

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Caherass Nursing Home
Centre ID:	OSV-0000411
Centre address:	Caherass, Croom, Limerick.
Telephone number:	061 600 930
Email address:	caherassnursinghome@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services
Provider Nominee:	Pat Shanahan
Lead inspector:	Mairead Harrington
Support inspector(s):	Maria Scally
Type of inspection	Unannounced
Number of residents on the date of inspection:	48
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. 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:
25 August 2016 09:50	25 August 2016 18:30
26 August 2016 07:15	26 August 2016 14:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report details the findings of an inspection to monitor compliance with regulations as set out by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and National Quality Standards for Residential Care Settings for Older People in Ireland.

The service provider for Caherass Nursing Home was Mowlam Healthcare. The inspection was unannounced and took place over two days. On the days of inspection there were 48 residents in the centre and two vacancies. During the inspection the inspectors met and spoke with residents and visitors as well as staff from all areas of service in the centre including administration, nursing, catering and household. As part of the inspection process inspectors also reviewed a range of documentation including staff rosters and training records, residents' care plans, minutes of meetings, policies and their related protocols.

The last inspection of this centre on 13 January 2015 was to inform a registration

renewal application and a copy of that report is available for reference at www.hiqa.ie. Where actions had been identified on previous inspections the provider had implemented appropriate measures to address these in the main. However, further action was required to fully address issues in relation to premises and fire safety as outlined in the body of the report. Additional areas for improvement identified in the course of this inspection related to the availability of activities for residents and training requirements for several members of staff.

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 was noted throughout the inspection. Residents spoken with reported that they were well looked after and satisfied with the care they received.

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

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre was a well established nursing home that was privately owned and operated by Mowlam Healthcare. The director of care services for this company represented the provider entity at the time of inspection. A well established system of governance was in place. There was a clearly defined management structure with care directed through the person in charge who was employed on a full-time basis. The company operated effective management and communication systems with regular quality and safety meetings between the operations manager and the person in charge. There was also evidence that resources were dedicated on a consistent basis for the training and education of staff in the delivery of a high standard of evidence based care.

A quality management system was in place and a comprehensive review of the quality of care had been undertaken in March of this year with audit analysis across key areas including medication management and infection control. Regular audits were also completed against health and safety and clinical documentation for example. In keeping with statutory requirements an annual quality review was available that also referenced consultation with residents and relatives. Where areas for improvement were identified in the course of the inspection both the provider representative and the person in charge demonstrated a responsive approach to addressing these issues, articulating a commitment to quality care and compliance with the regulations.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of

<i>the service.</i>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There had been no change to this appointment since the previous inspection. The person in charge was a long standing member of staff, employed on a full-time basis, with extensive experience in clinical care and qualified in keeping with the requirements of the post. Throughout the course of the inspection the person in charge demonstrated a professional approach that included a commitment to a culture of improvement along with a well developed understanding of the statutory responsibilities associated with the role. The person in charge held appropriate authority, accountability and responsibility for the provision of service.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 07: Safeguarding and Safety</i> <i>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.</i></p>
<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was a policy on, and procedures in place for, the prevention, detection and response to abuse that was kept under review and appropriately referenced current national policy in relation to the safeguarding of vulnerable adults. The policy also nominated a reporting officer for the management of allegations. Residents spoken with stated that they felt safe in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise. Those members of staff spoken with were clear in their understanding of what constituted abuse and, in the event of such an allegation or incident, also understood the procedure for reporting the information. There was no record of instances of abuse or any allegations having been reported. A review of the training matrix indicated that an annual programme of training was provided in safeguarding. However, one new member of staff had yet to</p>

receive training in this regard and the person in charge confirmed this was scheduled for the first week in September.

A current policy and procedure was in place in relation to managing responsive behaviours and a number of staff had received training in March of this year on how to respond to, and manage, behaviour in these circumstances. Behaviour assessments were maintained as necessary for residents and focused care plans were in place that provided relevant guidance to staff in the delivery of this care. Management and staff articulated a commitment to the continued independence of residents and the policy on restraint also promoted a restraint free environment. A review on the use of restraint indicated alternatives were explored as appropriate and resources were dedicated as necessary to the provision of specialised equipment such as low beds and sensor mats. No bed-rails were in use at the time of inspection.

There was a policy on the management of residents' personal property and processes for managing residents' belongings to ensure their safe storage and return. Residents had secure storage provided in their rooms. The centre acted as an agent for a small number of residents and appropriate documentation was maintained in keeping with policy and procedure. Systems in place to safeguard residents' money included the recording of transactions with receipts and entries witnessed by a second signatory. An administrator demonstrated the procedures and safeguards in place and a sample of transactions were reviewed.

Judgment:
Substantially Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
Most of the actions identified by the previous inspection had been addressed; these included staff participating in regular fire drills that were being recorded, an effective risk register that was kept under review with specified control measures in place for identified hazards and access restrictions to areas of high such as stairwells. The training schedule also confirmed that all staff were now appropriately trained in infection control procedures. The person in charge also explained that a phased programme had been implemented to fit all fire doors with a safety closing mechanism and many of these were seen to have been completed. However, in some instances fire doors that had yet to have the mechanism fitted were also being held open. Management took immediate

action to address this issue and arranged for a contractor to attend the centre during the inspection in order to complete these fittings.

Policies and procedures relating to health and safety were site-specific and up-to-date. A safety statement was displayed at reception. The risk management policy referenced the required areas in relation to unauthorised absence, assault, accidental injury, aggression, violence and self-harm. There was an emergency plan with personal emergency evacuation plans individualised for each resident.

A fire safety register was in place which demonstrated that daily, weekly and monthly checks were completed. A missing persons drill had been completed on 31 March 2016. Regular fire training was provided and records indicated fire training had last been delivered in April of this year. Six new staff members had received site-specific fire training and had participated in fire drills since commencing employment at the end of May; however, they had yet to attend a certified fire safety course. Suitable fire equipment was available throughout the centre which was regularly maintained and serviced and documentation was in place to this effect. Regular checks of fire prevention and response equipment were in place. Emergency lighting was tested quarterly. Adequate measures were in place to prevent accidents throughout the premises such as grab-rails in toilets and hand rails along corridors. Call bells were fitted in all rooms where required. Emergency exits were clearly marked and unobstructed. Routine health and safety checks were undertaken including regular reviews of the risk register and control measures for risks identified. Arrangements were in place for investigating and learning from serious incidents and management implemented quarterly health and safety meetings with recorded minutes and attendance, the last being on 7 July 2016.

The inspectors saw evidence of a regular cleaning routine and practices that protected against cross contamination included the use of a colour coded cleaning system. Sluice rooms and bathrooms were appropriately equipped and hazardous substances were securely stored. Staff spoken with understood infection control practices and staff were observed using personal protective equipment appropriately. Sanitising hand-gel was readily accessible and seen to be in regular use by staff.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Appropriate policies and procedures were in place around medication management that included practice in relation to the storage, administration and disposal of medicines as required by the regulations. The person in charge explained that effective arrangements were in place with the pharmacist to support service provision to the residents and that the pharmacist regularly attended the centre and completed audits on at least a yearly basis. A record of the last audit was available dated 20 January 2016 which recorded a very high standard of compliance. Medication related records were accessible and securely maintained. Controlled drugs were managed and stored appropriately in keeping with requirements. Where medication required refrigeration appropriate monitoring, including a temperature log, was in place. Dates of opening were recorded on medicines as necessary. There were systems to record and review medication related errors. Staff responsible for administering medication were appropriately trained.

Medication prescription sheets were current and contained a photograph and the necessary biographical information in keeping with statutory requirements. Prescribed medicines, including those to be crushed, were signed by a general practitioner (GP) and times for administration were recorded. Medication administration sheets contained the signature of the nurse administering the medication. A medication administration round was observed by the inspector and nursing staff were seen to administer medicines safely and in a person-centred manner. Where prescription records were transcribed by nursing staff these had been appropriately signed and counter-signed as checked by a nurse, before being signed by the prescriber in keeping with protocol. Medications were reviewed by a GP as required and at least on a quarterly basis. No residents were self-administering at time of inspection.

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):
No actions were required from the previous inspection.

Findings:
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. 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. The centre operated a system whereby nominated nursing staff had responsibility for the management and review of designated care plans. A sample of care plans was reviewed on inspection; these were found to be reviewed regularly in keeping with requirements or as care needs changed. The care planning process relied on the use of validated tools to routinely assess and review residents in relation to the key components of care such as mobility and risk of falls. Of the cases reviewed appropriate care plans were in place around all activities of daily living and, where assessed as required, focused plans were in place under the headings of pressure care, nutrition, responsive behaviour and falls management.

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 consultation with residents and relatives to establish their wishes around preferences for continued care at the centre or transfer to hospital in the event of a change in needs. Daily communication and nursing notes were maintained which were clear and relevant. Records reviewed indicated that residents had regular access, or as required, to allied healthcare professional services such as speech and language therapy, physiotherapy, chiropody and dental and optical services. Staff and management at the centre demonstrated a commitment to person-centred care. Care plans were individualised and staff spoken with had a well developed knowledge and understanding of the needs and personal circumstances around individual residents. Based on observations, feedback and a review of documentation and systems, the inspectors were satisfied that suitable arrangements were in place to meet the health and nursing needs of residents.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:
Effective care and support

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

Findings:
The centre was located on its own grounds set back from the main road on the outskirts

of Croom town. The centre provided accommodation over two floors for up to 50 residents, with 48 in occupancy at time of inspection. Accommodation on the first floor comprised 27 single and one twin room, all with ensuite facilities of a toilet and wash-hand basin. Accommodation on the ground floor comprised 22 single ensuite rooms. Access between floors was facilitated by a lift which was appropriately serviced. Storage and changing facilities were available for staff. Controlled stairwell access between floors was also available.

Ample parking facilities were available to the front of the premises. The centre was homely, comfortable, well furnished and nicely decorated throughout, with appropriate heating and lighting as required. Communal sitting and dining areas were available on each floor. The dining areas on both floors were bright with tables laid out for small groups. Residents on the first floor had access to a balcony area via the dining room. Residents on the ground floor could access a large garden area through the dining room at the rear of the building; this outside space was well maintained and laid with paths, hand rails and seating.

All bedrooms provided sufficient space for the delivery of care; storage facilities included a bedside locker, chair and wardrobe. Appropriate assistive equipment was provided throughout the centre. However, when not in use some of this equipment, such as wheelchairs and hoists, was frequently stored in corridors and other general access areas. Overall, the design and layout of accommodation on the premises was in keeping with the statement of purpose. However, as identified on previous inspections the availability of assisted shower and/or bath facilities was not in keeping with national standards with an average of one accessible facility per 11 residents on the ground floor and only one per 14 residents on the first floor.

Kitchen facilities were laid out and appropriately equipped for the size and occupancy of the centre. The laundry area was suitable in design to meet its purpose with sufficient space and facilities to manage laundering processes.

Judgment:

Non Compliant - Moderate

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A site specific complaints policy and procedure was in place which covered both written

and verbal complaints. The policy cited relevant legislation and provided a clear outline of the procedure to follow in making a complaint, including expected time frames for resolution. A copy of the complaints policy and procedure was clearly on display. In keeping with statutory requirements the procedure for making a complaint included the necessary contact details of a nominated complaints officer and also outlined the internal appeals process and the nominated individual with oversight of the complaints process. Contact information for the office of the Ombudsman was provided and the complaints procedure was also referenced in the contract of care.

An inspector reviewed the complaint records which were maintained electronically and noted that the system included entries for the complaint, complainant, details of any investigation into the complaint and whether or not the complainant was satisfied with the outcome. Staff members spoken with explained that where practical issues were raised they were usually addressed on an ongoing basis at the time. Residents spoken with understood who was in charge and how to make a complaint. The person in charge explained that learning from any issues raised could be communicated through regular staff and management meetings. Complaint processes were reviewed regularly and management also followed up on satisfaction with outcomes on a quarterly basis.

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:
There was a policy on providing information to residents and a relevant residents' guide was available and up to date. The centre facilitated access to independent advocacy services and information was clearly displayed that provided contact details in this regard. Residents' meetings were held every two months and management also surveyed resident feedback through questionnaires.

The inspectors found the atmosphere at the centre was friendly and interactive. Residents said they felt well cared for and supported in their choices around daily living such as where they took their meals or how and when they like to get up or go to bed. Inspectors spoke with both residents and relatives who commented positively on the

attitude and standard of care provided by staff. Staff spoken with understood and demonstrated appropriate techniques in managing communication where residents had a cognitive impairment or other difficulties communicating. Interactions between staff and residents were courteous and person-centred. A sample of care plans reviewed contained relevant information around the life and circumstances of residents and both the person in charge and staff demonstrated a good knowledge and understanding of individual residents' backgrounds and personal interests.

The previous inspection had identified the provision of activities as an area for improvement. Management had implemented measures to address this issue that included the appointment of a dedicated staff resource to manage the delivery of an activity programme. However, at the time of inspection this member of staff was on leave and, other than the resources of rostered staff, there were no interim arrangements in place to ensure the programme of activities was maintained. Individual staff members were seen to engage with residents on a one-to-one basis and mass, hymn singing and the rosary were observed over both days on inspection. Residents and staff also spoke of a recent barbecue they had enjoyed in the garden. However, in the course of the inspection there was little evidence of residents being facilitated to engage in meaningful activities and residents were observed seated, unoccupied, in communal areas for periods at a time. These observations were also reflected in survey feedback that commented "activities had waned".

Residents were supported in civic duties such as voting and the centre provided appropriate access to religious services and pastoral care as required and depending on the preferences of residents. Visitors were seen to attend the centre throughout the inspection and the person in charge stated that communal areas, such as the dining room on either floor, were used to accommodate residents who wished to receive visitors in private.

Judgment:
Substantially 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:

Management confirmed that actions to address staffing issues as identified on the previous inspection had been implemented. The person in charge confirmed that six staff had been recruited within the last six months including an additional staff nurse. Planned and actual staff rosters detailing staffing levels that were in keeping with the profile of resident needs and the design and layout of the centre were in place. At time of inspection a staff nurse was on leave and the person in charge was acting into the role on a temporary basis. The person in charge stated that the recruitment and retention of qualified nursing staff presented challenges on an ongoing basis and management confirmed that staffing levels were kept under review and that the centre could also access agency staff as necessary.

At the time of inspection the system of supervision was directed through the person in charge. Appropriate deputising arrangements were in place for the absence of the person in charge. A registered nurse was on duty for each floor at all times with responsibility also for supervision of staff and handover arrangements. Current Bord Altranais registration was in place for active nursing staff at the centre. Management systems were in place to ensure that information was communicated effectively through both handover processes and regular staff meetings. Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. Competency assessments were implemented in areas such as medication management. Copies of the standards and regulations were readily available and accessible by staff. A scheduled training programme supported staff in their provision of contemporary evidence-based care including, for example, dementia and the management of dementia related behaviours, end of life/palliative care and emergency first aid. Staff spoken with said they felt well supported by management in relation to the provision of training and continuous professional development.

The centre had appropriate policies on recruitment, training and vetting. Inspectors reviewed a sample of staff personnel files and were satisfied that the maintenance of this documentation was in keeping with the requirements of Schedule 2 of the regulations. At the time of inspection no volunteers were active at the centre and management were aware of the statutory requirements in relation to the appointment of volunteers. Staff fulfilled a probation period and new members of staff completed a centre specific induction programme with regular staff appraisals in place.

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 report¹

Centre name:	Caherass Nursing Home
Centre ID:	OSV-0000411
Date of inspection:	25/08/2016
Date of response:	23/09/2016

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 07: Safeguarding and Safety

Theme:

Safe care and support

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

One new member of staff had yet to receive safeguarding training.

1. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

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

The new staff member received training on Safeguarding on 7th September 2016.

Proposed Timescale: 07/09/2016

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:

Several members of staff had yet to complete certified fire safety training.

2. 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:

When each new staff member commences in post, they receive in-house 'Fire Safety Awareness Induction for New Starters', a training session which includes awareness of fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, firefighting equipment, fire control techniques and participate in fire drills with actions and learning. Certified fire safety training by a fire safety officer has been scheduled for four new staff members and will take place 11th October 2016. Annual fire safety training updates are scheduled to take place when they are due for renewal in October.

Proposed Timescale: 11/10/2016

Theme:

Safe care and support

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

In some instances fire doors were being held open.

3. Action Required:

Under Regulation 28(2)(ii) you are required to: Make adequate arrangements for giving warning of fires.

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

On the day of inspection, 2 office doors were fitted with Dorguards and an additional 3 were installed on rooms; these devices allow doors to be kept open where this

preference is indicated by residents, but the doors close automatically in the event of the fire alarm being activated. All doors fitted with these devices have been individually risk assessed.

Proposed Timescale: 21/09/2016

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The availability of assisted shower and/or bath facilities was not in keeping with national standards and limited to only four for a possible maximum of 50 residents.

4. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Arrangements are being made for the provision of an additional shower facility in the centre.

Proposed Timescale: 31/03/2017

Theme:

Effective care and support

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

When not in use equipment such as wheelchairs and hoists were frequently stored in corridors and other general access areas.

5. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

Storage rooms have been identified on each floor to facilitate the storage of equipment, including wheelchairs and hoists when not in use.

Proposed Timescale: 22/09/2016

Outcome 16: 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:

In the course of the inspection there was little evidence that residents had opportunities to participate in activities in accordance with their interests and capacities.

6. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

A review of activities has been undertaken to ensure that residents with a diagnosis of dementia receive therapeutic and one-to-one activities according to their preference. Activities are also provided at weekends.

The schedule of activities has been reviewed to ensure that a range of person-centred, meaningful activities is provided to residents in accordance with their choices and preferences. Work continues on documenting residents' life stories for those residents who choose to be involved.

In addition, there are regular music, games and movie afternoons/evenings as well group baking, exercise and outdoor walks in the gardens.

Proposed Timescale: 30/11/2016