

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Padre Pio Nursing Home
Centre ID:	OSV-0005314
Centre address:	Sunnyside, Upper Rochestown, Cork.
Telephone number:	021 484 1595
Email address:	padrepiorochestown@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Web Hill Limited
Provider Nominee:	Sybil McCarthy
Lead inspector:	Caroline Connelly
Support inspector(s):	Michelle O'Connor
Type of inspection	Unannounced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	0

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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 May 2017 06:50 To: 24 May 2017 15:20

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Major
Outcome 03: Information for residents	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Non Compliant - Major
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 15: Food and Nutrition	Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of an unannounced one day, follow-up triggered inspection of Padre Pio Nursing Home which is registered to deliver care to 25 residents. Since the previous inspection the Health Information and Quality Authority (HIQA) had received a concern in relation to misconduct by a staff member, inadequate staffing supervision at night and early morning institutionalised practices, these issues were all looked into during the inspection and are discussed under the relevant outcomes. This inspection also followed up on actions required from the registration inspection which took place in April 2016 where 18 outcomes were inspected against. The centre was found to be non-compliant moderate in four outcomes, substantially compliant in four outcomes and compliant in 10 outcomes on that inspection.

On this inspection inspectors arrived unannounced to the centre at 06.50am. There were two staff on duty, one nurse and one care staff. The inspectors were informed that 14 out of the 25 residents in the centre had already had their breakfasts and morning medications. The staff said they had to wake up a number of residents to give them their breakfast and their medications. One resident was up and dressed

prior to the day staff coming on duty and the inspectors saw that this was by her choice. The night staff continued to administer breakfasts and medications and wash up after same, prior to the day staff coming on duty at 08.00hrs. One of the inspectors sat in on the morning handover meeting which was found to be comprehensive. Throughout the inspection inspectors met with residents, relatives, the provider nominee, the person in charge, deputy person in charge and other staff.

Inspectors found that the premises, fittings and equipment were generally of a good standard, were clean and well-maintained. There were well-kept gardens and grounds with plenty of seating available for residents' and relatives' use. A new enclosed secure outdoor area had been developed at the back of the centre since the last inspection. This allowed residents easy access to the outdoor space. The garden at the front of the centre was also seen by the inspectors to be in use with residents sitting and walking around the grounds.

Residents and relatives were spoken to throughout the inspection. The feedback received from them was generally positive and indicated that they were satisfied with the staff and care provided.

Inspectors saw that a number of improvements had taken place since the last inspection as required in the action plan. These included improvements in the premises and outdoor space. An annual review had been prepared and further auditing had taken place, policies and procedures and contracts had been updated. These issues will be outlined further under the relevant outcomes in the body of the report.

Significant issues were identified by inspectors during this inspection regarding aspects of governance in the centre and the follow up an allegation of misconduct and incidents, lack of notification of incidents to HIQA and non-person centred practices. Inspectors saw that a number of incidents and allegations were not investigated and acted on and were also not notified to HIQA as required by regulations. This will all be outlined in further detail in the main report.

Overall inspectors found the current governance and management of the centre was not fully effective. Although the provider nominee was in the centre on a daily basis there were ineffective systems in place to adequately supervise staff and residents particularly at night. There was evidence of a lack of understanding of the regulatory requirements by the provider and person in charge in relation to notifications required to HIQA, All these issues are addressed under the relevant outcomes in the body of the report.

A number of other improvements were required to comply with the requirements of 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. These are dealt with in detail in the Action Plan at the end of this report.

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 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:

During the previous inspection the inspectors found that there was not an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act. On this inspection inspectors saw that a comprehensive annual review had been completed. Also on the previous inspection the inspectors concluded that further development of the auditing system was required to ensure the quality and safety of care and the quality of life for residents was continually evaluated to determine outcomes for residents regarding the effectiveness of care and support received.

On this inspection although further auditing had taken place since the last inspection there were areas of the governance that required more review and oversight. For example an incident report log was maintained in the centre. Reports included; the extent of the injury, the nature of the injury, whether first aid was given, and measures taken to prevent a similar accident reoccurring. However, some of the incidents were not signed, had the wrong date, did not include a timeframe, did not adequately describe the incident or outline preventative actions. One incident was simply described as "head Laceration", with no detail as to the circumstances surrounding the incident. Incidents were not being followed up with further risk assessments or changes to care plans. There was also no evidence of trending and learning from incidents using audit tools. Incidents were not always filed correctly in the incident report log and some falls accidents in the log, which required immediate medical attention, were not reported to HIQA as required by legislation. Prior to the inspection, inspectors had received information with regards to alleged staff misconduct. The provider was aware of this allegation and had acted upon the information but had not conducted an investigation in line with national policy or notified HIQA of the allegation. The provider had also failed

to submit a 'Nil return' form to the Chief Inspector at the end of a six monthly period as outlined under Regulation 31(4) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The actions for these are under outcome 10 notifications.

Information received by HIQA in the form of a concern in relation to some care practices had been substantiated by the inspectors in that residents had been woken up to receive breakfast and medication. The provider and person in charge denied knowledge of these practices. However, there had not been any spot checks by the management team at night despite knowledge of allegations of misconduct made against staff members. The inspectors were not satisfied that there was adequate supervision of care and staff at night. The inspectors were also not satisfied that there were appropriate management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Judgment:

Non Compliant - Major

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):

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

Findings:

On the previous inspection a number of the older contracts seen in residents files did not detail what was included in the fee and what was excluded from the fee as required by legislation. On this inspection inspectors saw that contracts had been updated and now included what was included and excluded from the fee and were found to meet legislative requirements.

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):

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

Findings:

On the previous inspection inspectors found that some operational policies and procedures listed under Schedules 5 were not available on the day of the inspection. These included a policy on the use of restraint and staff training and development. On this inspection inspectors saw that all the policies required under schedule 5 of the care and welfare regulations 2013 were available in the centre.

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:

During the previous inspection inspectors found that daily inspection of the fire panel and weekly fire equipment checks were not recorded. On this inspection, inspectors found suitable fire equipment was available throughout the centre and serviced regularly. Fire evacuation procedures were prominently displayed in main areas and in residents' bedrooms. All staff had participated in mandatory annual fire training and regularly practiced drills. Personal emergency evacuation plans (PEEPs) identified the most appropriate means of evacuation for residents and clearly highlighted residents who required evacuation using ski sheets. A manual call point was tested on a weekly basis, followed by an inspection of door release mechanisms and the fire panel. A fire register was available in the nurses' station. Management had responded to the findings of the previous inspection by introducing more frequent in-house checks of the fire panel and equipment.

Inspectors were satisfied that assistive equipment such beds, hoists, slings, chair scales and wheelchairs were being serviced regularly and in proper working order. In-house service repair requests were recorded in a maintenance request log and responded to

within a few days. There was also a maintenance schedule for each bedroom.

There was a current policy in place for infection prevention and control. Advisory signage for best practice hand washing was displayed over hand wash sinks and hand hygiene gel dispensers and the inspector observed that opportunities for hand hygiene were taken by staff. Staff had completed training in infection prevention and control and hand hygiene to ensure best practice was adhered with to prevent the risk of cross infection. However, inspectors noted that care assistants multitasked during the night. Duties included washing, cleaning, answering call bells, attending to residents' care needs and preparing food. It was particularly busy the morning of the inspection and the care assistant in the kitchen preparing breakfasts was frequently interrupted by residents' call bells. No personal protective equipment was used at any point, including while taking out the rubbish.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

On the previous inspection inspectors saw that nursing staff were administering crushed medication to a resident which was not prescribed as crushed by the GP as required. On this inspection all medications that required crushing were prescribed as such prior to administration of same. There was also a list available of medications that cannot be crushed available as a reference point for nursing staff.

As discussed the inspectors were concerned about the practice of waking residents up to administer morning medications as early as 06.00am. The medication prescription charts only stated morning, twice a day, three times a day etc and did not specify an actual administration time. The administration charts also did not state at what time the medication was administered to the resident. This did not ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

Judgment:

Substantially 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:

An incident report log was maintained in the centre. Reports included; the extent of the injury, the nature of the injury, whether first aid was given, and measures taken to prevent a similar accident reoccurring. However, some of the incidents were not signed, had the wrong date, did not include a timeframe, did not adequately describe the incident or outline preventative actions. One incident was simply described as "head Laceration", with no detail as to the circumstances surrounding the incident. Incidents were not being followed up with further risk assessments or changes to care plans. There was also no evidence of trending and learning from incidents using audit tools. Incidents were not always filed correctly in the incident report log and some falls accidents in the log, which required immediate medical attention, were not reported to HIQA as required by legislation.

Prior to the inspection, inspectors had received information with regards to alleged staff misconduct. The provider was aware of this allegation and had acted upon the information but had not conducted an investigation in line with national policy or notified HIQA of the allegation.

The provider had also failed to submit a 'Nil return' form to the Chief Inspector at the end of a six monthly period as outlined under Regulation 31(4) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:

Non Compliant - Major

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):

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

Findings:

On the previous inspection there had been substantial improvements seen in the premises. However, there were a few issues outstanding which included

- 1) comfortable seating to be made available in all bedrooms
- 2) while the front garden was well maintained it was open to the road and drive so therefore there was no secure outdoor space available, the provider discussed her plans of converting the area at the back of the premises to an enclosed sensory garden.
- 3) there was an area around the side of the house that required fencing off which was unsightly with rubble.

On this inspection the inspectors saw that all the above issues had been addressed and completed.

Comfortable chairs were seen in bedrooms. An enclosed secure outdoor area was available at the back of the centre with beautiful hanging baskets and flower pots. The area was easily accessed from the centre and seating was available for residents and relatives to enjoy. The area around the side of the centre had been tidied up and was fenced off. Overall the front gardens were very well maintained with lovely flowers and plants.

Judgment:

Compliant

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):

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

Findings:

On the previous inspection the complaints log was reviewed by inspectors and although all complaints were being recorded inspectors found that complaints were not all being recorded in a consistent manner. The results of the investigation process and actions taken on foot of a complaint were not clearly laid out. The outcome and whether the resident was satisfied was also not always recorded and dated.

On this inspection inspectors reviewed the complaints log and found that no new complaints had been recorded since the previous inspection. This meant the action arising from the previous inspection could not be verified. The provider explained that

she had not received any complaints recently and that residents used the residents' meetings as an opportunity to raise concerns. Inspectors reviewed minutes of these meetings and were satisfied that issues raised by residents' in these meetings, were generally in relation to food and requests were acted upon.

The most recent version of the complaints procedure was displayed in a prominent position in the reception area of the centre. However, this was not consistent with the centre's policy on handling complaints. The complaints officer was not named in the policy and responsibility for complaints management lay solely with the person in charge.

Judgment:

Substantially 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):

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

Findings:

On the previous inspection the inspectors observed that meal times were far too early with lunch commenced as early as 11.20am for residents who required assistance and 11.45am for the remaining residents. Following that inspection, inspectors were assured that meal times had been moved to later times and the inspectors observed it was served after 12.00pm during this inspection. However, inspectors arrived at the centre at 06.50am in the morning to find that 14 of the 25 residents had already been woken up and served breakfast in bed. A number of residents woke early but the staff confirmed that the custom in the centre was to wake up a number of residents and give them breakfast and medications from 06.00am. This practice is institutional as it does not offer choice to residents and does not fit in with person-centred care practices.

Inspectors could see that fresh vegetables were used to prepare meals. The provider explained that the nursing home received a delivery of fresh vegetables, meat and fish each week. Recent changes to the food storage and menu rotation system meant that meat was no longer frozen in bulk but cooked fresh. The fridge was adequately stocked and brown bread had been baked to serve with breakfasts.

The notice board in the kitchen contained information highlighting residents on reduced diets and low sugar diets. Food and fluid grades were displayed for residents at risk of

dysphagia. A chart detailing residents' weights was also available. As outlined and actioned in outcome 8, inspectors noted that care assistants multitasked during the night. Duties included washing, cleaning, answering call bells, attending to residents' care needs and preparing food. It was particularly busy the morning of the inspection and the care assistant in the kitchen preparing breakfasts was frequently interrupted by residents' call bells. No personal protective equipment was used at any point, including while taking out the rubbish. The inspectors found that breakfasts were rushed.

Judgment:

Non Compliant - Moderate

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:

Caroline Connelly
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:	Padre Pio Nursing Home
Centre ID:	OSV-0005314
Date of inspection:	24/05/2017
Date of response:	21/06/2017

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Information received by HIQA in the form of a concern in relation to some care practices had been substantiated by the inspectors in that residents had been woken up to receive breakfast and medication. The provider and person in charge denied knowledge of these practices. However there had not been any spot checks by the management team at night despite knowledge of allegations of misconduct made against staff members. The inspectors were not satisfied that there was adequate

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

supervision of care and staff at night. The inspectors were also not satisfied that there were appropriate management systems in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

The allegation was unsubstantiated and made against a long-time member of staff with no previous allegations regarding direct patient care. The staff member has proved capable and responsible of working without supervision for many years and while the information given was acted upon and the issues raised were investigated, we deemed it unnecessary for further supervision at night.

However, as part of our endeavours to protect both Residents and staff, this staff member will now be willingly changing his working times from the night shift (8pm-8am) to the day shift (8am-8pm). We will closely monitor our systems to ensure that our Residents are satisfied and protected. We will continue our regular Residents Meetings and our Resident Satisfaction Surveys.

Proposed Timescale: Immediate

Proposed Timescale: 21/06/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Inspectors noted that care assistants multitasked during the night. Duties included washing, cleaning, answering call bells, attending to residents' care needs and preparing food. It was particularly busy the morning of the inspection and the care assistant in the kitchen preparing breakfasts was frequently interrupted by residents' call bells. No personal protective equipment was used at any point, including while taking out the rubbish.

2. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Our 2 full-time chefs are now commencing work at 8am and we have reviewed and restructured the breakfast system. This will greatly reduce the amount of time required

by the night staff to prepare breakfasts, allowing them more time for direct Resident care.

The importance of the use of Personal Protective Equipment will be highlighted and there is now further signage in place to remind staff of this.

Proposed Timescale: Immediate

Proposed Timescale: 21/06/2017

Outcome 09: Medication Management

Theme:

Safe care and support

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

The medication prescription charts only stated morning, twice a day, three times a day etc and did not specify an actual administration time. The administration charts also did not state at what time the medication was administered to the resident.

3. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The actual administration time is now clearly marked on the medication prescription charts.

Proposed Timescale: Immediate

Proposed Timescale: 21/06/2017

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

Incidents were not always filed correctly in the incident report log and some falls accidents in the log, which required immediate medical attention, were not reported to HIQA as required by legislation.

Prior to the inspection, inspectors had received information with regards to alleged staff misconduct. The provider was aware of this allegation and had acted upon the

information but had not conducted an investigation in line with national policy or notified HIQA of the allegation.

4. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

We have replaced the previous Accident and Incident forms with more comprehensive and detailed forms. All staff have been instructed as to how to complete them properly with all appropriate details. These details include:

Particulars pertaining to the nature and time of the accident, who was contacted, what treatment was given and by whom, post treatment details, follow up requirements and preventative measures to avoid further incidents or accidents.

Regarding notifications, any further notifications will be sent in to the Chief Inspector in a timely manner.

Proposed Timescale: Immediate

Proposed Timescale: 21/06/2017

Theme:

Safe care and support

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

The provider had also failed to submit a 'Nil return' form to the Chief Inspector at the end of a six monthly period as outlined under Regulation 31(4) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

5. Action Required:

Under Regulation 31(4) you are required to: Where no report is required under regulation 31(1) or 31(3), report this to the Chief Inspector at the end of each 6 month period.

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

The Chief Inspector was notified of the 'Nil Return' the following day. All further notifications will be sent to the Chief Inspector in a timely manner.

Proposed Timescale: Immediate.

Proposed Timescale: 21/06/2017

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The most recent version of the complaints procedure was displayed in a prominent position in the reception area of the centre. However, this was not consistent with the centre's policy on handling complaints. The complaints officer was not named in the policy and responsibility for complaints management lay solely with the person in charge.

6. Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

The complaints officer was named in both the policy and the displayed complaints procedure at the time of inspection. However, the Complaints Policy will be reviewed and updated.

Proposed Timescale: 15/07/2017

Outcome 15: Food and Nutrition**Theme:**

Person-centred care and support

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

Inspectors arrived at the centre at 06.50 in the morning to find that 14 of the 25 residents had already been woken up and served breakfast in bed. A number of residents woke early but the staff confirmed that the custom in the centre was to wake up a number of residents and give them breakfast and medications from 06.00hrs. This practice is institutional, it does not offer choice to residents and does not fit in with person-centred care practices.

7. Action Required:

Under Regulation 18(2) you are required to: Provide meals, refreshments and snacks at all reasonable times.

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

Our 2 full-time chefs are now commencing work at 8am and we have reviewed and restructured the breakfast system. Residents now have breakfast at later times unless expressly requested. We have had a meeting with Residents about this and are confident that they are satisfied with the new approach. They are also encouraged to inform us if they want to change any aspect of same.

We have also had a meeting with catering and nursing staff to discuss and review practices.

Proposed Timescale: Immediate.

Proposed Timescale: 21/06/2017