

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sally Park Nursing Home
Centre ID:	OSV-0000092
Centre address:	Sally Park Close, Firhouse, Dublin 24.
Telephone number:	01 452 6482
Email address:	sallyparknh@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Oaklands Nursing Homes Limited
Provider Nominee:	Simon Brady
Lead inspector:	Linda Moore
Support inspector(s):	Noelene Dowling
Type of inspection	Unannounced
Number of residents on the date of inspection:	46
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.

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.

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 1 day(s).

The inspection took place over the following dates and times

From: 16 September 2014 09:30 To: 16 September 2014 18:00

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

Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The purpose of this inspection was to follow up on the actions taken by the provider in relation to the failings identified at the inspection of 3 and 4 June 2014. Because of the significant number of non compliances identified at the previous inspection the provider was required to attend a meeting with the Authority on 11 August 2014 to discuss the findings.

Inspectors met with residents and staff members, observed practices and reviewed documentation.

Overall, inspectors found improvements across almost all areas during the inspection. The provider had invested significant resources into the care practices since the previous inspection. There had been significant improvement in risk management. Additional activity staff and a twilight nurse were in place since the previous inspection.

The care plans had improved and many of the risks identified were addressed. Improvements were made to fire safety. Resident's records were maintained securely. Additional training was provided to staff in the area of fire safety and medication management.

Areas identified for improvement included:

- Manual handling
- Dining experience.

The provider was aware that the premises does not meet the requirements of the Regulations and had applied for planning permission to address this.

These items are discussed in the body of the report and are included in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. 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.

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:

Inspectors were satisfied that the quality of care and experience of the residents was being monitored and developed on an ongoing basis.

A schedule of audit continued to be in place, which included care plans and medication management. While the person in charge collected clinical information and completed audits, there was limited evidence that this was used to improve the service.

Inspectors noted that the introduction of the new clinical governance framework, would enable the provider and person in charge to review the learning from audit and analysis of information.

Judgment:

Non Compliant - Minor

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:

An up to date insurance policy was in place for the centre which included cover for resident's personal property. It now complied with all the requirements of the Regulations.

Records were observed to be stored securely during this inspection; a key pad was installed at the office and was in use during the inspection.

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):

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

Findings:

This action was partly addressed, inspectors noted the improvements that had been made as outlined in the action plan.

The risk management policy was revised since the previous inspection and it now met the requirements of the Regulations and guided practice. There was now a formal system in place to identify and respond to risk. A risk register was in the process of being developed with the assistance of a consultant. A clinical governance committee had been established and had one meeting in September 2014, which included the provider and person in charge. This committee will be responsible for the review of clinical and non clinical risk in the centre.

Inspectors noted that a number of the risks identified on the previous inspection were addressed.

The key to open the external gate was stored in close proximity to the gate.

Appropriate arrangements were now in place to evacuate residents as confirmed by the fire authority and staff had received training on the new procedures in place and was knowledgeable on the evacuation of residents from these exits. The provider furnished inspectors with correspondence to this effect. While many of the residents who resided on these floors were not mobile, personal evacuation plans were developed for these residents.

Non slip matting was in place to ensure the roof was safe for residents and staff to use in the event of an emergency.

The three exits doors at the rear of the building, were now connected to the alarms to ensure residents in the centre identified as being at risk of wandering were maintained safely.

The staff area was risk assessed since the previous inspection and was maintained safely. Locks were provided on all storage to ensure they were inaccessible for residents.

The medication trolley was secured at all times during the inspection. A second key was purchased to ensure that the trolleys can be secured at all times.

There were no cleaning chemicals unattended in bathrooms, this was addressed following the inspection.

The water temperature did not exceed that required by the national standards. The provider checked these temperatures daily.

Residents specialist mattresses were correctly set. Staff were now familiar with the systems to set the mattresses and these were checked daily by staff.

There were now missing person profiles in place for all residents at risk of elopement.

Infection control practices had improved since the inspection, soap and hand towel were located in all bedrooms and there was a sufficient supply of liquid hand gel in the centre.

There were two areas that still required improvement. Inspectors noted that despite the replacement of a number of bed rails, a small number were still loose and may be an entrapment risk for residents.

There were records to indicate that staff had attended training in moving and handling since the inspection and further training was planned, however poor practices were still observed during this inspection. There were manual handling assessments in place for all residents, however they were not comprehensive and did not guide care. For

example, they did not include the type/size of sling or hoist to be used for residents.

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):

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

Findings:

This action had been partly addressed. There were two areas for improvement, in that the maximum dose for all PRN (as required) medication had not been documented. The recording of the use of this medication required improvement.

Inspectors noted that the medication policy was revised since the previous inspection and it now guiding the new practice which was recently introduced. The policy also now included the practice of the administration of MDA's.

There was one medication error since the previous inspection. There was a system to review these incidents to minimise the risk of future incidents. The pharmacist was involved in medication safety and review in the centre. Competency assessments had begun with the staff and there was learning as a result.

Inspectors were satisfied with the administration practices in the centre at this inspection. Inspectors observed that medications were administered at appropriate times. It was further observed that nurse were able to administer medications without interrupted and signed for medication following administration.

The process for prescribing and administration of warfarin had improved. Medication that required to be crushed had recently been individually prescribed.

There was a medication management protocol in place for the resident who may experience status epilepticus. This was introduced following the inspection and nurses were familiar with the prescription.

Medication management training had been provided to all staff nurses following the inspection.

However, inspectors found that some of these PRN medications were being administered on a routine basis rather than as required. There was no rational recorded for the use of this medication, the alternatives were not documented and there was no

evidence documented that the resident was monitored following receipt of this medication. Please see action under outcome 11.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

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

Findings:

Inspectors found that this action was addressed in that a high standard of evidence based nursing care was now delivered to residents in relation to nutrition. However, the use of as required medication was not in line with evidenced based best practice as discussed under outcome nine.

Inspectors found that weight records showed that residents' weights were checked monthly or more regularly if required. Nutrition assessments were used to identify residents at risk and were also repeated on a regular basis. Inspectors noted that these malnutrition universal screening tools (MUST) were been completed three monthly and were now correctly completed and residents had a nutrition care plan to guide care.

Inspectors noted there were improvements in the development of the care plans since the previous inspection. Overall care plans contained the information to guide the care for residents. Residents and/or relatives were involved in the development of their care plans and they discussed this with inspectors. Care plans for a resident with epilepsy and residents with dementia who chose to wander around the centre now guided the care.

There had been improvements in the opportunities for residents to participate in activities appropriate to his or her interests and capacities. Two activity coordinators were recruited since the previous inspection. While both of these staff were on duty on the day of the inspection, this was not always the case. An activity programme was in place which included SONAS programme (a therapeutic communication activity primarily for older people, which focuses on sensory stimulation), exercises, hand massage and poetry reading for example. Many of the residents said they enjoyed the activity and the fact that there was more to do during the day.

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):

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

Findings:

This action was not addressed. The premises continue to pose significant challenges to the provider in meeting the requirements of the Regulations and National Standards. The provider had applied for planning permission to address the deficits identified.

There were two four bedded rooms, one three bedded room and a twin room that did not meet the needs of residents.

There were an insufficient number of toilets available on the first and second floors.

There were no showers on the first or second floor and residents were taken to the ground floor for a shower, which may have impacted on their privacy and dignity.

There was a small secure courtyard for use by residents who wanted fresh air, however this was not freely available for use throughout the inspection.

Inspectors visited some residents' bedrooms and found that most were personalised with their possessions however, the person in charge had begun to implement a system to support residents to identify their doors or to aid orientation. This included pictures of the residents.

There was an insufficient changing area provided for staff, who changed in a very small room which did not contain sufficient space to store valuables.

While the provider said that the catering staff were allocated a toilet for their use, inspectors observed that this was used by visitors and other staff.

Storage of equipment and residents personal storage was a challenge in the centre.

Judgment:

Non Compliant - Major

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

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

Findings:

Inspectors found that this action had been partly addressed, in that staff who provided assistance to residents in the dining rooms were aware of residents needs.

However, there were two conflicting sets of records maintained by the catering staff which did not reflect the resident's current nutritional needs and may lead to inconsistency of care.

The assistance of residents continued to require improvement. Inspectors observed that one resident was not sitting in an upright position during the meal, which may have placed the resident at risk. This was addressed when raised with the staff.

While overall the dining experience was enjoyable for most residents, others sat for up to 20 minutes with no meal while residents at their table ate their meal. While staff assisted residents with meals, there was a lack of overall supervision in the dining room at the main meal.

Judgment:

Non Compliant - Moderate

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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:

Inspectors observed that there were improvements in this area. However, further development is required to provide person centered dementia care to residents.

Breakfast times had been adjusted and residents were not woken by staff, this was confirmed by speaking to residents and staff during the inspection.

Staff interacted with residents from a positive social perspective. They greeted residents directly and inspectors observed general chat and conversation on its own and during social activities. Residents were offered choice of food and drink and additional clothes protectors were purchased. Residents were now offered a choice before these were applied.

Inspectors noted that a small number of the interactions between staff and residents while mobilising and transfer to the dining room for meal times was seen to be provided in a positive manner while others were neutral in that residents were moved without explanation.

Inspectors observed that residents dignity was not always maintained during personal care, for example, residents finger nails were cut in a public place.

Judgment:

Non Compliant - Moderate

Outcome 17: Residents' clothing and personal property and possessions

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

Theme:

Person-centred care and support

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

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

Findings:

This action was addressed. Residents' property lists had been implemented since the previous inspection.

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):

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

Findings:

This action had been partly addressed. Inspectors noted that a twilight nurse had been recruited to work until ten pm since the previous inspection.

However, inspector found that the current staffing levels, qualifications and skill mix were still not sufficient on night duty. Inspectors found that there was one nurse for 46 residents from 10pm. Due to the dependencies, complexities of residents needs, and layout of the centre, the nurse would have difficulty delivering and supervising care. There were a high number of residents at risk of wandering, those with behaviours that challenge and a high number at risk of falls. The provider said he was actively addressing this and aimed to have an additional nurse in post over night.

Supervision arrangements

Inspectors found that the supervision of residents had improved on the day of the inspection. There was very good supervision of residents in communal areas and good staff levels to ensure resident safety was maintained. However the supervision of the care delivered required improvement. Inspectors observed poor manual handling practices and the dining experience required improvement as outlined in outcome eight and 15.

Staff told inspectors they had received a broad range of training since the previous inspection as identified during the report, which included medication management, manual handling, risk management for example. This was confirmed from a review of the training records. The provider intended to source training for the activity coordinators. Staff had not received training in behaviours that challenge and dementia and told inspectors they would welcome this opportunity.

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:

Linda Moore
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:	Sally Park Nursing Home
Centre ID:	OSV-0000092
Date of inspection:	16/09/2014
Date of response:	09/10/2014

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:

There was no robust system in place to learn from the collection of data and audits.

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.

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

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

All audits and information gathered will form the basis for the governance of the home moving forward. A Governance committee is now in place and all information collated will be discussed by this committee with feedback given to all staff with the emphasis on learning from information to improve our service. Weekly Management and staff meetings are now documented to ensure staff are learning from all relevant information to ensure continuous improvement.

Proposed Timescale: 31/10/2014

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:

Poor manual handling practices were observed during the inspection.

A small number of bedrails were loose.

Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

Manual handling training took place on September 4 and September 23, 2014 with the rest of our staff due to complete on October 28, 2014. All staff are aware of the correct manual handling procedures for each resident. Comprehensive manual handling assessments and manual handling charts have been updated to contain all relevant information pertinent to each resident to guide their care.

We have replaced a number of bed rails since your last visit, all other bed rails have been adjusted and tightened to guard against entrapment for residents. Full risk assessments are completed and alternatives to rails are examined before the commencement of side rail use. Bed rail checks and audits are completed daily for each resident using a side rail to guard against the risk of entrapment.

Our risk management policy has been updated to include arrangements for the identification, recording, investigation and learning from serious incidents.

Proposed Timescale: 28/10/2014

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

The use of as required medication was not in line with evidenced based best practice.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

The use of as required medication is now in line with evidenced based best practice. As required medications will be administered following alternatives tried documented in a residents care plan. The rationale behind the administration and monitoring of residents following administration will also be documented.

Medication Management refresher training on the use of as required medication was completed on October 1, 2014. All as required medication is reviewed regularly with each resident's G.P.

Proposed Timescale: 01/10/2014

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

There were two four bedded rooms, one three bedded room and a twin room that did not meet the needs of residents.

There were an insufficient number of toilets available on the first and second floors.

There were no showers on the first or second floor and residents were taken to the ground floor for a shower, which may have impacted on their privacy and dignity.

There was a small secure courtyard for use by residents who wanted fresh air, however this was not used throughout the inspection.

There was an insufficient changing area provided for staff.

The catering staff were allocated a toilet for their use, this was used by visitors and other staff.

Storage of equipment and residents clothing was a challenge in the centre.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the

designated centre.

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

The provider is aware of the current regulations in relation to the physical environment. Planning permission is now granted for extension to Sally Park NH which will include additional bedrooms, storage, bathrooms and toilets in easily accessible locations for the use of residents. An appeal has been lodged with An Bord Pleanala however.

There are extensive mature gardens in Sally Park NH where our residents can enjoy the sunshine all day. This is the garden of choice for many. These gardens are extremely suitable and safe for use by residents. There is also a secure garden and courtyard between the dining room and the original building that is now freely available to all residents.

The toilet allocated for kitchen staff is only used by kitchen staff. The key to open this toilet is kept within the kitchen.

Proposed Timescale: 30/11/2015

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:

Appropriate assistance was not provided to one resident.

Some residents sat for extended period before their meal was served.

Action Required:

Under Regulation 18(3) you are required to: Ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.

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

There is always a staff nurse supervising the dining room at meal times to ensure that all residents receive appropriate assistance, are seated in a suitable manner and are receiving the correct diet in a timely manner. The staff nurse will now provide overall supervision and not assist residents during these times.

Refresher Dysphagia training has been scheduled for November 2014 for staff.

The Person in charge and Registered provider are in attendance in the dining room on a daily basis to receive feedback from residents to ensure the enjoyment and satisfaction of all.

One set of nutritional care plans to reflect the current needs of each resident are now maintained.

Proposed Timescale: 30/11/2014

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Some of the personal activities did not respect residents right to privacy.

Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Personal activities such as finger nail care will respect a residents right to privacy.

We have reinforced with all our staff the need to communicate effectively with our residents. Our staff have been trained to always explain before, reassure during and complement our residents after every activity, in particular mobilising and transfer.

Dementia and challenging behaviour training has been scheduled for December and January.

Proposed Timescale: 30/09/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

There were insufficient numbers of nurses on night duty to meet the residents assessed needs.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Our night staff strive at all times to ensure the needs and requirements of all our residents are met to the highest standards.

An additional staff nurse has been recruited and we continue recruitment to ensure we provide high quality care at all times. We have an additional nurse until 10pm and aim to increase this with further recruitment.

Staff on night duty have up to sixteen years' experience in Sally Park NH. They care for

and know the needs and wants of all our residents. Revised staffing arrangements ensure the highest quality of care is provided.

Both the person in charge and registered provider are in attendance in the centre at different times during the day and night.

Proposed Timescale: 28/02/2015

Theme:
Workforce

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

Staff were not appropriately supervised.

Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

We have and will continue to improve supervision of staff through increased observation and audit. These audits will be reviewed at both management and governance meetings and all relevant feedback will be communicated to staff to ensure we continue to provide excellent care to our residents.

Dementia and challenging behaviour training has been scheduled for staff in December and January.

Proposed Timescale: 30/09/2014