

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Anna Gaynor House
Centre ID:	OSV-0000465
Centre address:	Our Lady's Hospice & Care Services, Harold's Cross Road, Harold's Cross, Dublin 6w.
Telephone number:	01 406 8700
Email address:	info@olh.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Our Lady's Hospice Limited
Provider Nominee:	Audrey Houlihan
Lead inspector:	Siobhan Kennedy
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	86
Number of vacancies on the date of inspection:	13

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 monitor ongoing regulatory compliance. 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:
08 November 2016 11:00	08 November 2016 16:30
09 November 2016 11:00	09 November 2016 17:30

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	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a monitoring inspection.

The inspector ascertained the views of residents, relatives, and staff members, observed practices and reviewed records as required by the legislation.

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

There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose and staff of various grades understood the ethos and principles of person centred care.

An examination of the staff rosters, communication with staff on duty and residents

and relatives showed that the levels and skill mix of staff were sufficient to meet the needs of residents. There was evidence that staff had access to education and training, appropriate to their role and responsibilities. All staff had been vetted in accordance with the appropriate legislation. The inspector observed that staff welcomed visitors and responded to any queries from residents and relatives.

Measures to protect residents being harmed or suffering abuse were in place. There was evidence that appropriate action would be taken in response to allegations, disclosures or suspected abuse. Relatives and residents were satisfied that there was a safe delivery of care. Residents were provided with support that promotes a positive approach to responsive behaviour and a restraint free environment was promoted.

Residents had good access to nursing, medical and allied health care and the administration of medicines was satisfactory. Residents' assessed needs and arrangements to meet these assessed needs were set out in individual plans.

The provisions in place relating to health and safety and risk management were satisfactory.

In the main, the premises were designed and laid out to meet the needs of the residents. The atmosphere was homely, clean and warm. The corridors and communal facilities were spacious with bright modern furnishings and fittings. However, there was insufficient storage space and from the views shared with the inspector it was highlighted that the multi-occupied bedrooms, in particular, the 4 bedded rooms did not meet all of the residents' needs. Otherwise, residents and relatives were positive and complimentary in their feedback. They expressed satisfaction about the care provided and services received and in particular, they highlighted the caring attitude of staff and management and were complimentary of the meals provided.

The action plan of this report highlights the environmental issues to be addressed.

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:

There were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, for example sufficient staff were 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, specifies 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.

Management had systems in place to capture statistical information in order to compile an annual review of the quality and safety of care delivered to residents. For example audits were carried out and analysed in relation to accidents, complaints, medication management and skin care.

The inspector had conversations with the majority of residents and some relatives during the inspection. The comments were positive in respect of the provision of care and services provided/received and were highly complementary of management and staff. Some views expressed highlighted that the multi-occupied bedrooms, in particular, the 4 bedded bedrooms did not meet all of the residents' needs. See outcome 12 for details.

The inspector saw that there was evidence of consultation with residents and their representatives in a range of areas, for example, the assessed needs of residents, the care planning and review process, involvement in social and recreational activities and changes and improvements to the environment. The designated social work service were active in this area and are in the process of reviewing the content and placement of the notice boards with the 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 being managed by a suitably qualified and experienced nurse who has authority and is accountable and responsible for the provision of the service.

She is a registered psychiatric and general nurse and holds a Masters in health service management. She has extensive experience of working with older persons and works full time. A fit person interview was carried out prior to this inspection and was found to be satisfactory.

During the inspection she demonstrated that she had knowledge of the regulations and Standards pertaining to the care and welfare of residents in the centre. She is supported in her role by nursing, care, administration, maintenance, kitchen and housekeeping staff, who report directly to her and she in turn to the registered provider.

The person in charge and the staff team including the provider welcomed the inspector and facilitated the inspection process by providing documents and having good knowledge of residents' care and conditions. Staff confirmed that good communications exist within the staff team and relatives and residents highlighted the positive interactions and support provided by the entire team.

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 matter arising from the previous inspection related to documenting transactions in respect of a resident's account. The inspector saw that there was a policy and procedure in place to safeguard residents' money and personal possessions. The staff member explained the systems in place to manage residents' money and an examination of some residents' accounts were found to be in accordance with the documentation.

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences. The inspector had discussions with the person in charge regarding correspondence received by the Authority in relation to an incident. This matter was managed in accordance with the centre's policy and procedures. The person in charge clearly demonstrated her knowledge of the designated centre's policy and was aware of the necessary referrals to external agencies.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Staff were knowledgeable regarding reporting procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Great emphasis was placed on residents' safety and the inspector saw that a number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment. For example there was a keypad lock on a side entrance of the centre and a receptionist on the main entrance but internally all other communal areas were accessible by residents. The inspector saw that there were facilities in place to assist residents to be mobile for example hand and grab rails in areas.

During interviews with the inspector relatives confirmed that they were satisfied that residents were protected from harm and were safe in the designated centre.

The inspector saw that there was a policy and procedure in place for managing behaviour that is challenging. During discussions with the inspector the person in charge and staff showed that they could respond to and manage behaviour that is challenging.

A restraint free environment was provided and residents were assessed by a multidisciplinary team for the use of bedrails and other aspects of their care. Where bedrails were used for residents' safety these were checked by staff and there was evidence of resident and relative involvement in the review process.

Judgment:

Compliant

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

Theme:
Safe care and support

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

Findings:
The matter arising from the previous inspection related to insufficient assessment of residents who smoke and inadequate controls to mitigate against risks associated with smoking. The inspector was informed that residents who were currently being accommodated and who chose to smoke were assessed. This entailed determining whether the resident was independent or required supervision and a specific care plan was compiled. The smoking facilities were spacious with adequate ventilation and appropriate equipment.

From a review of the risk management documentation held in the centre, the inspector found that the centre had relevant policies in place relating to risk management. There was a comprehensive risk register which identified the risks and put controls in place either to minimise or fully control the risk.

There was an up to date health and safety statement and related policies and procedures.

The inspector reviewed the emergency plan and found it to be sufficient to guide staff and management in their roles and duties in the event of an emergency evacuation.

The inspector reviewed checks and tests in respect of fire safety equipment by the staff and by external organisations and found them to be well recorded. Certification and inspection documents were available on fire fighting equipment, emergency lighting tests and at a minimum six-monthly fire drills were conducted as part of staff fire safety training.

Some fire doors in the centre were fitted with electronic or magnetic hold open devices which would close in the event of an emergency situation.

Emergency exits and fire assembly points were clearly indicated.

Infection control precautions within the centre were satisfactory. The centre was clean and household staff were able to describe the infection-control procedures in place.

Judgment:
Compliant

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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 was informed by a staff nurse administering medicines to residents that the medication policy and procedures were useful guides in the management of residents' medication. They included information on the prescribing, administering, recording, safekeeping and disposal of unused or out of date medicines.

Prior to administering medicines to residents the inspector observed the staff nurse consulting with residents, seeking approval from residents for the inspector to accompany the staff nurse while administering medicines and performing good hand hygiene.

Medicines were prepared by the pharmacist. Prescription and administration sheets were available. The inspector saw that the administration sheet contained the necessary information for example the medication identified on the prescription sheet, a space to record comments and the signature of the staff nurse corresponded to the signature sheet.

There was evidence of general practitioners (GPs) reviewing residents' medicines on a regular basis. The inspector was informed and saw that an audit of the system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked facility and stock levels were recorded at the beginning/end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982.

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):

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

Findings:

The centre provides care primarily for residents with long-term nursing and palliative care needs.

The matter arising from the previous inspection related to insufficient assessment of wounds and oral care, lack of detail to guide practice regarding catheter care and management of falls.

From an examination of a sample of residents' care plans, discussions with residents, relatives and staff, the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. Each resident's assessed needs were set out in an individual care plan. There was information which detailed residents' choices with regard to daily routines, risk assessments such as dependency, oral care, moving and handling, nutrition and continence. There was evidence of that the plan was drawn up with the resident involvement or the resident's next of kin. This was further confirmed during interviews with relatives. Relatives confirmed that staff informed them of any changes in their relatives' health care needs/conditions. There was evidence of correspondence between the centre and hospital for those residents who were temporarily discharged. There was an effective system in place to audit care plans.

The inspector reviewed a resident's care plan in relation to catheter care and found this to be detailed, reviewed and personalised to the resident.

There were arrangements in place to manage and monitor wounds. A staff nurse described the protocols in place regarding wound prevention and treatment and confirmed that a specific person centred care plan would be compiled and wound assessment and repositioning charts would be in place to monitor whether the wound was progressing or otherwise. The inspector was informed that the centre had access to a tissue viability nurse to provide up to date guidance and support to the nursing team. Aids such as pressure relieving mattresses and specialist cushions were in place for those residents at risk of developing pressure ulcers.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls. There was evidence of referrals to a variety of Allied health professions including occupational and physiotherapists, general practitioners, geriatricians ophthalmology and podiatry services.

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 matters arising from the previous inspection related to the multi-occupied bedrooms not meeting the requirements of the legislation and standards and inadequate storage for equipment.

In the written response of the action plan the provider informed the Authority that a programme of interior redesign had been embarked upon to create more individual space and privacy for residents. However, views expressed by some residents, relatives and staff highlighted that some of the multi-occupied bedrooms did not ensure the well-being and dignity of each resident.

The inspector saw that there were inadequate facilities for the storage of equipment as residents' bathrooms were used for this purpose.

Other than the matters highlighted above the premises were designed and laid out to meet the needs of residents.

The centre is divided into 4 distinct areas all contained on ground floor level. Each area has a communal day, dining and kitchen area with ample assisted bathing facilities and toilets, clinical rooms and offices.

Bedroom accommodation consists of 49 single bedrooms, 5 twin rooms and ten 4 bedded rooms. The majority of bedrooms have ensuite facilities.

There is a spacious entrance, smoking and prayer rooms with a large open plan communal area that connects the 4 units.

Hand rails were available on the corridors and in the hallway to assist residents to maintain their mobility.

In the main, the bedroom accommodation apart from some of the multi-occupied bedrooms met residents' needs for privacy, leisure and comfort.

Regarding the multi-occupied rooms some of the views expressed to the inspector which had an negative outcome for residents were as follows: –

"I would like to have a single bedroom and am on the waiting list for one. I did not sleep well last night because of another resident sharing the bedroom".

"I visit on a daily basis and would much prefer if my relative was in a private bedroom space."

During the time of the inspection a resident who was unwell was sharing with other residents and this did not afford visitors adequate space to be with their relative nor did it provide privacy and dignity for the other residents sharing the accommodation.

At the beginning of the inspection the inspector saw that staff managed a difficult situation whereby a resident who was unwell which was upsetting for other residents in the shared bedroom was moved to a vacant single bedroom. This proved to be a good outcome for all of the residents. However by the end of the inspection a similar situation arose but at this stage there were no single bedroom available.

The inspector heard that in the multi-occupied rooms it was more difficult for staff to assist residents particularly using modern day personalised equipment and hoists. In addition, it was also difficult for staff to access some of the ensuite facilities using the large hoists due to the size of the doorway.

In some instances, the 4 bedded bedrooms were reduced by one or 2 beds being removed, however, the additional space was used for residents' mobility equipment as opposed to being reconfigured into a pleasant living space for residents.

There was a secure outdoor area which residents could access.

The inspector found the centre to be clean with a homely atmosphere. Communal areas such as the day-rooms had a variety of pleasant furnishings and comfortable seating. Residents' art and craft works were displayed extensively throughout the centre. Bedrooms were personalised with space for residents' belongings. Residents had access to locked personal storage space.

The building was well-maintained internally and externally.

Records showed that maintenance works identified by the staff was addressed. There were records to show that assistive equipment such as hoists, wheelchairs, beds, baths and pressure relieving mattresses had been serviced. All residents were provided with a call bell to enable residents to summon assistance when required.

Judgment:
Non Compliant - Major

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 matter arising from the previous inspection related to the nutritional policy not including information with regard to modified consistency diets, insufficient assessment of residents and training for staff in this area. This matter was satisfactorily addressed. The inspector saw that there was good evidence of the involvement of a dietician and speech and language therapists. The inspector saw that residents with dysphagia requiring modified consistency diets were reviewed and care plans were up-to-date containing risk assessments regarding nutrition and detailed residents' requirements and preferences.

The inspector was informed that the dietician reviewed the nutritional content of the modified consistency diets with the catering department to ensure that they were nutritionally adequate and the policy was updated. The training record showed that staff had been trained in nutritional care in the elderly. This included weight loss and gain, what to do when changes occur and dysphagia.

Residents were provided with food and drink at times and in quantities adequate for their needs. The food was properly served. Menus showed a variety of choices and meals.

There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence and appropriate equipment was provided to support this. Residents confirmed their satisfaction with mealtimes and food provided. Relatives were positive in their comments about the mealtimes.

Residents had access to drinking water and refreshments throughout the day. The inspector saw residents being offered tea, coffee and snacks at regular intervals throughout the inspection process, and residents verified that they had choice around the times of meals if they wished. Fresh fruit was available.

The inspector observed the lunchtime menu which provided residents with a choice of meat or fish and a variety of vegetables. There was a pleasant atmosphere in the dining room and residents tended to sit with friends in their chosen seats and enjoyed the social aspect of the dining experience.

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):

No actions were required from the previous inspection.

Findings:

From an examination of the staff duty rota, communication with residents and staff the inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. There were appropriate numbers of healthcare assistants and nurses on shift and the planned and actual staff rosters identified staff by name, role, area of duty and shift times.

The inspector reviewed a sample of personnel files and found them to contain all documentation required by Schedule 2 of the regulations.

All staff had up to date mandatory training, for example, fire safety, manual handling, infection prevention and control, responsive behaviour and protection of residents from abuse. Staff were familiar with the new standards pertaining to residential care and some staff had participated in training in dementia care and falls management. Other staff had received specialised training such as wound care, diabetes care and continence care.

Staff who communicated with the inspector demonstrated that they had a good knowledge of the residents in the centre. Residents and representatives were full of praise for the staff team and spoke highly of their competency, friendliness and delivery of care.

The inspector observed staff on the floor being patient and friendly towards residents, and being respectful towards their privacy and dignity for example knocking on residents' bedroom doors and waiting for permission to enter.

There was a suitable recruitment policy and the inspector was satisfied with the arrangements for supervision and development of staff which included induction,

probationary period and an annual appraisal system.

Management were aware of the legislation in relation to having volunteers in the centre for example vetting, supervising and establishing the level of their involvement in the centre. The inspector communicated with 2 volunteers who were in the centre at the time of the inspection. They assisted residents to have their meals and participate in social and recreational activities. The residents spoke highly of the volunteers and their contribution in their lives.

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:

Siobhan Kennedy
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:	Anna Gaynor House
Centre ID:	OSV-0000465
Date of inspection:	08/11/2016
Date of response:	30/11/2016

Requirements

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

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

Outcome 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 multi-occupied bedrooms were not appropriate in meeting the needs of all of the residents.

1. 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

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

accordance with the statement of purpose prepared under Regulation 3.

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

The registered provider has explored a number of options to find a permanent solution to address the multi-occupancy rooms. The staff in the units is working with management and the residents to maximise the available space to meet the needs of the residents. The provider will advise the authority on the plans by 30 April 2017 or earlier if available.

Proposed Timescale: 31/12/2017

Theme:

Effective care and support

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

The premises did not conform to the matters set out in schedule 6 of the legislation as there was insufficient storage space.

2. 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:

The Person in Charge has addressed the storage space within the unit with the ward manager. A number of additional areas have been identified which will create additional storage for the wards and negate against equipment being stored in bathrooms.

Proposed Timescale: 31/12/2016