

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ennis Nursing Home
Centre ID:	OSV-0000683
Centre address:	Showgrounds Road, Drumbiggle, Ennis, Clare.
Telephone number:	065 682 4262
Email address:	ennisnursinghome@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services
Provider Nominee:	Pat Shanahan
Lead inspector:	Gemma O'Flynn
Support inspector(s):	Louisa Power
Type of inspection	Unannounced
Number of residents on the date of inspection:	59
Number of vacancies on the date of inspection:	1

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 inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 29 January 2015 08:50 To: 29 January 2015 15:45

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 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
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 13: Complaints procedures
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was carried out to review progress against the actions from an inspection in September 2014. The provider had applied for renewal of registration and at the inspection in September 2014, the inspector was not satisfied that the centre was being run in full compliance with the Regulations and Standards.

At this inspection, inspectors reviewed the actions under 12 of the 18 outcomes and were satisfied that work had been undertaken to address the actions required with most actions having been completed satisfactorily. Those that were not completed, for example, care plan documentation, now had suitable arrangements in place to assist in their completion and early indications were that the provider would meet their commitment to ensure compliance with the Act and Regulations.

Inspectors met with residents and staff over the course of the inspection. Residents indicated that they were happy and well looked after in the centre and staff demonstrated an awareness of the changes that had occurred in the centre over the previous number of months. The inspector was satisfied that the health and social needs of the residents were met and that staff had access to education and training

to ensure that care was evidence based practice. Inspectors deemed that overall, there had a significant improvement across the outcomes where there had been non compliances in the previous inspection.

Some non-compliances were identified in the areas of Health and Safety & Risk Management, Safety & Safeguarding, Medication Practices, Premises and Records & Documentation. These are discussed throughout the report and in the action plan at the end of the 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):

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

Findings:

The centre's internal audits were made available to inspectors on the day of inspection. Inspectors saw that there was a system in place for reviewing and monitoring safe medication management practices. Results of audits in relation to medication management and clinical documentation were made available to inspectors. Pertinent deficiencies were identified and actions emanating from audits, e.g. additional training, were seen to be implemented.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

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

Findings:

On this inspection, the inspector again reviewed the contracts of care. A contract was on file for the majority of residents and for those for whom a contract was outstanding, there was clear documentation maintained regarding contact from the centre with the resident or their next of kin.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

On this inspection, the person in charge had returned from extended leave. She was a nurse with the required experience in nursing the older adult and had been person in charge of the centre since 2008. She demonstrated sufficient knowledge of the legislation and demonstrated good clinical knowledge throughout the course of the inspection.

She demonstrated a commitment to continuous professional development and had completed courses to enhance her role as person in charge, such as: Train the Trainer; Pressure Area Care; End of Life Study Day and Health & Safety for Managers. She discussed conferences and courses that she planned to attend in 2015 such as a conference for dementia care and a management and leadership course.

She discussed plans for the centre for the year ahead and told the inspector of changes that she had implemented since her return to the centre and following the non-compliances in the previous inspection report for September 2014. Some of these changes included assigning specific roles to her clinical nurse managers such as medication management and overview of care plan development.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

The majority of the findings in the last inspection report had been addressed. However, some gaps in documentation remained.

For instance, there were times whereby the some of the information required in the directory of residents was omitted such as the address of the next of kin.

As outlined in outcome 9, the inspector observed that the medication administration sheets examined were left blank at a number of times where medication was due to be administered. Therefore, there was not a complete record of each medicine administered signed and dated by the nurse administering the medicines.

Further development was still required in regards to Schedule 3 documentation. However, the inspector was satisfied that the management were aware of this and had taken appropriate steps to ensure that this was a priority and had allocated resources (the clinical nurse manager) to oversee that this was done.

The format by which fire drills were being recorded had been reviewed and now contained the information to fully identify the fire safety practices that had taken place. As a result, there were clear findings to illustrate areas that required improvements which enhanced the learning from the fire drills that had taken place.

The inspector was satisfied that documentation relating to complaints was now robust.

Staff files were reviewed and contained the required information.

Judgment:

Substantially 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 designed 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:

There suitable arrangements in place in the event that the person in charge should be absent from the centre. The person in charge had recently returned (6th January 2015) to the centre after a prolonged absence. However, as required by the Regulations, a notification confirming the return of the person in charge had not been submitted to Authority.

This was submitted to the Authority on the day following the inspection.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

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

Findings:

On this inspection, the centre's training matrix was again reviewed. This evidenced that all staff had received training in the protection of older adults. Measures to protect residents being harmed or suffering abuse were in place and staff spoken with were all able to demonstrate good knowledge of their responsibilities should they so witness or suspect abuse of residents.

Care plans were reviewed for residents who exhibited behaviour that was challenging. The inspector found that where a pattern had already been identified and a strategy developed, the care plan gave a historical overview but did not clearly outline the strategy that should be implemented. A specific behaviour management care plan for a resident who was observed exhibiting behaviour that challenged on the day of inspection was not in place. These issues were discussed with the person in charge and with the clinical nurse manager (CNM) who had taken on responsibility for the review of the residents' care plans. The inspector was satisfied that there were plans in place to address these issues.

In relation to chemical restraint, a current centre-specific policy in relation to the management of challenging behaviour including the use of psychotropic medications was made available to the inspectors. The policy was evidence based and outlined practice that was in accordance with national policy as published by the Department of Health.

However, based on a sample reviewed, inspectors noted that documentation in relation to chemical restraint was not in accordance with "Towards a Restraint Free Environment in Nursing Homes", a policy document published by the Department of Health. A maximum daily dose was not specified on a prescription for a psychotropic medication to be administered as required. There was no documentary evidence that nursing staff had clarified the maximum daily dose with the prescriber.

Where chemical restraint was used, nursing notes did not outline sufficient detail in relation to an episode where a PRN psychotropic medication was administered. Alternative strategies trialled, e.g. the administration of pain relief, were not outlined. Therefore, it was not clear from the documentation if episodes of challenging behaviour were managed in a manner that was least restrictive or if alternative strategies had been ineffective and the use of restraint had been reviewed after use.

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):

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

Findings:

The inspector was satisfied that issues raised in the previous inspection had been addressed. However, some further issues were identified on the day of inspection. Additional risk assessments had been undertaken for a number of hazards including: smoking rooms and people moving and handling. However, gaps remained in the hazard identification process. For example, on the day of inspection, the internal fire door of the upstairs sitting room was seen to be propped open by a chair. Upon investigation this was due to a failure in the door release mechanism. Upon review of the maintenance requisition book, the issue had not been identified prior to the commencement of the inspection.

Outdated people moving and handling practices were seen to be used when assisting residents to transfer. This was despite the correct equipment being available and used by staff.

An inspector reviewed a sample of medication incident reports and noted that there was a system in place to identify and record medication incidents promptly. However, the actions outlined on medication incident reports did not reflect learning from or the implementation of preventative measures to prevent recurrence.

Fire evacuation notices were now clearly displayed on both floors. A resident discussed an accident s/he had had the day before the inspection and this was seen to be appropriately recorded and was awaiting review by the person in charge.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

Overall, residents were protected by the designated centre's policies and procedures for medication management.

The centre-specific policy on medication management was made available to the inspectors which had been reviewed in February 2013. The policy was comprehensive and evidence based. Staff with whom inspectors spoke demonstrated adequate knowledge of this document.

Medications for residents were supplied by a local community pharmacy. Inspectors saw evidence that the pharmacist was facilitated to meet his obligations to residents under legislation and guidance issued by the Pharmaceutical Society of Ireland.

Inspectors noted that medications were stored in a locked cupboard or medication trolley and were not accessible to non nursing staff. The temperature of the medication refrigerator was noted to be within an acceptable range; the temperature was monitored and recorded daily. Medications requiring refrigeration were stored appropriately.

Handling of controlled drugs was in accordance with current guidelines and legislation. An inspector observed and staff confirmed that only one set of keys was available for controlled drugs storage, which was in compliance with the centre's key holding policy. However, an inspector observed that the controlled drugs storage contained items not designated as controlled drugs.

The practice of transcription was in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

An inspector reviewed a sample of prescriptions where residents had difficulty swallowing tablets. Alternative preparations had been considered such as liquids and soluble tablets. Where it was deemed necessary, the prescriber had identified the need for crushing on each individual prescription. An inspector observed that the tablet crushers introduced after the last inspection with single use pouches allowed for a closed system when crushing and reduced the risk of cross-contamination.

An inspector observed medication administration practices and found that the nursing staff did adhere to professional guidance issued by An Bord Altranais agus Cnáimhseachais. Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management.

Records confirmed that appropriate and comprehensive information was provided in relation to medication when residents were transferred to and from the centre.

Based on a sample reviewed, an inspector noted that medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medication. However, the medication administration sheets examined were not always complete and accurate; this is covered in outcome 5.

Staff reported that medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. Records for the return of controlled drugs were completed and allowed for an itemised, verifiable audit trail.

Staff were facilitated to attend medication management training and competency assessments were completed on a regular basis.

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):

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

Findings:

Improvements were still required in the documentation of care plans and ensuring that residents were reviewed by appropriate professionals to ensure appropriate interventions were in place to meet the needs of the residents. The provider had undertaken in their previous action plan to have all care plans reviewed by 30th November 2014. As discussed previously in the report, the inspector was satisfied that although the work was not fully completed, appropriate steps had been taken to address this issue via the supervision of the clinical nurse manager (CNM) who had been allocated non-clinical hours each week to ensure completion of this process.

The inspector reviewed a selection of care plans with the CNM and it was found that they required further development to fully reflect the care the resident required. For example, a care plan for a resident who had been seen by the dietician in October 2014 had been updated but neglected to include specific recommendations such as adding a supplement to the resident's breakfast and dessert.

A wound management plan did not give clear guidance regarding the frequency of dressing changes and the management of pain when attending to a dressing change. Information was difficult to retrieve as there were gaps in documentation in the wound progress chart that was to be completed after each dressing chart. However, upon review of the daily general progress chart it was evident that the dressing change had been undertaken.

The majority of residents who required specialised seating had been referred to and seen by the occupational therapist (OT) and there was evidence that the OT had been present at the trialling of different chairs to ensure suitability for the resident. However, on the day of inspection, there was one resident that had not yet been seen by the OT. The inspector was told that this was because the resident had just recently returned to the centre and was due to be seen by the OT. In the absence of an OT review, the inspector was not satisfied that the manner in which the resident was transported from one area to another was safe as there was no foot support on the resident's chair. The person in charge and the CNM confirmed that the resident had been referred to the OT for review of this matter.

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:

The inspector was satisfied that the actions in response to the previous report were being implemented in line with the provider's timeline and response.

On the day of inspection, it was evident that significant decorative upgrade had taken place in the centre and further works were planned. The reception area had been freshly decorated as had both sitting rooms. The clinical nurse manager (CNM) discussed additional plans for the sitting rooms that included the installation of fireplaces, feature clocks and paintings and pictures.

On the first floor, there were newly painted 'signposts' that directed residents and visitors to bedrooms on that floor. Artistic murals had been painted on the walls and these included floral and landscape scenes and also points of interest such as a 'post office' and 'post box'. The inspector had an opportunity to discuss these painted additions with some residents and the feedback was positive overall.

The chairs in the sitting rooms were observed to be clean and free of stains.

Privacy screening had been adjusted in most of the shared rooms, and for those that hadn't been attended to, the CNM confirmed that the works were scheduled as was the need for the repositioning of the shared television in one of the shared bedrooms to ensure that it could be availed of by both residents.

A schedule of works already undertaken was made available to the inspector. Although there was work still outstanding, the inspector was satisfied that the provider was implementing the action plan that had been outlined in the previous report, September 2014, and as such was compliant with same.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

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

Findings:

An inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. Complaints were seen to be investigated promptly. Improvements following investigations of complaints were clearly documented and implemented.

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:

Since that last inspection in September 2014, the person in charge had reviewed the staffing levels in the centre and as a result an additional care staff was on duty for every day for eight hours. The inspector noted on this inspection, that though busy, the pace of the staff was less frantic and bells were answered more promptly. Staff who spoke with the inspector confirmed that the addition of an extra staff member had been helpful in meeting the needs of the residents.

The training matrix reviewed indicated that staff were up to date with mandatory training.

A random selection of volunteer files were reviewed and again these did not meet the requirements of the Regulations. For example, there was no written agreement outlining roles and responsibilities.

Judgment:

Substantially 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:

Gemma O'Flynn
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:	Ennis Nursing Home
Centre ID:	OSV-0000683
Date of inspection:	29/01/2015
Date of response:	18/02/2015

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Medication administration sheets were left blank at a number of times where medication was due to be administered.

The directory of residents did not hold all of the information required by the Regulations.

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

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:

Medication charts have been reviewed and are compliant with medications policy. The Clinical Nurse Manager has reviewed the medication charts and will monitor compliance on a monthly basis to ensure they are signed and completed appropriately. All staff nurses have been reminded about the importance of signing for medications and advised to double check after each medication round in case of accidental signature omission.

The Residents Register has been updated and complies with regulations.

Proposed Timescale: 18/02/2015

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

Safe care and support

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

It was not clear from the documentation if episodes of challenging behaviour were managed in a manner that was least restrictive in this case, if alternative strategies had been ineffective and the use of chemical restraint had been reviewed after use.

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:

Episodes of challenging behaviour are clearly documented and there is evidence that alternative strategies are recommended and their effectiveness is monitored. The use of chemical restraint is documented, indicating the effectiveness of medication. There is documented evidence of decisions to review the use of these medications.

Proposed Timescale: 18/02/2015

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:

Medication incident reports did not reflect learning from or the implementation of preventative measures to prevent recurrence.

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:

Medication incident reports now reflect learning from mistakes, and staff are encouraged to document a reflective synopsis of what they have learned and its implication on further practice. The Person-in-Charge will monitor the frequency of medication incidents reported, analyse any trends or patterns and will provide necessary support and education as necessary

Proposed Timescale: 18/02/2015

Theme:

Safe care and support

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

Not all hazards were identified, for example, the fire door propped open with a chair. Outdated people moving and handling techniques were observed.

Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

Staff have been encouraged to be more vigilant and proactive at identifying risks and reporting them in a timely manner. Poor manual handling practices have been highlighted, and all staff have been reminded of the requirement to ensure that they comply at all times with recommended best practice in relation to moving and handling. Training scheduled for March will have particular emphasis on the importance of ongoing compliance with manual handling.

Proposed Timescale: 04/03/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Care plans required further development and exceeded the estimated date of completion submitted by the provider.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

A comprehensive review of all care plans is currently under way to ensure that the care plans accurately reflect the assessed needs identified. The care plans will include advice and recommendations from members of the multi-disciplinary team as appropriate to ensure that planned interventions meet the needs of the residents. The Person-in-Charge will monitor this process and acknowledges that this will take some time to implement and sustain. Education and advice will be provided during this process by the Practice Development Facilitator.

Proposed Timescale: 30/06/2015

Theme:

Effective care and support

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

Some interventions continued to be in place for residents without the appropriate input from allied health professionals.

Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

All care and professional recommendations made by Allied Healthcare Professionals have been documented in the electronic resident record. The occupational therapist has conducted an assessment on the remaining resident who required a seating assessment and the revised seating recommendations have been documented.

Proposed Timescale: 18/02/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Volunteer files did not meet the requirements of the Regulations.

Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

There are written guidelines regarding the roles and responsibilities and supervision of people involved on a voluntary basis in the centre.

Proposed Timescale: 18/02/2015