

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sacred Heart Nursing Home
Centre ID:	OSV-0000279
Centre address:	Crosspatrick, Johnstown, Kilkenny.
Telephone number:	056 88 31318
Email address:	sacredheartnursinghome@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Theresa Quinn
Provider Nominee:	Theresa Quinn
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	34
Number of vacancies on the date of inspection:	1

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 un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
12 December 2016 09:40	12 December 2016 16:00
13 December 2016 09:15	13 December 2016 13:15

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
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 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant

Summary of findings from this inspection

The purpose of this inspection was to inform a decision following an application to renew the registration of this centre. There were 34 residents being accommodated in the centre which is registered for a maximum capacity of 35.

The Health Information and Quality Authority (HIQA) received unsolicited information in October 2016 regarding aspects of the service. The inspector found that the provider met their legislative responsibilities and the information was not substantiated. Two actions from the last inspection of the centre in May 2016 were in relation to the premises and one action remains outstanding. The provider had made improvements to the existing premises since the previous inspection. The inspector saw that the extension to the premises was currently underway on the day of

inspection

Prior to the inspection the provider was requested to submit relevant documentation to HIQA in relation to the application to renew registration. The inspector reviewed this documentation, ascertained the views of residents, relatives and staff members, observed practices and reviewed records as required by the legislation. The collective feedback from residents and relatives on the days of inspection and from the pre-inspection questionnaires was satisfactory in relation to care and the service provided.

There was a clearly defined management structure that identifies the lines of authority and accountability. Persons participating in the management of the centre demonstrated that they were knowledgeable regarding the legislation, regulations and standards underpinning residential care. They facilitated the inspection process and had all the necessary documentation available for inspection which was maintained in accordance with the legislation.

The inspector found there was a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland(2016)

The action plan at the end of this report highlights the matters to be addressed in relation to the premises which did not conform to the matters set out in the Schedule of 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 (2016).

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 statement of purpose had been reviewed since the last inspection and it detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in Schedule 1 of the Regulations.

The inspector observed that the statement of purpose was in an accessible format to residents and that it was implemented in practice.

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):

No actions were required from the previous inspection.

Findings:

There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. The inspector observed that there were sufficient staff on duty to meet the needs of residents.

The inspector found that there was a clearly defined management structure that identifies the lines of authority and accountability, specified roles and details responsibilities for the areas of care provision. This was outlined in the statement of purpose, and staff were familiar with their duty to report to line management.

Staff were complimentary of the management structure and communication arrangements and were satisfied with the leadership shown and structured reporting arrangements. Suitable arrangements were put in place to support, develop, supervise and manage staff and review performance.

The inspector reviewed audits completed by the person in charge. The areas reviewed included medication management, health and safety, infection control, hygiene, meals and mealtimes, restraint and call bell audits. The person in charge discussed improvements that were identified with staff and an action plan to improve compliance was outlined as observed by the inspector.

An annual review of the quality and safety of care delivered to residents was completed which outlined areas for improvement in 2016. Resident satisfaction surveys had been completed during 2016, the results of which indicated high satisfaction with the service provided. Residents told the inspector that they were always consulted regarding any changes/improvements within the centre.

Judgment:
Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

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

Findings:
The Residents' Guide was available to residents. This guide outlined the services and facilities in the centre, and all other information as specified by regulation 20. The inspector reviewed a sample of the contracts of care within the centre which outlined details of the services to be provided, the fees to be charged and also details of other services available within the centre and the additional charges to be levied if availed of by residents.

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 the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The centre was managed by a suitably qualified and experienced nurse. The person in charge facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions. The inspector observed that she was focused on developing a culture of quality improvement and learning to drive improvements in the standard of care delivered to residents. Residents spoken with knew the person in charge and felt they could approach her or any of the staff if they had any concern.

Staff were familiar with the organisational structure and confirmed that good communications exist within the staff team. Recent training attended by the person in charge included a supervisory management course. Mandatory training in adult protection, manual handling and fire safety was current and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).

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:

There were systems in place to ensure that the records listed in Schedules 2, 3 and 4 of the regulations were maintained accurately, securely and were easily retrievable within the centre.

The inspector saw that general records as required under Schedule 4 of the regulations were maintained including key records such as appropriate staff rosters, accident and incidents, nursing and medical records. A planned roster was in place.

All of the operational policies and procedures as required by Schedule 5 of the regulations were available and were reviewed on a regular basis and within the three timeframe as required by the regulations.

The inspector reviewed a sample of four staff files at the time of the inspection. They contained the necessary documents as specified in Schedule 2 of the regulations. The person in charge confirmed that all staff including one volunteer working in the centre had Garda vetting in place. The centre had insurance in place against injury to residents and also to cover residents' personal effects.

There was a directory of residents as required by regulation available to record information as specified in Schedule 3 of the regulations. However, the inspector observed that there were some omissions which included gender of the resident, addresses and telephone numbers of general practitioners (GP).

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. An experienced nurse deputised for the person in charge. The inspector engaged with the assistant director of nursing throughout the inspection and found that she was aware of her role and responsibilities in relation the regulations.

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):

No actions were required from the previous inspection.

Findings:

The provider had put systems in place to promote and protect the safety of residents, staff and visitors to the centre. The inspector was satisfied that risk management was generally well managed. There was a risk management policy that was in line with the regulations. There was information on general hazard identification and a risk register that outlined general and clinical risk areas.

The inspector reviewed the emergency plan dated November 2016 and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency. There was an up-to-date health and safety statement dated November 2016. The inspector saw that there was a health and safety plan in place for construction of the new extension to the nursing home.

Emergency lighting and fire fighting equipment, directional signage and appropriate fire procedures were available throughout the building. The internal and external premises and grounds of the centre appeared safe and secure, with appropriate locks installed on all exterior doors and a register of visitors was available. A CCTV system was in place externally. The centre was found to be visibly clean and clutter free.

Fire equipment was serviced in line with the requirements of regulation. There was evidence of regular fire drills. Fire doors and exits were unobstructed on the days of inspection. The person in charge had completed a fire instructor's course. All staff had received training in fire safety within the past 12 months and were familiar with what actions to take in the event of a fire alarm activation. The inspector was informed by staff that regular fire drills were held which included activation of the fire alarm and staff responded by checking the fire panels. All residents had personal evacuation plans as observed by the inspector.

The training records showed that staff had up-to-date training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. Each resident's moving and handling needs were identified and outlined in an assessment. There was evidence that incidents were being reviewed and appropriate actions taken to remedy identified defects. The inspector saw that falls were audited by the person in charge and recommendations put in place following an audit. There was an occupational therapist working in the centre that was part of the management team.

The person in charge told the inspector that she had given an educational session to residents and staff on falls prevention.

There was an infection control policy in place. There were procedures in place for the prevention and control of infection. Staff had attended training in infection control including hand hygiene. Staff who spoke with the inspector were knowledgeable around infection control procedures. Hand gels, disposable gloves and aprons were appropriately located within the centre. Clinical waste and containers for used sharps and needles were stored in a secure manner and there was an arrangement in place for the collection of clinical waste.

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):
No actions were required from the previous inspection.

Findings:
The inspector found there were written operational policies in place in the centre relating to the ordering, prescribing, storage, and administration of medicines to residents.

Medicines were stored securely in the centre in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely within a locked cabinet and balances of all controlled drugs were recorded in the controlled drugs register.

Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. The inspector checked a stock balance and found that it was correct. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines. Medication administration practices were found to adhere to current professional guidelines. The inspector saw that nursing staff completed yearly competency assessments in medicines management.

The inspector reviewed a sample of prescription records and saw that they complied with best practice and included the maximum doses of p.r.n medicines (a medicine only taken as the need arises) to be administered over any 24 hour period. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error.

The prescription sheets reviewed were clear and the signature of the GP was in place for each drug prescribed in the sample of drug charts examined.

There were procedures to ensure medication practices were reviewed and monitored. The pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland, and visited the centre on a regular basis conducting audits of medicines management practice in the centre. Residents told the inspector that they had met the pharmacist and that she had given a talk to them.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was maintained by the person in charge. Where required any notification that was required to be submitted by the provider or person in charge had been submitted to HIQA.

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 premises are a single-storey building. Residents were accommodated in 12 single bedrooms, five twin bedrooms, three bedrooms accommodating three residents in each and one bedroom accommodating four residents. Communal areas comprised a large sitting room, a second smaller sitting room where residents could relax in a quiet environment, two dining rooms, a small prayer room a room where residents could smoke safely.

Since the premises was identified as an issue in relation to layout and space by HIQA, the provider had revised the layout of the three bedrooms accommodating three residents and the bedroom accommodating four residents, as an interim measure to meet the needs and comfort of residents in the centre. The inspector found that the interim actions taken partially improved the layout and space available to residents.

It had also been identified on the previous inspection that while there was an adequate number of toilets and assisted showers to meet the needs of residents, they were not suitably located proximal to bedrooms. For example, there was only one toilet located in the original part of the centre where the bedrooms that were not en suite were located and none of the assisted showers were located in this part of the centre.

On this inspection the inspector saw that the new extension was in progress. The provider estimated a completion time of ten months from date of commencement. The extension will enhance quality of life for residents and will consist of :

- 13 en-suite single rooms
- therapy/treatment room
- sitting room
- cleaning room
- oratory
- office space
- staff toilet/visitors toilet
- storage room.

On the previous inspection in May 2016, it was found that further improvement was also required to ensure the identified areas of the premises meet their stated purpose, including provision of a therapeutic and comfortable environment for residents with dementia. It was also found that there was no evidence that colour was used to support people with dementia. Toilet doors, toilet seat covers and grab rails in toilets and showers were not in contrasting colours on that inspection to assist residents with dementia.

Since the previous inspection of May 2016 the inspector saw that the dementia friendly signage was enhanced throughout the nursing home. There were contrasting colours on the toilet doors. They were bright blue colour with contrasting red signage. The toilet seats were blue also as observed by the inspector. Further environmental improvements that were noted on this inspection included new floor covering for two bedrooms. The day room had been painted.

New wardrobes had been installed in all rooms which needed upgrading and new lockers had been provided in rooms which required upgrading of lockers. The inspector observed that the laundry and kitchen areas had also been upgraded with the installation of new equipment since the previous inspection

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:

The inspector viewed the policy and procedure for making, investigating and handling complaints. The complaints process was displayed in an accessible position in the centre. There was a nominated person to deal with complaints in the centre. The name and contact details of an independent appeals person was detailed on the complaints process and details for the ombudsman were made available.

The inspector reviewed the complaints log and found that complaints were generally responded to promptly. Details of investigations into any complaints were documented and the satisfaction or otherwise of each complainant was recorded.

Judgment:
Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Staff provided end-of-life care to residents with the support of their medical practitioner and palliative care services. The inspector was informed by the person in charge that no residents were receiving end-of-life care on the day of inspection. The inspector reviewed a sample of end-of-life care plans.

The end-of-life care plans in place outlined the physical, psychological and spiritual needs of each resident on an individual basis, including their preferences regarding their preferred setting for delivery of care. Single rooms were available for end-of-life care and relatives were accommodated in the centre to be with the resident at this time of their lives. An oratory was available and residents had good access to religious clergy as they wished.

Staff had attended training in end-of-life care as observed by the inspector. Community palliative services attended the centre to support residents with pain and symptom management on referral of residents.

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):
No actions were required from the previous inspection.

Findings:
The inspector found that residents were provided with a nutritious and varied diet in sufficient quantities to meet their nutritional needs. The centre has policies in place to inform management of the nutritional and hydration needs of residents. The policies included evidence based practice and procedures to advise staff on nutrition assessment and hydration. There was also meals and mealtimes policy dated December 2016. The inspector reviewed two care plans of residents who were nutritionally compromised. The inspector found that the plans of care in relation to the management of nutrition and hydration were sufficient to guide practice and ensure the safety and wellbeing of residents.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were also checked on a monthly basis or more frequently if required. Nutritional care plans were in place that outlined the recommendations of dietitians and speech and language therapists where appropriate.

The inspector also noted that individual preferences and habits around mealtimes were recorded. Copies of dietetic and speech and language therapy recommendations detailing residents' dietary needs and individual food preferences were available in the kitchen. Residents' meals are served in two settings, with residents needing assistance served first. Modified meals were attractively served. The inspector observed that residents had a choice of fluids to drink with their meals, jugs of fresh water in their bedrooms and were offered hot and cold beverages and snacks throughout the day.

Staff were observed to sit with residents whilst providing encouragement and assistance with eating their meal. Staff chatted to residents and focused their attention to ensuring their needs were met. Menus were presented in pictorial format in addition to photographs of typical portion sizes so residents could make informed choices. These had also been made bigger since the previous inspection. Residents told inspectors that they 'enjoyed their meals' and 'food was very good'.

The inspector spoke with the chef and found that she was very knowledgeable regarding residents' likes and dislikes. The inspector saw that she met with residents on a daily basis. The dietitian was involved with the chef in menu planning and had completed an audit of the residents' food provided to ensure it was nutritious and adequately varied in December 2016.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy in place on personal property, finances and possessions. Records were maintained of residents' property and were updated at regular intervals. The inspector observed that residents could maintain control over their personal possessions and clothing. Each resident had their own personal wardrobe which they could freely access and for the most part had sufficient space in their bedrooms to store their personal belongings. Residents could maintain control over their belongings and they had access to a lockable space to store valuables.

There was a list of resident's personal property available. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to

residents. Residents' clothing was identifiable and the laundry was organised in individual baskets so as to ensure that residents did not have their clothes misplaced. Laundry services were provided over a seven day period. The inspector spoke with the laundry assistant who was very knowledgeable regarding segregation of laundry and infection control procedures. Residents spoken with by the inspector expressed satisfaction with the laundry service provided by the centre.

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:

Ide Cronin
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:	Sacred Heart Nursing Home
Centre ID:	OSV-0000279
Date of inspection:	12/12/2016
Date of response:	12/01/2017

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 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 inspector observed that there were some omissions in the directory of residents, such as the gender of the resident, addresses and telephone numbers of general practitioners (GP).

1. Action Required:

Under Regulation 19(3) you are required to: Ensure the directory includes the

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

information specified in paragraph (3) of Schedule 3.

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

A new directory has been created which includes the gender of the resident and the addresses and telephone number of the resident's GP.

Proposed Timescale: 12/01/2017

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:

Ensure that the design and layout of the centre is suitable for its stated purpose and meets the needs of residents.

2. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

As part of our new extension which is currently underway the following additions will be made to the nursing home:

- 13 En-suite single Bedrooms
- a Therapy Room
- a additional Sitting Room
- a Cleaning Room
- new staff area and toilets
- a new Oratory
- new nursing office and management offices
- a large entrance lobby
- a Visitors Toilet
- additional Toilets for Resident's
- a storage Room
- a lower floor which will be used as storage space, office space and staff space.

Changes to the current building:

- There are three triple rooms in the nursing home which will be changed to three double rooms once the new extension is opened
- the current staff area is being converted to a resident shower room and toilet, once the new extension is completed.

Proposed Timescale: 31/12/2017

