<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mooncoin Residential Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000254</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Polerone Road, Mooncoin, Kilkenny.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>051 896 884</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:admin@mooncoinrcc.ie">admin@mooncoinrcc.ie</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>Mooncoin RCC Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Kieran O’Reilly</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
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<td>Type of inspection:</td>
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</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
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<tr>
<td>Number of vacancies on the date of inspection:</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 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 02 May 2017 10:00 03 May 2017 09:00
To: 02 May 2017 18:30 03 May 2017 14:00

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 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</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 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
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</table>

Summary of findings from this inspection

As part of the inspection, the inspector met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures and staff files.

The inspector also reviewed resident and relative questionnaires submitted to the Authority's Regulation Directorate. In total 12 questionnaires were returned. Questionnaires were mainly positive, with respondents stating they were happy with the service provided and were aware of the complaints' process although most said it was never necessary. Some stated that residents were free to walk around the centre at their leisure while others suggested it was important for residents to have access to a garden area and be assisted there if needed.
As part of the registration renewal process, interviews were carried out with person in charge and the person authorised to act on behalf of the provider.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

The safety of residents was promoted. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided.

There was evidence of safe recruitment practices although some improvement was required to ensure staff files met the requirements of the regulations. Action was required to ensure that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Some improvement was also required regarding restraint assessment.

These are discussed further in the body of the report and the actions required are included in the action plan at the end.
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 Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

Theme:
Governance, Leadership and Management

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

Findings:
The inspector was satisfied that the statement of purpose, which had recently been updated, met the requirements of the regulations. It accurately described the facilities available and the service provided in the centre.

Judgment:
Compliant

**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:
The inspector was satisfied that effective management systems were in place. However improvement was required to ensure that the audits being completed were used to improve practice and that residents and relatives were consulted with.
The inspector saw that the annual review of the quality and safety of care delivered to residents was completed. The inspector saw that several audits had been carried out including infection control and the use of restraint. However in some cases the results had not been analysed to inform improvements.

In addition there was limited evidence of resident or relative consultation. For example, resident or relative satisfaction questionnaires were not completed. The inspector also noted that residents' meetings were not held on a regular basis and this had been identified as an area for improvement at the last inspection.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose.

**Judgment:**
Non Compliant - Moderate

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### Outcome 04: Suitable Person in Charge

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The person in charge is a registered nurse and has the required experience in nursing older people.

The person in charge had maintained her continuous professional development having previously completed a postgraduate diploma in gerontology. She continued to attend training and seminars relevant to her role such as nutritional care, blood sugar monitoring and safeguarding vulnerable adults.

During the inspection she demonstrated her knowledge of the regulations and the standards. The person in charge was observed frequently meeting with residents, visitors and staff throughout the days of inspection and it was obvious that she was well known to all. Relatives and residents spoke very highly of the person in charge in the questionnaires returned to the Authority.

**Judgment:**
Compliant
**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
This outcome was not reviewed at this inspection.

Action relating to staff files, discussed under Outcome 18, is included here. Two of four staff files reviewed did not contain a satisfactory history of gaps in employment as required by the regulations.

**Judgment:**
Substantially Compliant

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**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designated 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:**
The provider was aware of the regulatory requirement to notify the Authority should the person in charge be absent for more than 28 days. The person in charge informed the inspector that either of the clinical nurse managers (CNMs) deputised in the event that the person in charge was absent from the centre.

The inspector met with both CNMs during the inspection and was satisfied that both were aware of their responsibilities and had a detailed understanding of the regulations.
and standards.

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:**
The inspector found that measures were in place to protect residents from being harmed or abused although some improvement was required regarding restraint assessment.

The inspector reviewed the use of restraint and noted that appropriate risk assessments had been undertaken. Two hourly safety checks were being completed in line with the policy in place. Additional equipment such as low beds and sensor alarms had also been purchased to reduce the need for bedrails. However there was no documented evidence that other alternatives had been tried prior to the use of restraint. This had been identified as an area for improvement at the centre's audit on restraint but the planned actions had not been implemented. It was also a requirement of the policy in place.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which was recently updated. The person in charge and staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures. An in-house trainer was now available and training was up to date with additional sessions planned for the coming weeks.

The inspector was satisfied that when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received training and there was a policy in place to guide practice. Detailed care plans were in place. Possible triggers and appropriate interventions were recorded.

Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with responsive behaviour in a sensitive and appropriate manner and the residents responded positively to the techniques used by
The inspector saw that additional support and advice were available to staff from the psychiatry of later life services.

The inspector reviewed the management of residents' finances and possessions and was satisfied that these were managed in a safe and transparent way. The provider nominee discussed plans afoot to introduce new procedures to ensure that the system was sufficiently robust.

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

**Findings:**
The inspector was satisfied that the provider and person in charge had prioritised the safety of residents. The inspector saw evidence that the actions from the previous inspection had been carried out.

The inspector read the risk management policy and saw that it had been updated following the last inspection and now met the requirements of the regulations.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on all areas of the centre.

Adequate fire safety procedures were in place. The fire alarm system and equipment had regular servicing. Fire drills were carried out on as part of the training which took place on a six monthly basis. The inspector noted that the fire alarm system was in order and fire exits, which had daily checks, were unobstructed. Staff spoken with were aware of the procedure to follow in the event of a fire. Personal emergency evacuation plans (PEEPs) were developed for all residents taking into account the number of staff required to evacuate the resident.

Staff had attended fire training and new staff received additional training prior to their rostered shift. The provider nominee discussed plans in place to formalise this training as part of a more robust induction programme.

The inspector read the emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood...
or power outage. It had been updated as action required from recent inspections. Alternative accommodation for residents was specified should evacuation be required.

Judgment:
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:
The inspector was satisfied that each resident is protected by the designated centres policies and procedures for medication management.

The inspector reviewed a sample of prescription and administration records and saw that they were in line with best practice requirements.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of balances and found them to be correct.

Written evidence was available that three-monthly reviews were carried out. Support and advice were available for the supplying pharmacy. In addition a clinical pharmacist was now employed on a part-time basis and there was evidence of her input into safe practices. The inspector also noted that the pharmacist was available to residents to discuss their prescriptions if needed.

Secure fridges were provided for medicines that required specific temperature control. The temperatures, which were monitored daily, were within acceptable limits on the days 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
**Theme:**
Effective care and support

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

**Findings:**
The inspector was satisfied that each resident’s wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The inspector saw that the arrangements to meet each resident’s assessed needs were set out in individual computerised care plans. There was evidence of resident or relative involvement at development and review. The inspector reviewed the management of clinical issues such as wound care, dementia care and diabetic care and found they were well managed and guided by robust policies.

Documentation in respect of residents’ health care was comprehensive and up-to-date. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A number of GPs provided services to the residents. A full range of other services was available on referral including occupational therapy, speech and language therapy (SALT) and dietetic services. Physiotherapy was available within the centre. Chiropody, dental and optical services were also provided either locally or in the centre.

The inspector reviewed residents’ records and found that residents had been referred to these services and results of appointments were written up in the residents’ notes. When required, the care plans were updated to reflect the recommendations and this had been identified as an area for improvement at the last inspection.

The inspector spoke with staff who outlined how the activity programme was planned with the residents and that individual and group sessions were carried out. Several residents and relatives commented positively on the activities available in the questionnaires returned although some residents said they would like to spend additional time outside.

**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.
<table>
<thead>
<tr>
<th><strong>2013.</strong></th>
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</table>
| **Theme:**  
Effective care and support |

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

| **Findings:**  
As described at previous inspections, Mooncoin Residential Care Centre is a two-storey purpose-built centre. All residents’ accommodation is on the ground floor and arranged around three distinct sections, two of which accommodated 27 residents and the third accommodated 24 residents. There were 74 single rooms all of which had en suite facilities and two twin rooms also en suite. The twin rooms had appropriate screening to ensure privacy.  
There was adequate communal space. There were a number of sitting and dining areas located throughout the building and the inspector noted that the front foyer was popular with residents. All areas were well furnished and comfortable. There was a separate oratory and an adjacent activities room which could be opened up to accommodate a large number of people. Other rooms included a well-equipped laundry, hairdressing salon, a smoking area, kitchen, training room and staff facilities. Three fully equipped sluice rooms were also provided.  
The building was well maintained both internally and externally. It was found to be clean, comfortable and welcoming. Each room was appropriately decorated and contained personal items such as family photographs, posters and pictures.  
Improvements had occurred since the previous inspection where action was required to ensure that the premises was suitable for all residents including those with dementia. Signage was now in place to aid orientation. Toilet doors had been painted a similar colour and contrasting colours were in use within the toilet areas.  
The inspector noted that plans were in place to further improve the premises. For example the inspector saw that additional shelving was being put into residents' rooms to lower the televisions to a more user-friendly height. Minor fixing was required to small areas of floor covering and this was being addressed.  
The inspector found that appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames and there was suitable and sufficient storage for equipment. Corridors were wide which enabled residents including wheelchair users' unimpeded access. Hand rails and grab rails were in place.  
Adequate arrangements were in place for the disposal of general and clinical waste.  
Residents had access to a safe well-maintained garden. A smaller internal courtyard was also available. Adequate parking was available at the front of the building. |
Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

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:
The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for his/her needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner. Action required from the previous inspection had been addressed.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that residents had been reviewed by a speech and language therapist and dietitian as required. Recommendations from these reviews were documented in the residents' notes. This had been identified as an area for improvement at the previous inspection.

The inspector visited the kitchen and noticed that it was well organised and had a plentiful supply of fresh and frozen food which was stored appropriately. The chef on duty discussed the special dietary requirements of individual residents and information on residents’ dietary needs and preferences. The catering staff discussed on-going improvements in the choice and presentation of meals that required altered consistencies.

The inspector saw that the dining experience was pleasant. Table were nicely laid and meals were appetisingly presented.

The person in charge discussed plans to commence protected mealtimes and further develop modified consistency meals to ensure that all residents had adequate choices available to them.

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 inspector was satisfied that, on the days of inspection, there were appropriate staff numbers and skill mix to meet the assessed needs of residents taking into account the size and layout of the centre. All staff were supervised on an appropriate basis.

However some improvement was required to ensure that staff files were complete. Two of four files reviewed did not contain a satisfactory history of gaps in employment as required by the regulations. Action required in relation to this can be found under Outcome 5. Otherwise the staff files reviewed were complete. Assurance was given by the provider nominee that garda vetting was in place for all staff.

Action required from the previous inspection relating to volunteers had been addressed. Garda vetting was in place and the roles and responsibilities were set out in writing.

The inspector confirmed that up to date registration numbers were in place for nursing staff. The inspector reviewed the roster which reflected the staff on duty.

Staff training records demonstrated a commitment to the ongoing maintenance and development of staff knowledge and competencies. Staff spoken with confirmed this. Training undertaken included nutritional care, infection control, diabetes and continence training.

**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:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
<td>Date of inspection:</td>
<td>02/05/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22/05/2017</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:
There was limited evidence of resident or relative consultation in the development of the annual review.

1. Action Required:
Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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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:
While residents are involved informally on a daily basis in the planning and development of their care, since March of this year we are formally having resident meetings and have further meetings scheduled for the remainder of the year. Also a resident questionnaire is being developed and will be given to residents and their families to further enhance their involvement in the organisation of the nursing home.

**Proposed Timescale:** 30/06/2017

### 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:**
Two of four staff files reviewed did not contain a satisfactory history of gaps in employment as required by the regulations.

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:
All staff files are now up to date including gaps in employment history.

**Proposed Timescale:** 19/05/2017

### 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:**
There was no documented evidence that other alternatives had been tried prior to the use of restraint.

3. **Action Required:**
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
We have sourced an appropriate bed rail assessment intervention tool which show interventions used prior to initiating restraint and this will be in use by the end of this month.

**Proposed Timescale:** 31/05/2017