

**Health Information and Quality Authority  
Regulation Directorate**

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



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| <b>Centre name:</b>                                       | Bushy Park Nursing Home                                  |
| <b>Centre ID:</b>   | OSV-0000410  |
| <b>Centre address:</b>                                    | Nenagh Road,<br>Borrisokane,<br>Tipperary.               |
| <b>Telephone number:</b>                                  | 067 27442  |
| <b>Email address:</b>                                     | bushy_park@eircom.net                                    |
| <b>Type of centre:</b>                                    | A Nursing Home as per Health (Nursing Homes)<br>Act 1990 |
| <b>Registered provider:</b>                               | Bushy Park Nursing Home Limited                          |
| <b>Provider Nominee:</b>                                  | Vincent Kinsella   |
| <b>Lead inspector:</b>                                    | Gemma O'Flynn  |
| <b>Support inspector(s):</b>                              | None   |
| <b>Type of inspection</b>                                 | Unannounced  |
| <b>Number of residents on the<br/>date of inspection:</b> | 26   |
| <b>Number of vacancies on the<br/>date of inspection:</b> | 8  |

## **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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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: 18 February 2015 08:45 To: 18 February 2015 16:30

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

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| Outcome 02: Governance and Management                       |
| Outcome 04: Suitable Person in Charge                       |
| Outcome 05: Documentation to be kept at a designated centre |
| Outcome 07: Safeguarding and Safety                         |
| Outcome 08: Health and Safety and Risk Management           |
| Outcome 09: Medication Management                           |
| Outcome 10: Notification of Incidents                       |
| Outcome 11: Health and Social Care Needs                    |
| Outcome 12: Safe and Suitable Premises                      |
| Outcome 18: Suitable Staffing                               |

**Summary of findings from this inspection**

This report sets out the findings of an unannounced inspection to monitor ongoing compliance with the Regulations. As part of the inspection, the inspector met with residents, staff, relatives, the person in charge and the centre's manager. Policies and practices were also reviewed.

Overall, residents expressed satisfaction with the centre and said that they enjoyed living there and were well looked after. Relative feedback was very positive and the inspector was told that visitors were made feel welcome and 'part of the family'.

The inspector found evidence of good practice, however, areas that required improvements were identified such as: governance; safety and safeguarding; health and safety; healthcare needs and documentation.

These non compliances are discussed throughout the report and in the action plan at the end of the report.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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):**

No actions were required from the previous inspection.

**Findings:**

There was a clearly defined management structure in place and staff demonstrated knowledge of the reporting systems. Staff who spoke with the inspector were supportive of management and said that they were approachable and responded to staff concerns appropriately.

The provider told the inspector that there were no plans in place as yet regarding the completion of the annual review of the quality and safety of care delivered to residents as required by the Regulations.

There was evidence that audits were taking place. For example, a local pharmacist had completed a medication audit in January and February of 2015. However, the inspector noted that the majority of internal audits had not been undertaken since August 2014 and where the audits had been completed, it was not evident as to how the findings contributed to improving the quality and care of the service. For example, data gathered on the number of falls per quarter in the centre had not been analysed or utilised to develop a strategy to try to minimise future occurrences where possible.

Monthly quality management meetings were held and these included reviews of incidents in the centre including falls and complaints.

There was evidence of staff meetings and minutes indicated that staff had the opportunity to raise concerns. Staff spoken with confirmed that concerns they had raised had been listened to and acted upon. Staff meeting minutes indicated that topics such as the importance of good communication with residents and ensuring call bells were in reach of the residents were reinforced at these meetings. There was also examples of how staff were updated regarding residents' needs, for example one resident required an occupational therapist referral and this was discussed with staff at the meeting as evidenced in the minutes.

There was evidence of consultation with residents via residents' meetings. Minutes showed that residents felt comfortable bringing up issues that they were dissatisfied with and the action to be taken by the provider was outlined also.

A relatives meeting had been held in November 2014 and the minutes for the meeting indicated that they were happy with the care delivered in the centre and that they could approach the person in charge if they had any concerns.

**Judgment:**

Non Compliant - Moderate

***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 had been no change of person in charge since the previous inspection. The person in charge was a nurse with the required experience in care of the older person. She was present in the centre and residents and staff could identify her and were supportive of her. She demonstrated sufficient knowledge of her legislative responsibilities and of the clinical needs of the residents. She told the inspector that she planned to undertake training in dementia in 2015 and also a trainer instructor's course.

**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

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| <p><b>Outstanding requirement(s) from previous inspection(s):</b><br/>Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p><b>Findings:</b><br/>Some aspects of this outcome were examined on this inspection.</p> <p>As identified in the previous inspection, some policies required further review to ensure they fully reflected the practices in the centre, for example, the complaints and medication management policies. The risk management policy did not meet the requirements of the Regulations. The provider had undertaken to rectify these issues by 30th August 2014, but they had not been reviewed.</p> <p>A sample of staff files were reviewed. Whilst references had been received from the employee's previous place of work, they had not been requested from the previous employer as required by the Regulations. The references had been supplied by previous work colleagues.</p> |
| <p><b>Judgment:</b><br/>Non Compliant - Moderate</p>   |

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|---|
| <p><b><i>Outcome 07: Safeguarding and Safety</i></b><br/><b><i>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.</i></b></p>   |
| <p><b>Theme:</b><br/>Safe care and support</p>  |
| <p><b>Outstanding requirement(s) from previous inspection(s):</b><br/>Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p><b>Findings:</b><br/>There was a policy on and procedures in place for the prevention, detection and response to abuse. Staff were trained and those staff who spoke with the inspector were clear on what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report this to. Residents who spoke with the inspector said that they felt safe and were well looked after there. However, where a concern had been raised, the inspector was not satisfied that the centre's policy had been fully implemented and the person in charge had not recorded their investigation into such a concern. Documentation regarding a concern was insufficient as it did not fully describe the issue as verbally relayed to the inspector by the person in charge. The Authority had not been</p> |

notified of the concern as required by the Regulations.

The inspector was informed that the centre was not managing the finances of any resident.

On the previous inspection it was identified that the practice of administering chemical restraint was not in line with National Policy. Despite an undertaking to have this rectified by 1st August 2014, the inspector found that the centre's practice in this regard had not changed. Nor was there guidance in the centre's medication management policy for the administration of such medication. The inspector found that where chemical restraint had been administered, there was no record as to the rationale for same, there was no note in the daily progress chart that it had been administered. There was no record of what alternatives had been used prior to the administration of chemical restraint and there was no documentation as to the outcome of administering chemical restraint to the resident. This was discussed in detail with the person in charge and the provider on the day of inspection.

**Judgment:**

Non Compliant - Major

***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 centre had policies and procedures relating to health and safety. There was a risk management policy in place. There was a plan in place for responding to emergencies likely to cause death or injury.

The centre had a centre specific infection control policy. There were clear practices in place and these were clearly explained to the inspector by the relevant staff member.

There were reasonable measures in place to prevent accidents in the centre and grounds and since the last inspection, the centre had implemented weekly and monthly hazard and maintenance checks. The provider had developed additional risk assessments in response to new hazards identified in the centre and these were available for inspection.

On this inspection, fire doors continued to be held open by inappropriate means such as door wedges. This is an issue that was identified on the previous two inspections of the centre in March and July of 2014.

There was no record available to show that fire drills were held at regular intervals as required by the Regulations. Fire service records were not up to date, for example, the quarterly fire alarm service had not been undertaken on a quarterly basis as is required.

**Judgment:**  
Non Compliant - Major

***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):**  
No actions were required from the previous inspection.

**Findings:**  
There were written policies relating to the ordering, prescribing, storing and administration of medicines to residents. The medication trolley was stored securely as was the key to access same. The inspector observed a medication round and overall, staff followed appropriate medication practices, however, it was noted that medication administration sheet was signed prior to the administration of the actual medication which was not in line with centre's policy.

The management of MDA medication (medication that requires special controls under law) were in line with professional guidelines and a random check tallied with records.

A medication audit had been undertaken by an external pharmacist in January and February of 2015, these included nurse competency audits and the findings were consistent with good practice.

**Judgment:**  
Non Compliant - Minor

***Outcome 10: Notification of Incidents***  
***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**  
Safe care and support

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



**Findings:**

The centre had failed to notify the Authority of all notifiable incidents which had occurred in the centre, this was discussed in outcome 7.

**Judgment:**

Non Compliant - Major

***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:**

Residents' health care needs were met through timely access to medical treatment and residents had access to allied health services. Assessments viewed were up to date and the needs identified were adequately addressed in the resident's care plan for example, mobility needs.

Overall care plans gave good direction but required further development to fully direct care. A care plan for a resident who was at risk nutritionally gave good guidance and it was evident that the care plan had been updated to include recommendations from a recent dietician review. However, for a resident with diabetes, it wasn't clear what type of diabetes he had and directions were vague such as 'check blood sugars regularly' when in fact the person in charge stated that they were to be checked once weekly on a specific day. The normal parameters for the resident were not recorded. For a resident that required regular dressing changes, the information overall was sufficient, however, it did not include guidance to manage pain at the time of dressing changes. The person in charge was able to discuss this with the inspector.

Information included in end of life care plans was insufficient and in some cases, where information had been obtained from family, it had not been included in the resident's care plan.

There was a full time activities coordinator in the centre and she engaged in group and individual activities in the centre. These included newspaper reading sessions, music and therapies specifically developed for residents with dementia.

**Judgment:**

Non Compliant - Minor

**Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

**Theme:**

Effective care and support

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

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

**Findings:**

The design and layout of the centre were in line with the statement of purpose. Overall, the premises were in good repair, although some of the circulation and communal areas required some superficial decorative upgrade. The centre was clean and suitably decorated and had homely fixtures and fittings throughout such as photographs and paintings that residents had painted. Residents had access to external secure grounds, that were well maintained. A functioning call bell was in place. The provider completed regular maintenance checks on the premises and records were kept for these including follow up action. A maintenance requisition book was also kept in the centre and completed by staff as required.

Residents had access to equipment that increase comfort and independence and service records were seen for these.

**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):**

No actions were required from the previous inspection.

**Findings:**

There was sufficient staff with an appropriate skill mix on duty. A nurse was on duty at all times and this was evidenced in the rota reviewed by the inspector. The person in charge stated that due to two nurses being on leave simultaneously, she had been required to be included on the nursing rota for the last month. She stated that these nurses would be back on duty at the end of February and beginning of March and this requirement would then cease.

In response to staff requests, management had reviewed morning staffing levels and two additional hours were allocated to a morning care assistant. Staff who spoke with the inspector stated that this had been of help and had resolved their issues.

The centre's training matrix indicated that staff were up to date with mandatory training.

**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:***

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 report<sup>1</sup>

|                            |                         |
|----------------------------|-------------------------|
| <b>Centre name:</b>        | Bushy Park Nursing Home |
| <b>Centre ID:</b>          | OSV-0000410             |
| <b>Date of inspection:</b> | 18/02/2015              |
| <b>Date of response:</b>   | 11/03/2015              |

### 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 02: Governance and Management

#### Theme:

Governance, Leadership and Management

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

It was not evident as to how audit findings contributed to improving the quality and care of the service.

#### 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.

<sup>1</sup> 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:**

Audit training will take place on the 18/03/2015. Post training, there will be a review of our auditing system and based on the findings, changes will be made to improve our quality of service

**Proposed Timescale:** 10/05/2015

**Theme:**

Governance, Leadership and Management

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

There were no plans in place in regards to the development and preparation of the annual review of quality and safety of care.

**Action Required:**

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

The Quality Management System collects adverse data from various sources such as audits, weekly collection of data, complaints, incidents, residents meetings, relatives meetings etc. This data and feedback will be reviewed and analysed and provision has been made to carry out an annual review of these analysis to facilitate a Root cause Analysis.

**Proposed Timescale:** 15/05/2015

**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:**

Some policies required further review to ensure they fully reflected the practices in the centre, for example, the complaints and medication management policies. The risk management policy did not meet the requirements of the Regulations.

**Action Required:**

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

The risk management policy has been reviewed and updated to meet all the requirements of the regulation.

The complaints policy has been reviewed and updated to reflect the practice in the centre.

Chemical restraint policy has been reviewed and updated to comply with the National Policy and to give more guidance to the use of chemical restraint.

**Proposed Timescale:** 11/03/2015

**Theme:**

Governance, Leadership and Management

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

Staff files did not contain all the documentation required under Schedule 2 of the Regulations.

**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:**

The previous employer has been contacted and arrangements have been made to issue a new reference letter as per regulations.

**Proposed Timescale:** 14/04/2015

**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:**

The practice of administering chemical restraint was not in line with National Policy

**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:**

Chemical restraint policy has been reviewed and updated to comply with the National Policy and to give more guidance to the use of chemical restraint. A new assessment form has been developed with clear guidance to the use of chemical restraint.

**Proposed Timescale:** 11/03/2015

**Theme:**

Safe care and support

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

Where a concern had been raised, the inspector was not satisfied that the centre's policy had been fully implemented and there were no record of the person in charge's investigation into such a concern. Documentation regarding a concern was insufficient as it did not fully describe the issue as verbally relayed to the inspector by the person in charge.

**Action Required:**

Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

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

A serious incident had not been reported to the Chief Inspector within the required timeframe. This has since been addressed. A full investigation was undertaken according to the centres policy and further improvements to the practice of reporting have been implemented since the last inspection. The importance to notify the Authority within the required timeframe in the event of such an incident has been identified as a serious matter.

**Proposed Timescale:** 11/03/2015

**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:**

Fire doors continued to be held open by inappropriate means such as door wedges. This is an issue that was identified on the previous two inspections of the centre in March and July of 2014.

**Action Required:**

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

New measures are in place to stop the use of door wedges. New magnetic catches are being fitted to the doors of the residents who like to have their doors open at night time. These catches are connected to the fire alarm and will release in the event of a fire.

**Proposed Timescale:** 17/03/2015

**Theme:**

Safe care and support

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

There was no record available for inspection of fire drills held at regular intervals as required by the Regulations.

**Action Required:**

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

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

Fire drills have taken place and documented since the last inspection and this practice will continue every four months.

**Proposed Timescale:** 11/03/2015

**Theme:**

Safe care and support

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

Fire service records were not up to date, for example, the quarterly fire alarm service had not been undertaken on a quarterly basis as is required.

**Action Required:**

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

The alarm will be serviced on 17/03/2015 and will be serviced on a quarterly basis.

**Proposed Timescale:** 17/03/2015

**Outcome 09: Medication Management**



**Theme:**

Safe care and support

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

The medication administration sheet was signed prior to the administration of the actual medication which was not in line with centre's policy.

**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:**

All nurses are currently re-reading the medication management policy and will be taking part in a refreshment course in medication management.

**Proposed Timescale:** 15/04/2015

**Outcome 10: Notification of Incidents****Theme:**

Safe care and support

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

The centre had failed to notify the Authority of all notifiable incidents which had occurred in the centre.

**Action Required:**

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

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

It is acknowledged that an incident had not been notified to the Chief Inspector within the required timeframe. The incident has now been notified to the Chief Inspector since the last inspection. The importance to notify the Authority within the required timeframe in the event of such an incident has been identified as a serious matter. The complaints book has been updated to ensure that notifications will be sent to the chief inspector within the correct time frame.

**Proposed Timescale:** 11/03/2015

**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:**

Overall care plans gave good direction but required further development to fully direct care.

Information included in end of life care plans was insufficient and in some cases, where information had been obtained from family, it had not been included in the resident's care plan.

**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:**

Nurses will be attending care plan training on 20/03/2015 to further expand existing knowledge in developing care plans. After training, all care plans will be reviewed.

**Proposed Timescale:** 30/05/2015