

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ocean View Nursing Home
<b>Centre ID:</b>	OSV-0000262
<b>Centre address:</b>	Knockglassmore, Camp, Tralee, Kerry.
<b>Telephone number:</b>	066 713 0267
<b>Email address:</b>	oceanviewnh@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Margaret O'Donnell
<b>Provider Nominee:</b>	Margaret O'Donnell
<b>Lead inspector:</b>	Aoife Fleming
<b>Support inspector(s):</b>	Noelle Neville
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	34
<b>Number of vacancies on the date of inspection:</b>	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, 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: 30 July 2015 10:00 To: 30 July 2015 18:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Substantially Compliant
Outcome 05: Documentation to be kept at a designated centre	Non Compliant - Major
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

**Summary of findings from this inspection**

This was the sixth inspection of Ocean View Retirement and Nursing Home by the Authority. The inspection was unannounced and took place over one day. The purpose of the inspection was to monitor on-going compliance and to follow up on the actions from the previous registration inspection in December 2013. On the day of the inspection there was one vacancy at the centre. As part of the inspection process, inspectors met with the person in charge, staff, residents and visitors in the centre. Inspectors observed practices and reviewed documentation such as care plans, medical records, training records, staff files, the complaints and incidents log and relevant policies. The findings of the inspection are set out under 10 Outcome statements. These Outcomes are based on the requirements of 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 of the actions of the previous registration inspection in December 2013 had been addressed. The inspectors found that the premises and equipment were well maintained in the centre. There was evidence that residents received a good standard of care in the centre with access to medical and allied

health professionals. The inspectors noted that staff knew the residents' individual needs and there was ample opportunity for residents to participate in activities to meet their interests. Improvements were required in the areas of fire safety, risk management, recording of restraint, staff training, staff files and documentation.

**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:**

The centre had a clearly defined management structure with a full time person in charge in place who worked Monday to Friday. The person in charge was engaged in the day to day running of the centre and knew the residents and staff very well. There was evidence of regular audits conducted in many areas such as care planning, falls, use of restraint, repositioning of residents in bed and incidents and accidents. The audits had documented actions and demonstrated that learning and improvements were made to the quality and safety of care in the centre.

The annual review of the quality and safety of care which was conducted in the centre summarised the findings of audits and improvements made to the centre and service. However, there was no evidence in the annual review of consultation with residents and relatives as required by Regulation 23(e).

**Judgment:**

Substantially 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

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> This Outcome was addressed in so far as addressing the findings relating to the requirements of Regulation 21(1) Schedule 2 which was found during the course of the inspection. This Regulation sets out the documents required to be held in respect of the person in charge and all staff members in the centre. The inspectors viewed a sample of staff files and found that there were some gaps in meeting the requirements of Schedule 2. Garda vetting was not in place for all staff, including new members of staff. A full employment history was not in place in all staff files.</p> <p><b>Judgment:</b> Non Compliant - Major</p>
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***Outcome 07: Safeguarding and Safety  
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**  
Safe care and support

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The centre had an up to date policy for the prevention, detection and response to abuse. However, not all staff had up to date training in elder abuse in the centre. Staff spoken with were familiar with their responsibilities and the procedures to follow in the event of an allegation of abuse. Residents spoken with told inspectors that they felt safe in the centre.</p> <p>The inspectors reviewed the systems in place to safeguard residents finances. There was documentary receipts of itemised additional charges for residents, such as for chiropody, hairdressing and prescription charges. The inspectors viewed a sample of residents finances in the centre and found that comprehensive records were maintained.</p> <p>There was an up to date policy in place for the management of behaviours that challenge. Training on the management of behaviours that challenge had been conducted in the centre. However, not all staff had been trained which was required in order to meet the needs of residents in the centre. The inspectors viewed the care plan</p>
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of a resident who sometimes displayed behaviours that challenge. This care plan was found to be person centred and staff were familiar with the resident's individual needs.

On the day of inspection, six residents were using bed rails. This was in line with recent quarterly notification reports submitted to the Authority. The inspectors reviewed the bed rail assessment forms which had been signed by the resident, or a relative where appropriate, and a nurse. However, the assessment form did not adequately outline if alternative measures to the use of bed rails had been tried. The assessment form did not outline the specific risks of a resident using a bed rail and the outcomes of the assessment were not adequately documented. For example, one risk assessment form did not conclude that bed rail bumpers were to be in place and the bed rail review time suitable for this resident was not documented. Inspectors noted that they were assured by the practices in place and saw that alternative measures (e.g. low profiling beds and sensor beams) were being used to reduce the use of bed rails in the centre over recent years.

**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):**

No actions were required from the previous inspection.

**Findings:**

The centre had an up to date health and safety statement. The risk management policy was up to date and addressed the risks required by Regulation 26(1)(c). The emergency plan and policy clearly outlined the actions to be taken in the event of an emergency and the evacuation locations were named. On the day of the inspection, the centre was clean and the inspectors had no concerns from an infection prevention and control point of view. All communal rooms, bedrooms, toilets and en-suites were fitted with emergency call bells. The inspectors reviewed the incident and accident records and found that there appropriate actions were taken to address incidents and to prevent their occurrence in the future. The audits referred to in Outcome 2 Governance and Management also demonstrated that there was adequate arrangements in place for learning from incidents. The risk register was reviewed and inspectors were assured that risk in the centre was reviewed regularly. However, there were some risks identified on inspection that had not been risk assessed;

- the hairdresser room and some linen and equipment storage rooms were unsecured posing a potential risk of accidental injury to residents
- there were latex gloves and plastic aprons stored unsecured in many bedrooms and en suites, as well as in the corridor

- there was no signage on the treatment room door to indicate that oxygen cylinders were stored inside.

The fire equipment and fire alarm service records were reviewed and all were found to be up to date. All staff had up to date training in fire safety and moving and handling. Records of fire drills were maintained, however there was insufficient detail recorded regarding the evacuation process of the fire drill. Daily checks of the fire equipment and fire escape routes were being conducted, however there was no documentary evidence of these checks maintained. The centre did not have personal emergency evacuation procedures in place for all 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):**

No actions were required from the previous inspection.

**Findings:**

The centre had an up to date policy on medication management. The inspectors found that medications were stored securely in a locked trolley in the nurses office and a daily record of the medication fridge was maintained. The medications were supplied to the centre from a local pharmacy dispensed and labelled accordingly by the pharmacist. The inspectors viewed a sample of medication prescriptions and found that all the residents details and required prescription information were in place. The inspectors checked a sample of controlled drugs balances and found that these corresponded with the documented balances in the register. The balance of controlled drugs was checked at the start of each shift by two nurses. A record of medication errors was maintained and inspectors found that improvements to medication management practices were made and documented in the event of a medication error. There was evidence that medications were reviewed by the General Practitioner on a three monthly 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):**

No actions were required from the previous inspection.

**Findings:**

The residents had a choice of General Practitioner (GP) at the centre and there was evidence of regular review by the GP in residents notes. Access to physiotherapy, speech and language and dietician services was seen. The inspectors viewed a sample of residents nursing and medical notes and found that clinical assessments of residents healthcare needs were conducted. However, there were some gaps in updating these assessments on a four monthly basis to inform the residents' care plans. The inspectors saw evidence of detailed care plans to guide the nursing care of residents which incorporated the recommendations of medical and allied healthcare professionals. Nursing care to meet the needs of the residents was in place with evidence of thorough wound management and nutritional care plans being implemented in practice. Residents had a variety of activities available to them in the centre with an activities coordinator providing group or one to one activities to residents, depending on their preference. Residents had social activities care plans in place.

**Judgment:**

Substantially Compliant

**Outcome 12: Safe and Suitable Premises**

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

**Theme:**

Effective care and support

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

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

**Findings:**

This outcome was only inspected in so far as addressing the actions from the last inspection.

The centre had 20 single rooms and 7 twin rooms. The layout and storage facilities of the twin bedrooms had been modified and they provided more space for residents around their beds and to store their personal belongings. Curtains were in place to screen off around residents' beds in the twin rooms in order to protect their privacy and dignity. One of the twin rooms had been converted into a spacious single en suite room.

**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:**

The centre had an up to date complaints policy and the complaints procedure was displayed prominently in the reception area. The procedure named the person in charge as the complaints officer, the complaints were reviewed by the provider and an independent complaints appeals person was also named. The complaints records were reviewed and there was evidence that complaints were responded to and acted upon in a timely manner and the satisfaction of the complainant was documented. There was evidence that improvements to the service were implemented on foot of complaints.

**Judgment:**

Compliant

***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):**

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

**Findings:**

There was evidence of regular residents meetings in the centre. However, there were no actions or timelines documented to indicate whether or not the items discussed at the residents' meetings were acted upon or not. Residents satisfaction surveys were also viewed by inspectors. Residents had access to an independent advocacy service which was facilitated by the centre. Residents religious needs were met with religious services held regularly in the centre. There was no restriction to visiting times in the centre and there were areas for residents to meet with visitors in private if they wished. Residents had access to televisions in their bedrooms and in the communal rooms. Newspapers, radios and a telephone for residents use were also provided.

Since the last inspection curtains had been put in place between the beds in the twin rooms to protect the residents privacy and dignity. However, the en suites and toilets doors in the centre did not have a lock on the inside for privacy.

**Judgment:**

Substantially 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:**

The centre had up to date policies in place regarding staff training, development and recruitment. Job descriptions were being updated for all staff at the time of the inspection. The person in charge conducted annual staff performance appraisals as part of her staff supervision and to develop staff skills. Records of regular staff meetings were viewed by inspectors. Inspectors viewed the staff rosters and were satisfied that there was always a nurse on duty and that consistent staff were in place to meet the needs of the residents.

Records of staff training were viewed by the inspectors. Staff had up to date training on

fire safety and moving and handling. However, training in behaviours that challenge and elder abuse was not up to date for all staff.

A sample of staff files was viewed by inspectors and there were some gaps in the requirements of Schedule 2 of the regulations. This was addressed under Outcome 5 Documentation. Evidence of nurse registration with An Bord Altranais agus Cnáimhseachais na hÉireann was seen.

A volunteer was involved in providing activities in the centre and had a Garda vetting in place. However, the roles and responsibilities of the volunteer had not been set out in writing.

**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:***

Aoife Fleming  
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>	Ocean View Nursing Home
<b>Centre ID:</b>	OSV-0000262
<b>Date of inspection:</b>	30/07/2015
<b>Date of response:</b>	29/09/2015

### 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:

There was no evidence in the annual review of consultation with residents and relatives as required by Regulation 23(e).

#### 1. Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

<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:**

The annual review which will be conducted in January 2016, will be prepared in consultation with residents and their families.

**Proposed Timescale:** 01/02/2016

**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:**

A Garda vetting was not in place for all staff, including new members of staff. A full employment history was not in place in all staff files.

**2. 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 garda vetting department has again reassured us that the applications are in process. All gaps in employment have been addressed.

**Proposed Timescale:** 31/10/2015

**Outcome 07: Safeguarding and Safety**

**Theme:**

Safe care and support

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

Not all staff had training in the management of behaviours that challenge.

**3. Action Required:**

Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

We will ensure that all staff attend training in Management of Behaviours that Challenge. Training sessions are running at present throughout September and October on Person Centred Dementia Care, covering behaviours that challenge.

**Proposed Timescale:** 30/11/2015

**Theme:**

Safe care and support

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

The bed rail assessment form did not adequately outline the alternative measures that had been tried before bed rails were implemented. The assessment form did not outline the specific risks of a resident using a bed rail and the outcomes of the assessment were not adequately documented.

**4. Action Required:**

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

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

A new assessment form will be devised to outline alternative measures that have been tried before bedrails were implemented. The assessment form will more clearly outline specific risks of a resident using bedrails and outcome of assessment will be documented.

**Proposed Timescale:** 31/10/2015

**Theme:**

Safe care and support

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

Not all staff had up to date training in elder abuse.

**5. Action Required:**

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

We will ensure all staff attend Elder Abuse training 2 yearly. In future our records of attendance will be kept up to date.

**Proposed Timescale:** 31/10/2015

## 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:

There were some risks identified on inspection that had not been risk assessed; - the hairdresser room and some linen and equipment storage rooms were unsecured posing a risk of accidental injury to residents - there were latex gloves and plastic aprons stored unsecured in some bedrooms and en-suites, as well as in the corridor - there was no signage on the treatment room door to indicate that oxygen cylinders were stored inside.

### 6. Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The Risk Management Policy will include hazards identified following assessment of risk. Linen room, store rooms, and hairdressing rooms have all been secured. Aprons and gloves have been removed from all rooms. O2 signage has been applied to the treatment room door.

**Proposed Timescale:** 29/09/2015

### Theme:

Safe care and support

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

There was insufficient detail recorded regarding the evacuation process of the fire drill.

### 7. 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:

Records of the evacuation process of the fire drill will include time and duration.

**Proposed Timescale:** 31/10/2015



**Theme:**

Safe care and support

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

Daily checks of the fire equipment and fire escape routes were being conducted, however there was no documentary evidence of this maintained.

**8. Action Required:**

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

We have devised a new form to include documentary evidence that daily checks on fire extinguishers, fire blankets, fire escape exits, fire panel and emergency lighting is being carried out

**Proposed Timescale:** 30/09/2015

**Theme:**

Safe care and support

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

The centre did not have personal emergency evacuation procedures in place for all residents.

**9. Action Required:**

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

Personal evacuation procedures are now in place for all residents

**Proposed Timescale:** 30/09/2015

**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:**

There were some gaps in updating the clinical assessments every four months as required to inform the residents' care plans.

**10. 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:**

All clinical assessments will be conducted every 4 months

**Proposed Timescale:** 30/09/2015

**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:**

There were no actions or timelines documented to indicate whether or not the items discussed at the residents' meetings were acted upon or not.

**11. Action Required:**

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

In future, the minutes at our monthly residents meeting will reflect that feedback from residents have been acted upon.

**Proposed Timescale:** 30/09/2015

**Theme:**

Person-centred care and support

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

The en suites and toilets in the centre did not have a lock on the inside for privacy.

**12. 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:**

All en suites have had two way locks applied to doors to ensure privacy and safety.

Proposed Timescale: 24 hours following inspection

**Proposed Timescale:** 31/07/2015

**Outcome 18: Suitable Staffing**

**Theme:**  
Workforce

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

Not all staff had up to date training in elder abuse and behaviours that challenge.

**13. Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

We will ensure all staff receive training in elder abuse and behaviours that challenge

**Proposed Timescale:** 30/11/2015

**Theme:**  
Workforce

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

The roles and responsibilities of the volunteer had not been set out in writing.

**14. 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:**

The roles and responsibilities of volunteers will be set out in writing.

**Proposed Timescale:** 31/08/2015