. All residents have a lockable drawer for resident's private use.

Throughout the inspection the inspector met with a number of residents and staff

members, including nursing, management and catering. The inspector observed practices such as activity provision and medication administration and reviewed records such as care plans, medical records accidents and incidents and staff files. Staff members were seen to interact with residents in a courteous manner. Some residents were well known to staff and had lived in the centre for many years.

Areas requiring review post this inspection include the risk management policy, ensuring care plans are more person centred, documentation regarding fire drills and ensuring that a drills is completed simulating night time staff levels and high time scenario.

The inspector reviewed the eight actions from the previous inspection and found that six actions were complete and two actions were partially addressed but required some further work to ensure full compliance with current legislation. Actions partially completed since the last inspection include meaningful consultation with residents and where appropriate the residents' family regarding the care plans and review of the risk management policy.

Matters requiring review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed 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.

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:

Lines of accountability and authority were evident in the centre. Staff were aware of who was in charge and what the reporting structure was. The provider holds a joint post of provider and person in charge and will be referred to as the provider throughout this report. The provider had appointed an experienced Director of Nursing in July 2016 and this had strengthened the governance and management in the centre.

Systems were in place to review the service delivered. All accident and incident record were reviewed by the director of nursing and any deficits identified were addressed immediately, For example, a neurological observation chart not properly completed. Medication audits were regularly completed. Any deficits identified were discussed with individual personnel and at staff meetings. The provider ensured that all staff had up to date mandatory training and the environment was clean and well maintained. Residents told the inspector that they saw the provider regularly and the inspector noted that all residents knew the provider as he walked around the centre. There were sufficient resources to ensure the effective delivery of care . There was adequate staff were on duty to meet the assessed needs of residents. Catering staff told the inspector that there were always adequate provisions available to meet the nutritional needs of residents and they could order food as required.

Under regulation 23(d) the registered provider shall ensure that that an annual review of the quality and safety of care delivered to residents in the designated centre is carried out .This review must be carried out in consultation with residents and their families. No annual review of the quality and safety of care delivered to residents has been completed.

Judgment:

Non Compliant - Moderate

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 provider holds a joint role of provider/person in charge. He has been the person in charge since the commencement of the regulation process in 2009 and has the experience and knowledge to comply with Regulation 14. He demonstrated that he had a good knowledge of the Regulations and Standards pertaining to designated centres. The person in charge confirmed that he had up to date safeguarding training and his mandatory training in manual handling and fire safety and his registration with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were in date. He had completed a train the trainer course in December 2015.

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):

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

Findings:

There were three actions documented under this outcome at the time of the last

inspection. On this inspection the inspector found that two of these actions had been addressed and while the specific action with regard to the availability of a risk management policy had been addressed the risk management policy available did not comply with Regulation 26 of the Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It failed to reference other policies for example the missing person's policy or the policy on protection.

The second action had been addressed, this related to ensuring that the maximum dose that could be administered safely in a 24 hour period was recorded for as required (PRN) medication.

The third action regarding accessibility to records in the absence of the provider had been addressed. The recently appointed Director of Nursing and the administrator had to key to the cabinet that contained the confidential staff files. Additionally the roster reviewed reflected the actual staff on duty.

The inspector found on this inspection that documentation was generally well maintained and was securely stored. Any documentation requested by the inspector was immediately made available.

Judgment:
Substantially Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

Findings:
Appropriate arrangements were in place for the management of the centre in the absence of the person in charge. A director of nursing who has experience of working in elderly care and works full-time deputised in the absence of the person in charge. She is a registered psychiatric nurse having qualified in 2009. She has worked continuously in elderly care since 2009 and has completed an Msc in Dementia care in 2012. Other courses recently completed included Cognitive stimulation therapy, venepuncture and cannulation, adult protection, manual handling and fire safety training. Her registration with An Bord Altranais was up to date. She displayed a good knowledge of residents and was observed to relate well with staff and residents.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. Staff had been provided with training in recognising and responding to elder abuse. All staff spoken with were clear on their role and responsibilities in relation to reporting abuse. All voiced the review that protection of residents was their priority and felt they would be able to approach the provider or the Director of Nursing if they had any concerns.

Garda vetting was in place on the selection of staff files reviewed and the provider informed the inspector that all staff employed had Garda Vetting in place.

A policy was available on restraint management. Records indicated that restraint was only used following a risk assessment. A culture of promoting a restraint free environment with an increase in the use of alternative safety measures such as chair alarms and low- low beds was in place. Laps straps were in use mainly as a safety measure when moving residents in chairs. There was evidence available that restraint measures in place were regularly reviewed.

There was a policy on the management of responsive behaviour. A small number of residents presented with responsive behaviour and records indicated the use of behaviour charts to support the identification of precipitating factors to enable staff recognise triggers and try and alleviate the underlying cause of the behaviour. Positive behaviour support plans were in place which identified the approach to be taken by staff to respond to behaviour and ensure the rights of the resident was protected. The director of nursing had a background of working in psychiatry of later life services and had completed masters in dementia care. Staff had attended training in management of responsive behaviour and personnel from special mental health services attended the centre regularly.

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):

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

Findings:

The action from the last inspection was completed. A new door had been erected on the smoking room which contained a galls panel for observation purposes. There was no evidence that smoke was escaping from this room and causing a hazard in other parts of the building. The health and safety of residents, visitors and staff was promoted in this centre. There was a centre-specific emergency plan that took into account a variety of emergency situations. Clinical risk assessments were undertaken, including falls risk assessment, nutritional care assessments and neurological observations were completed post un-witnessed falls to assess for head injury. As detailed under outcome 5 the risk management policy requires review.

Records were maintained of accidents and incidents, there were reviewed by the person in charge and any deficits to the immediate care or the recording of these incidents was addressed.

A policy on infection prevention and control was in place. Hand washing sinks were available in each bedroom and hand hygiene gel dispensers and personal protective equipment was located throughout the premises. The centre was clean and well maintained.

Review of the fire training records showed that all staff had undertaken training in fire safety. This was confirmed by staff. All staff spoken with knew what to do in the event of a fire. Fire evacuation notices were in place throughout the centre. Fire drills were being completed regularly, however records did not provide a comprehensive record as to whether a full or partial evacuation had been completed, what time it took to evacuate and whether there were any impediments to safe evacuation identified. No Fire drill had been completed simulating a night duty scenario when the least amount of staff is on duty. Fire records showed that fire equipment had been regularly serviced and the fire alarm had been serviced quarterly. The inspector found that all internal fire exits were clear and unobstructed during the inspection.

Contracts were in place for the regular servicing of all equipment. Moving and handling assessments were available for all residents. All staff had up to date training in safe moving and handling.

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:

Nursing staff had completed medication management training. The inspector observed one of the nursing staff on part of their medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais Na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. There were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Audits in conjunction with the pharmacist were being completed. Medication was reviewed by the residents' general practitioner every three months. There was evidence that MDA drugs were checked twice daily by two nurses. The prescription sheet included the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum does of PRN (as required medication) was recorded.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

The action regarding consultation with residents and where appropriate the residents' family regarding the care plans had improved but required further work to ensure it was meaningful and a narrative note was recorded to ensure the residents' and or their family had input into the care plan.

A pre admission assessment to determine if the centre could meet their needs. Residents received a comprehensive assessment on admission and care plans were enacted based on the assessed needs of residents. Residents had access to the services of a general practitioner (GP), including out-of-hours, and there was evidence of regular review. Allied health/specialist services such as speech and language therapy, dietetics, and physiotherapy was available and there was evidence of referral and review. Occupational therapy services were available as required.

The inspector found that where residents were deemed to be at risk of developing wounds preventative measures were identified including skin care regimes. Supportive equipment such as specialist cushions, mattresses and dietary supplements also formed part of the care package. The action regarding wound care plans had been addressed. Wound care plans clearly documented the dressing type and regime. There were three residents with wounds on the day of inspection. All three residents had wound care plans in place which incorporated the advice of tissue viability services. While staff and residents told the inspector that the wounds were healing there was poor up to date evidence showing the progression or regression of the wound.

The inspector noted that the information collated as part of an assessment for example the risk of falls or the risk of nutritional deficit was not linked to the care plan. Assessments were completed at four monthly intervals care plans were revised in response to changing needs. Where an event occurred for example a fall, a reassessment was carried out and the care plan was updated to ensure that any additional control measures that may be required to mitigate the risk were documented. Where residents were seen by a specialist service the advice of the specialist was incorporated into the care plan. While some care plans were partially person centred this was an area that required review. For example, nutritional care plans did not detail if the resident was on a fortified diet, their likes and dislikes regarding food and fluids and their general pattern prior to admission with regarding nutritional intake. Residents were weighed monthly or more frequently according to assessed need.

The inspector found that a nutritious and varied diet was offered to residents that incorporated choice at mealtimes and staff offered assistance to residents in an appropriate and sensitive way. Residents were offered snacks and refreshments at various times throughout the day and were also available during the night if requested. The inspector met with the chef who was very clear that the residents' voice should be heard with regard to their choice of food and satisfaction with the food. Residents spoken with by the inspector stated that they were happy with the quality, quantity and choice of food and alternatives were available on request.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and

homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The environment was calm and relaxed. Residents were observed to be using various communal areas to include the sitting rooms and foyer area for recreational activities. The centre was clean and bright and residents were free to walk around the premises. Floor coverings were a neutral colour and design throughout and bold patterns were avoided. Bedroom doors were painted different colours according to resident's choice and were personalised to make them more easily identifiable to residents with dementia. Toilets and bathrooms had non verbal signage and toilet doors were painted yellow. The centre was decorated and fitted with domestic style furnishings.

A functioning call-bell system was in place and call-bells were appropriately located throughout the centre. Outdoor space consisted of an enclosed garden. Ample parking was provided to the front and side of the building.

Judgment:

Compliant

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:

Staff were observed to protect the privacy and dignity by knocking on bedroom doors before entering and ensuring that curtains were drawn around the beds. Care in progress notices were in use.

The action from the previous inspection was addressed. The inspector noted that there was arrange of activities taking place through the day. Residents spoken with told the inspector there was "always something going on". A variety of newspapers and magazines were available to residents. Activity staff were available seven days per week. The inspector met with the activity co-ordinator on duty. A planned programme of activities was scheduled throughout the day which includes active exercise, reading the newspaper, knitting and beauty therapy. Dementia specific activities such as reminiscence, imagination gym were Themed events for example on special days and seasonal activities were organised. Residents spoken with were complimentary of the activities offered and enjoyed the festive and birthday parties. Residents could practice their religious beliefs. The priest visited every Sunday morning and mass was watched on the television regularly according to residents' wishes. There was evidence that residents had choice in regard to their daily routines such as getting up or participating in activities. Residents had access to the television and/or radio. Meetings which included resident and relatives were held quarterly. . Minutes of these meetings were available. Items discussed included social activities and the day to day running of the unit.

Visiting times were flexible and visitors could avail of a private facility if they so wished. A quarterly newsletter is prepared detailing any changes in the centre and locality.

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):

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

Findings:

The action from the previous inspection had been addressed Additional activity staff were recruited to provide additional activities and staff were available to provide supervision at all times in the sitting rooms. On the day of inspection the staffing levels were as follows:

From 08:00hrs to 16:00hrs there were two staff nurses and five care assistants. The

Director of Nursing and the provider were also on duty to provide support and supervision. From 16:00hrs to 21:00hrs there was one nurse and four care assistants. From 21:00hrs to 23:00hrs there was one nurse and three care assistants and from 23:00hrs until 08:00 there was one nurse and two care assistants. In addition there was a chef/cook, catering staff, administration staff, cleaning staff, laundry staff and an administrator. As detailed under Outcome 16 there was an activity co-ordinator available seven days a week from 10:30 to 18:30hrs. There were 10 residents who had maximum dependency needs, 11 who had high dependency needs, six who had medium dependency needs and five who were assessed as low dependency. Based on observations of the inspector and a review of staff rosters there were adequate staff on duty to meet the needs of residents. A registered nurse was on duty at all times. Residents and staff spoken with expressed no concerns with regard to staffing levels. Staff were available to assist residents and residents were supervised at all times.

A staff training programme was on-going. All staff had up to date mandatory training in fire safety, safeguarding of vulnerable adults and manual handling. Additional training and education relevant to the needs of the residents profile had been provided for example death, dying and bereavement, dementia care and behaviour that challenges, infection control and basic life support.

Staff files reviewed contained all the required documents as outlined in Schedule 2, which showed there was a comprehensive recruitment process. There was a record maintained of An Bord Altranais professional identification numbers (PIN) for all registered nurses.

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 McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Pilgrims Rest
Centre ID:	OSV-0000376
Date of inspection:	25/10/2016
Date of response:	09/11/2016

Requirements

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

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

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

No annual review of the quality and safety of care delivered to residents has been completed.

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

The Person in Charge has sourced the Health Information & Quality Authority template for this annual review. This review is in progress and will be completed by the end of December 2016.

Proposed Timescale: 30/12/2016

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:

The risk management policy available did not comply with Regulation 26 of the Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It failed to reference other policies for example the missing person's policy or the policy on protection.

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:

The Risk Management Policy has been updated to comply with Regulation 26 of the Care and Welfare of Residents (in Designated Centres for Older People) Regulations 2013.

Proposed Timescale: Completed

Proposed Timescale: 09/11/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Records of fire drills did not provide a comprehensive record as to whether a full or partial evacuation had been completed, what time it took to evacuate and whether there were any impediments to safe evacuation identified. No Fire drill had been completed simulating a night duty scenario when the least amount of staff is on duty.

3. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

A Fire Drill has been completed simulating a night time scenario and partial evacuation. A comprehensive record of the drill has been documentation and the Person in Charge will now complete 6 monthly drills simulating this type of scenario.

Proposed Timescale: Completed

Proposed Timescale: 09/11/2016

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

Effective care and support

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

The action regarding consultation with residents and where appropriate the residents' family regarding the care plans had improved but required further work to ensure it was meaningful and a narrative note was recorded to ensure the residents' and or their family had input into the care plan.

4. Action Required:

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

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

While there was a system in place on the database to demonstrate that the care plans have been approved by the Resident & their family, the Person in Charge has created a new system & template where Nurses will meet with the Resident and where necessary their family to discuss the care plans. The Nurses will document a narrative note of this consultation and cross reference it to the database. Training in care planning & the new system is scheduled and will be completed by the 24.11.16 . The new system will be piloted and amendments made as necessary and will be in place by the end of December 2016.

Proposed Timescale: 30/12/2016