<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Holy Ghost Residential Home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000591</td>
</tr>
<tr>
<td><strong>Centre address:</strong></td>
<td>Cork Road, Waterford.</td>
</tr>
<tr>
<td><strong>Telephone number:</strong></td>
<td>051 374 397</td>
</tr>
<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:holyghostreshome@eircom.net">holyghostreshome@eircom.net</a></td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Board of Trustees of Holy Ghost Residential Home</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Hilary Quinlan</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
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</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>53</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>7</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>17 January 2018 10:00</td>
<td>17 January 2018 18:00</td>
</tr>
<tr>
<td>18 January 2018 09:00</td>
<td>18 January 2018 16:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk</td>
<td>Compliant</td>
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<tr>
<td>Management</td>
<td></td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Compliant</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
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</table>

Summary of findings from this inspection

As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. As part of the registration renewal process, an interview was carried out with the person in charge and the provider representative.

The inspector also reviewed resident and relative questionnaires submitted to the Authority’s Regulation Directorate prior to inspection. In total 15 questionnaires were returned. They were mainly positive. Residents were very complimentary about the staff and many said they felt secure and safe. Some residents described the centre as home from home with one stating that it was the best move she ever made. All were very complimentary about the person in charge and all confirmed that the staff were committed to the welfare of residents. One resident stated that they get attention immediately with the ring of a bell. Another resident said they appreciated the relaxed atmosphere and that staff go out of their way to make sure residents are
happy. Most said they enjoyed the activities available although one felt they would like more choices available to them.

This centre is registered on the basis that the residents do not require fulltime nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Overall, the inspector was satisfied that residents receive a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

The inspector found that the health and safety of residents and staff was promoted and protected. Fire procedures were in place.

There was appropriate staff numbers and skill mix to meet the assessed needs of residents. There was a recruitment policy in place which met the requirements of the regulations. Staff files were complete and staff were offered a range of training opportunities.

Residents had access to general practitioner (GP) services and to a range of other health services. Evidence-based nursing care was provided. However some improvement was required to ensure that care plans were used to inform practices.

Other improvements related to medication management.

These are discussed further in the report and the required improvements are set out in detail in the action plan at the end.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

### Outcome 01: Statement of Purpose

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

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector was satisfied that the statement of purpose met the requirements of the regulations. It described the service that was provided in the centre and was kept under review by the person in charge. It had been updated following the previous inspection and was also currently being updated to reflect the recent extensive renovations within the centre.

**Judgment:**
Compliant

### Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.
There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was outlined in the statement of purpose.

Action required from the previous inspection relating to auditing had been addressed. An auditing schedule set out the yearly plan. Audits carried out included health and safety, medication and clinical documentation. The results of audits were shared with staff for learning and used to inform the annual review.

The inspector saw that the 2017 review was completed and was available to residents. This had been identified as an action required at the previous inspection.

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

**Judgment:**
Compliant

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**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was a person in charge of the designated centre. She was a nurse with the required experience in the area of nursing the older person and worked full time in the centre.

The person in charge had maintained her continuous professional development having previously completed courses including gerontology and rehabilitation nursing. She continued to attend training and seminars relevant to her role such as falls management.

She demonstrated knowledge of the needs of the residents and she was engaged in the governance of the centre on a regular and consistent basis.

**Judgment:**
Compliant
### Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The provider was aware of the regulatory requirement to notify the HIQA should the person in charge be absent for more than 28 days.

Currently a staff nurse deputises for the person in charge in her absence. The inspector met with this person during the inspection and found that she was aware of her responsibilities.

**Judgment:**
Compliant

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### 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:**
There was a policy on and procedures in place for the prevention, detection and response to abuse. All staff had received training in safeguarding vulnerable adults and staff who spoke with the inspector confirmed this. Staff told the inspector what they would do in the event of an allegation or suspicion of abuse.

Residents told the inspector that they felt safe in the centre. Staff were always available and one resident told the inspector that all she has to do during the night was ring the bell and a staff member was there immediately.

There were no residents with responsive behaviours at the time of inspection and there
was no restraint measures in use in the centre.

The centre did not act as pension agent for any resident. Each resident or their relatives was responsible for their own pocket monies.

**Judgment:**
Compliant

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**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 health and safety of residents, visitors and staff was promoted in this centre.

The centre had policies and procedures relating to health and safety. A current health and safety statement was available and risk management procedures were in place supported by a policy to include items set out in regulation 26(1).

Since the previous inspection, several improvements had been made in this regard. At that time it was noted that there was no formal hazard identification process in place to ensure new or changing risks were identified. This had been addressed. There was a health and safety representative appointed and daily health and safety checks were carried out. The health and safety committee met on a regular basis and action plans were put in place to address any hazards identified.

In addition external consultants also carried out health and safety audits. Following this, if required, action plans were put in place which included details of the person responsible for completion and the timescale.

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced on a regular basis.

Fire drills were carried out frequently and these included night-time scenarios. When required action plans were put in place. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents. They included details of any possible assistance required.

An emergency plan was in place and provided sufficient detail in order to guide staff in
the event of an evacuation or other emergency. Alternative accommodation was also specified should it be required. This had been identified as an area for improvements at the last inspection.

At the time of inspection, satisfactory practices and procedures were found in relation to the prevention and control of healthcare associated infections.

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

**Findings:**
The inspector reviewed a sample of administration and prescription records and noted that some improvement was required around medication management practices.

Some residents required medication as and when required (PRN). However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

It was noted at the previous inspection that residents who wished to self-administer medication were facilitated to do so, however, an assessment to ensure competency and safety to do so was not carried out.

The inspector noted that this was still the case. The person in charge discussed her intention to introduce new assessment documentation and a copy of this was available to the inspector. A policy was in place to guide the proposed practice. However this action needs to be completed to ensure residents’ safety while promoting independence.

Action required from the previous inspection relating to records of returning unused medications to pharmacy had been addressed. A pharmacy returns record book was now in place and signatures were present.

It was noted at the previous inspection that there was no prescription available in the centre for the person administering medication to check the medication against and thus ensure it was correct. This had been addressed. A new prescription record was introduced and was available for all residents.
The inspector noted that staff had attended medication management training which was an action required from the previous inspection. A pharmacist was available for advice and support.

No resident currently required medications that required additional controls. Staff were aware of both storage and administration requirements should this be needed.

**Judgment:**
Non Compliant - Moderate

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**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:**
It was noted at the previous inspection that some of the required notifications had not been submitted to HIQA. The inspector found that this had been addressed.

The inspector found that a record was maintained of incidents occurring in the designated centre, and where required, notified to the Chief Inspector.

**Judgment:**
Compliant

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**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 inspector reviewed a sample of care plans and found that while improvements had occurred, additional improvement was required to ensure that sufficient detail was included to guide staff and ensure continuity of care.
The inspector reviewed clinical issues such as wound management care plans and saw that additional detail was required. The care plan did not have any specific assessment or treatment plan and the information provided was not sufficient.

Similar issues were noted regarding diabetic care. The inspector saw that additional information was available in other folders but was not in the care plans. For example, details of appropriate management procedures should the blood sugar levels be outside of recommended levels, were not included in the care plan.

This was also evident when a resident was recommended a specific diet by the dietetic services. Sufficient detail was not included in the care plan. On discussing this with the person in charge the inspector found that the resident had chosen not to comply with the recommendations but this was not reflected in the care plan.

Despite this, the inspector saw that improvements had been made since the previous inspection. Evidence was available that care plans were reviewed on a four monthly basis with input from the residents.

Documentation in respect of residents’ health care was comprehensive and up-to-date. Residents had access to general practitioner (GP) services and out-of-hours medical cover was provided. A number of GPs provided services to the residents. A full range of other services was available on referral including physiotherapy, speech and language therapy (SALT) and dietetic services. Chiropody, dental and optical services were also provided. The inspector reviewed residents’ records and found that residents had been referred to these services and results of appointments were written up in the residents’ notes.

Other specialist services were such as psychiatric services, tissue viability and diabetic services were also available. Because of the low dependency of the residents and the particular services provided, community services such as public health nursing and community intervention teams were available to residents.

**Judgment:**
Non Compliant - Moderate

**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):**
No actions were required from the previous inspection.
Findings:
The location, design and layout of the centre were suitable to meet the individual and collective needs of the resident profile in keeping with the centre's statement of purpose.

The single-storey building had been purpose built and various renovations and extensions had taken place over the years.

Extensive renovation work was currently nearing completion and provided en-suite toilet and shower facilities to some bedrooms. In total there are 60 single bedrooms and 31 of these have had en suites built on to them. Plans are already afoot to continue with this work for the remaining 29 rooms.

There were an adequate number of bathrooms, shower rooms and toilets for the capacity of the centre.

The building was well constructed and maintained. All areas were clean and homely.

There was a large communal sitting room. The dining room was located beside a well-equipped kitchen. Other communal areas included a library, a second sitting room and a comfortable furnished foyer which was popular with the residents. Other facilities included a smoking room and a hairdressing salon along with a treatment room and office spaces. There was also a fully equipped sluice room. The laundry room was currently being redesigned and plans were in place to put a wash hand basin in this area.

The premises were bright, well furnished and comfortable. Appropriate heating, lighting and ventilation were in place throughout the premises. Staff spoken with discussed plans to put in hand rails in circulation areas as part of the current renovations.

There was a well maintained central courtyard area and parking was available to the front of the building.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
The inspector was satisfied that residents were provided with food and drink at times and in quantities adequate for their needs. Food was wholesome and nutritious while also properly prepared, stored and cooked.

The inspector visited the kitchen and found that it was clean and organised. Residents spoken with also expressed satisfaction with the food provided. One questionnaire returned stated that sometimes the food was cold and the person in charge undertook to follow up on this although there was no evidence of this during the inspection.

The chef on duty discussed the special dietary requirements of individual residents and information on residents’ dietary needs and preferences which was documented and records held in the kitchen. No residents currently required their meal in an altered consistency.

Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were repeated if any changes were noted in residents' weights.

The inspector saw that the dining room was bustling with conversation during mealtimes. Tables were nicely laid and meals well presented.

The inspector reviewed the menus and saw that choices were available at each meal. Residents told the inspector that really the staff would get them anything they fancied for their meal and the inspector saw evidence of this.

The person in charge discussed plans to review the existing dining arrangements so as to offer additional flexibility to residents.

**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, and recruited, selected and vetted in
accordance with best recruitment practice.

The inspector reviewed a sample of staff files and saw that all documents required by
Schedule 2 of the regulations were in place. Assurance was given by the person in
charge that Garda Síochána (police) vetting was in place for all staff.

A comprehensive induction plan was in place. Staff appraisals were completed on a
yearly basis and the inspector saw evidence of this on the staff files. New
documentation had been introduced for this.

The provider and person in charge promoted professional development for staff and
were committed to providing ongoing training to staff. A training matrix was maintained.
This included training in health and safety and medication management.

Records read confirmed all staff had completed mandatory training in areas such as
safeguarding and prevention of abuse, fire safety and moving and handling.

Several volunteers attended the centre and provided very valuable social activities and
services which the residents said they thoroughly enjoyed and appreciated. The
inspector saw that they had been vetted appropriate to their role. Their roles and
responsibilities were set out in writing as required by the regulations.

The centre is registered on the basis that the residents do not require fulltime nursing
care in accordance with the Health Act 2007 (Care and Welfare of Residents in
Designated Centres for Older People) Regulations 2013. The inspector was satisfied that
at the time of inspection, there were appropriate numbers of staff on duty with the
required skill mix to meet the needs of residents.

During inspection, staff were observed caring out their duties in a caring, respectful and
professional manner. The inspector found that nursing hours were available at various
times throughout the day and a nurse was on duty each night.

It was noted at the previous inspection that not all staff had received cardio-pulmonary
resuscitation training. The inspector found that this had been addressed. Staff told the
inspector how much they had enjoyed the training and how they kept themselves up to
date in this regard.

**Judgment:**
Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000591</td>
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<tr>
<td>Date of inspection:</td>
<td>17/01/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>30/01/2018</td>
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Requirements

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

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

Outcome 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:
Some residents required medication as and when required (PRN). However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

Some residents wished to self-administer medication. However, an assessment to ensure competency and safety to do so was not carried out.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. 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 existing medication prescription kardex sheets will be updated to include the GP’S instructions of the maximum dosages of PRN medication that can safely be administered within a 24 hour period and signed as per all medications with immediate effect.

A self administer medication tool will be introduced in collaboration with the Nursing Staff, Residents, GP’S, and pharmacist in order to ensure competency and safety for any residents self medicating as is their choice.
All above commencing immediately and will require training and time for full implementation

Proposed Timescale: 30/04/2018

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Sufficient detail was not included in the care plan when a resident was reviewed by a dietician.

2. Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
The care plans will be amended to include the information and details of care when a resident is reviewed by a dietician in order to ensure efficient and effective quality of care for our residents.

Proposed Timescale: 30/01/2018

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Additional improvement was required to ensure that sufficient detail was included in the care plans to guide staff and ensure continuity of care.

3. **Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
The residents care plans will be updated further to comply with the Regulatory requirements. The care plans will be further expanded to contain all information of the residents health requirements needs, goals, progress evaluation and continuing interventions. Example in the case of a wound and dressings a wound assessment chart will ensure continuity of care and show progress and updating as appropriate, in order to continue striving for excellence in residents care. All care plans will be completed within 48hrs of assessment in line with regulations.

**Proposed Timescale:** 30/01/2018