

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Our Lady of Consolation Nursing Home
<b>Centre ID:</b>	OSV-0000079
<b>Centre address:</b>	Arden Road, Tullamore, Offaly.
<b>Telephone number:</b>	057 932 1320
<b>Email address:</b>	rosmycunningham@yahoo.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Our Lady of Consolation Nursing Home Limited
<b>Provider Nominee:</b>	Rosmy Cunningham
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	25
<b>Number of vacancies on the date of inspection:</b>	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 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:
20 November 2017 14:00	20 November 2017 18:00
21 November 2017 09:00	21 November 2017 14:30

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

During the course of the inspection, the inspector met with residents, staff and the person in charge who is also the provider nominee. The views of residents and staff were listened to, practices were observed and documentation was reviewed.

The inspector found that, although some improvement had occurred, four of the required actions from the previous inspection had not been addressed within the agreed timescale.

The statement of purpose and contracts of care had been updated. Action in relation to staffing documentation was partially addressed. The visitors' book was in place and every effort had been made to ensure it was filled in by visitors. Assurance was given that Garda Síochána (police) vetting was in place for all staff. However, two of four staff files reviewed was incomplete. Other actions relating to documentation had also not been addressed, including the logging of maintenance requests.

Emergency evacuation equipment had been provided but improvement was still

required around fire drills. Notifications to the Authority were now in order.

No progress had been made on the reconfiguration of the premises although this was a condition of registration. Plans had changed but an application to vary had not been submitted. This meant that the actions in relation to the premises, in particular the lack of sufficient communal space, remained outstanding.

Improvement was also required to ensure that restraint use was in line with national policy. The management of residents' finances required greater transparency to be in line with national guidelines.

These ongoing non-compliances also reflect on the overall governance of the centre.

Actions required in relation to these matters are discussed in the body of the report and are outlined in the Action Plan at the end of the report for response.



<p><b><i>Outcome 01: Statement of Purpose</i></b> <i>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.</i></p>
<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> The inspector found that the statement of purpose had been updated since the previous inspection and met the requirements of the regulations.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b><i>Outcome 02: Governance and Management</i></b> <i>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.</i></p>
<p><b>Theme:</b> Governance, Leadership and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p><b>Findings:</b> Improvements are required to the governance and management of the centre.</p> <p>The certificate of registration which outlines the conditions of registration was not on display at the time of inspection. This outlined the conditions of registration. This was addressed during the inspection.</p> <p>The centre will not be in compliance with its conditions of registration as Condition 8 references planned building works due for completion by 31 January 2018. The inspector found that the construction work had not begun. The Authority had not</p>

received notification of this.

Despite the agreed timescale, several actions from the previous inspection were not addressed. These included actions relating to staff files, maintenance records and premises issues.

An auditing schedule was in place. Some improvement was required to ensure that the results of the audits were used for learning. In addition, improvements were required to the auditing documentation to ensure that the results were valid and reliable.

For example, the inspector saw that a resident satisfaction survey had been carried out. However, there was no record of the number of respondents and no dates of completion were included. There was minimal evidence that results were collated for learning purposes or to inform the annual review. The inspector did note that, in some cases, corrective action plans were put in place.

There was evidence of consultation with residents and their representatives in a range of areas at residents' meetings.

There were sufficient arrangements and resources in place to ensure the effective delivery of care as described in the statement of purpose. There was a clearly defined management structure which was outlined in the statement of purpose.

**Judgment:**

Non Compliant - Moderate

*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):**

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

**Findings:**

The inspector found that some action from the previous inspection had not been completed within the agreed timescale.

The inspector reviewed a sample of staff files and saw that Garda Síochána (police)

vetting was in place for all staff. However, all documents required by Schedule 2 were still not in place although this had been identified as an area for improvement at the last inspection. For example, one of four files reviewed had only one reference while another one did not have a satisfactory explanation for gaps in employment.

It was also identified at the previous inspection that the logging of maintenance requests required improvement to ensure the responsible person is notified to ensure a timely response. However, this had not been addressed within the agreed timescale. The inspector noted that although there was a maintenance book in place, lists were pinned to boards and single notes were put in to the book. They did not include the date requested or if the action was completed.

At the last inspection, it was noted that although a register for visitors to record entry and exit to the centre was available in the entrance hall, it was not completed or maintained. The person in charge told the inspector of efforts she had made to encourage all visitors to sign the book. The inspector also read where this was discussed at residents' meetings and residents were asked to encourage their visitors to sign the book.

**Judgment:**

Non Compliant - Moderate

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that measures were in place to protect residents from being harmed or abused although some improvement was required to ensure that the use of restraint and the management of residents' finances were in line with national policy.

The inspector reviewed the use of restraint and noted that risk assessments had been undertaken. However, there was no documented evidence that alternatives had been trialled prior to the use of restraint. In addition, one of two care plans reviewed did not outline the care to be provided to the resident when bedrails were in use. Two hourly safety checks were being completed. Some additional equipment such as low beds had also been purchased to reduce the need for bedrails.

This centre acted as pension agent for some residents. Although the procedure in place was transparent and robust it was not in line with national policy. When this was

discussed with the person in charge, she undertook to address it immediately.

There was a policy which provided guidance for staff to identify and manage incidents of harm or elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences.

The training records identified that staff had opportunities to participate in training in the identification and protection of residents from abuse. Additional training was planned for the coming months.

Staff spoken with were aware of the procedure to follow in the event of a disclosure of abuse. There were no incidents or allegations of abuse reported.

The inspector was satisfied that, although not currently required, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received training and there was a policy in place to guide practice.

Pocket monies were managed for some residents. Detailed documentation, including receipts was maintained. The inspector checked a sample of balances and found them to be correct.

**Judgment:**

Non Compliant - Moderate

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

**Theme:**

Safe care and support

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

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

**Findings:**

As described at the previous inspection, the centre had comprehensive policies and procedures relating to health and safety that included a risk management policy to include items set out in Regulation 26.

Infection control procedures with supporting protocols were also available and implemented in practice.

There were policies and procedures in place for responding to major incidents likely to cause death or injury, serious disruption to essential services or damage to property. Alternative accommodation was specified should full evacuation be necessary.

A risk register with identified hazards and risks that were assessed and rated with applied control measures was maintained and arrangements were in place for investigating and learning from reviews.

Reasonable measures were in place to promote resident safety and prevent accidents to persons in the centre and on the grounds.

Fire servicing records were up to date. At the previous inspection, it was identified that emergency evacuation equipment was not available and bedroom door widths did not facilitate the removal of a bed. This action had been addressed in that emergency evacuation mattresses were now in place. In addition, personal emergency evacuation plans (PEEP) were in place for each resident. Specific training had been provided to staff on the use of the evacuation equipment, and it was also scheduled to be included in the upcoming fire safety training. Staff spoken with said they had received the training and were confident in its use.

However, an action required from the previous inspection relating to fire drills had not been completed. At that time, it was noted that how fire drills were carried out and the recording of the outcomes required further improvement to ensure a drill simulating evening and night time conditions was practiced and records were maintained of those involved, the duration, successes or failures and equipment available or used. Although some fire drills had been carried out, additional information had not been recorded and the inspector did not see any drill that simulated only two staff being available, as is the case at night time.

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

**Findings:**  
A record of all incidents occurring in the designated centre was maintained.

Action required for the previous inspection relating to submitting notifications to the Chief Inspector had been addressed. Notifications submitted were now in line with the regulations.

**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:**

Improvements were required to ensure that the design and layout of the centre was suitable for its stated purpose and could meet residents' individual and collective needs in a comfortable and homely way.

This centre is a single-storey building that caters for a maximum of 25 residents.

It has of 11 single and seven twin bedrooms, each with a wash-hand basin facility. The bedrooms are located along two corridors that include three bath/shower rooms and five independent toilets. A sluice room is located on each of the two corridors where residents' bedrooms are located.

The kitchen, dining and sitting room areas are centrally located. While there is a laundry room within the premises, the laundry service is currently outsourced.

Significant improvements in relation to the design and layout of the sitting and dining rooms remained outstanding. This was a condition of registration and was to have been completed by January 2018. This will not be done and the person in charge was advised to apply immediately to vary this condition of registration.

The height of the skylight windows in the current sitting room does not enable residents to see outside when seated or in a standing position. This is the main day room where residents congregate or participate in activities. Space is very limited in this area, for example some residents have to sit under the television. Many residents spend most of the day in this room. It is also used by approximately 50% of residents to dine in, while the dining room catered for up to 9 residents during this inspection. A plan to extend the premises to address the sitting and dining room deficiencies was to have been progressed within an acceptable timescale, but the inspector found that this was not the case. Changes were being made to the plans for the extension, which will now be located at the front of the building. However, no progress had been made with this and the inspector was told that planning permission now needs to be obtained for this.

There were heating arrangements and hot water facilities throughout the centre. However, as at previous inspections, the room temperature in parts of the centre was cold, and there were draughts in a number of areas, such as in the internal nurse's office and shower room which was attributed to dated sky-light windows. In addition, the inspector saw and highlighted to management that a gap between the closed doors to the main entrance also caused a notable draught resulting in heat loss, a draught when seated in the front hall and a cool air temperature in the corridors. The inspector does acknowledge that if the building works go ahead as now planned for the front of the building, this would be addressed.

The inspector also noted that in one twin room, the inside of the window which was very large, was completely covered in condensation. Even the net curtains were damp at the ends. This was pointed out to the person in charge.

Despite the recommendation at the previous inspection, the inspector noted that room temperatures were not being recorded and at the time of inspection, the sitting room was too warm.

Although a separate toilet was set aside for catering staff, the inspector found that this was inaccessible as residents' chairs were placed in front of the entrance door which was in the sitting room.

Some improvement had occurred since the previous inspection. The inspector saw that the broken blinds had been removed from the skylights and they had been fitted with an antiglare covering. The centre was clean and reasonably well maintained and had been refurbished in parts since the last 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 saw that there were policies, procedures, systems and practices in place for the management of complaints or concerns.

However, some improvement was required to ensure that the procedure on display was in line with the policy in place.

The inspector noted that the complaints' procedure on display identified different nominated personnel to deal with complaints than the policy in place. The person in charge told the inspector that the procedure on display was the correct one and undertook to amend the policy.

A log of issues or complaints received was maintained in accordance with the prescribed regulations. The number of complaints logged was minimal.

**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):**

No actions were required from the previous inspection.

**Findings:**

Information had been received by the Authority regarding the quality of the food available to residents. The inspector noted that some changes had been made to the system following the complaint. Where previously the menu was decided on a day-to-day basis, a four week rolling menu had recently been introduced. The inspector saw that this had been discussed with residents at their meetings. The menu was also submitted to a dietitian for review to ensure that it was sufficiently wholesome.

Residents spoken with told the inspector they were very happy with the meals provided and said there was always a choice available to them. They were particularly complimentary about the home-made bread, scones and desserts.

The inspector visited the kitchen and found that it was clean and organised. Staff spoken with said there were adequate quantities of supplies always available.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and weekly when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dietitians and speech and language therapists where appropriate. When required nutritional and fluid intake records were appropriately maintained.

Snacks and drinks were readily available throughout the day.

Although the inspector found that the size of the dining room was insufficient as discussed under Outcome 12, the inspector saw that tables were nicely laid and meals were well presented. Adequate assistance was available when needed.

**Judgment:**  
Compliant

***Outcome 18: Suitable Staffing***

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.*

**Theme:**  
Workforce

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

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

**Findings:**

The inspector was satisfied that at the time of inspection there were appropriate staff numbers and skill mix to meet the assessed needs of residents for the size and layout of the centre.

All staff were supervised on an appropriate basis. Recruitment was ongoing in the centre, and the person in charge confirmed that they had now filled all of the existing vacancies. This included the employment of a second activity coordinator, which had been identified as an area for improvement at the last inspection. Both activity staff worked on a part-time basis and planned activities were now available over a five-day period.

Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff.

A staff training programme was in place and a record of training for all staff was available. Action was required from the previous inspection relating to training in cardio pulmonary resuscitation (CPR), manual handling refresher training, missing person and fire drills. Records read confirmed all staff had now attended this training, and additional training was planned for the coming months.

**Judgment:**  
Compliant

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## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Our Lady of Consolation Nursing Home
<b>Centre ID:</b>	OSV-0000079
<b>Date of inspection:</b>	20/11/2017
<b>Date of response:</b>	08/12/2017

### 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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

The certificate of registration was not on display at the time of inspection.

The centre will not be in compliance with their conditions of registration as the building works will not be completed within the agreed timescale.

#### **1. Action Required:**

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

Under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 you are required to: Provide all documentation prescribed under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015.

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

The certificate of registration is on display now.

We informed the authority about the change of building plans on the 4th of September 2017, as part of an update on the action plan. We have forwarded an application to vary the condition on registration and to extend the date of completion of reconfiguration to 31st of January 2019.

**Proposed Timescale:** 31/01/2019

**Theme:**

Governance, Leadership and Management

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

The auditing and review system required improvement.

**2. 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:**

We have modified our auditing documentations which will clearly shows the dates of completion and the corrective action report will explain the learning from the report and improvements required.

Residents' satisfaction surveys are also modified and the results will be collated for learning purposes and to inform the annual review.

**Proposed Timescale:** 07/12/2017

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**

Governance, Leadership and Management

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

All documents required by Schedule 2 were still not in place in the sample of staff files reviewed.

The logging of maintenance requests required improvement to ensure the responsible person is notified to ensure a timely response.

**3. Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Schedule 2 documents in place now for all the staff, employment gap explained and written reference got for the particular staffs.

We have introduced a new maintenance log, which will inform the problem, acknowledgement of the same by the maintenance person and the actions taken.

**Proposed Timescale:** 08/12/2017

**Outcome 07: Safeguarding and Safety****Theme:**

Safe care and support

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

The use of restraint was not in line with national policy.

**4. Action Required:**

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

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

We have reviewed the restraint assessments, alternative tried and reasons for not using alternative to restraints are clearly explained on the assessment form now. A care plan is in place now for the particular resident, which explains the care to be provided while on restraint.

**Proposed Timescale:** 23/11/2017

**Theme:**

Safe care and support

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

This centre acted as a pension agent for some residents. Although the procedure in place was transparent, it was not in line with national guidelines.

**5. Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Letters are forwarded to the pension/disability allowances section requesting to transfer the pension/allowances of the particular residents to their own personal account.

**Proposed Timescale:** 01/12/2017

### **Outcome 08: Health and Safety and Risk Management**

**Theme:**

Safe care and support

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

Further improvement is required to ensure a drill simulating evening and night time conditions was practiced that identified those involved, the duration, successes or failures and equipment available or used.

**6. Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

We have simulated fire drills now involving only two members of staff for night time conditions.

We have improved the recording practices of the fire drill, which will now explain the success or failures and equipment used along with the people involved and the time.

**Proposed Timescale:** 06/12/2017

### **Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

The sitting room and dining room were too small to meet the needs of the residents.

**7. 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:**

a. In our Nursing Home, sitting room and dining room combined measures 106sqm for 25 residents. We have modified the seating arrangements since the inspection to avoid resident sitting under the television.

b. We are planning to extend the nursing home to provide extra sitting area for the residents.

Proposed Timescale: a. 24/11/2017

b. 31/01/2019

**Proposed Timescale:** 31/01/2019

**Theme:**

Effective care and support

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

At the time of inspection the sitting room was far too warm.

Some areas were cold and draughty due to the gaps in windows and doors.

Although a separate toilet was set aside for catering staff, the inspector found that this was inaccessible as residents' chairs were placed in front of the entrance door which was in the sitting room.

**8. 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:**

a. We have placed a room temperature monitor in the main sitting room now and the heating will be regulated within the comfortable zone.

b. The draughts due to the air vents in the sky lights will be replaced by the skylights with double glazed units.

c. We have re arranged the residents seating, to keep the entrance door to the toilet is accessible for the catering staff.

Proposed Timescale: a. 28/11/2017

b. 08/03/2018

c. 5/12/2017

**Proposed Timescale:** 08/03/2018

**Outcome 13: Complaints procedures**

**Theme:**

Person-centred care and support

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

The complaints' procedure on display identified different nominated personnel to deal with complaints than the policy in place.

**9. 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:**

We have modified the complaint policy, now both the policy and the procedure identify one person to deal with the complaints.

**Proposed Timescale:** 23/11/2017