

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Padre Pio Nursing Home
Centre ID:	OSV-0000267
Centre address:	Graiguenoe, Holycross, Thurles, Tipperary.
Telephone number:	0504 43110
Email address:	bmcnh@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	B.M.C. (Nursing Home) Limited
Provider Nominee:	Lucie McCormack
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	44
Number of vacancies on the date of inspection:	5

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: 11 May 2016 11:30 To: 11 May 2016 18:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection was completed to monitor ongoing compliance with the regulations and to follow-up on progress with completion of the action plan from the last inspection in November 2014. There were five actions required in the last inspection action plan and were found to be satisfactorily completed on this inspection. Staff were knowledgeable regarding residents' needs, likes, dislikes and preferences.

On the day of this inspection, the inspector spoke with residents and staff members. Documentation reviewed as part of the inspection included residents' care plans, medication records, policies, risk management and staff training records. The collective feedback from residents spoken with was complimentary and evidenced a high level of satisfaction with care and the service provided.

Overall the inspector found that the provider/person in charge ensured that a good level of evidence-based nursing care was being promoted. Care was person-centered and met the needs of residents. Although some areas for improvement were found to be required, in general there was a satisfactory level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated

Centre for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. Areas requiring improvement included documentation of fire evacuation drills, assessment of risk posed by a small step from the dining room to a corridor and review of care plans to ensure accessibility and development of care plans for residents. The provider/person in charge undertook to carry out a review of pressure ulcers that developed in the centre with a focus on preventative management including assessments and care procedures.

The inspector found that the centre was clean, decorated and maintained to a good standard. The layout and variety of internal areas and an external courtyard was found to provide a comfortable, pleasant and interesting environment for residents. Bedrooms were bright and met the needs of residents.

The Action Plan at the end of this report identifies improvements that must be made to meet 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.

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 01: Statement of Purpose

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose document was updated on 10 May 2016. The document consisted of a mission statement that outlined the aims, objectives and ethos of the centre. The statement of purpose was reflected in practice and accurately described the facilities and services provided for residents.

All items as required by Schedule 1 of the regulations were detailed in the statement of purpose document including the management structure and arrangements in place for any absence by the person in charge.

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):

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

Findings:

The inspector found that there were systems in place to protect residents from being harmed or suffering abuse. Practice was supported by a policy to advise on protection of residents and management of incidents, suspicions or allegations of abuse. This policy was updated since the last inspection in June 2015 to include reporting arrangements should the person in charge or senior staff be the subject of an allegation of abuse. The policy was been revised further to incorporate the national policy on protection of vulnerable adults. Staff spoken with were knowledgeable about what behaviours constitute abuse and their reporting responsibilities. Training in protection of vulnerable adults was facilitated for all staff.

Residents with whom the inspector spoke said they felt safe in the centre. They were complimentary of staff and care and service provided to them. The inspector observed that staff- resident interactions were respectful, supportive and kind.

Residents were provided with support that promoted a positive approach to behaviour that challenges. Psychiatry of older age and GP services were available and used to support staff with management of behaviour that challenges. There was evidence of appropriate endeavours made to identify and alleviate any underlying causes of behaviour that is challenging. Staff were knowledgeable regarding triggers to behaviours and the actions they took to de-escalate the behaviour for individual resident. A small number of residents were prescribed for PRN (as required) psychotropic medications as a de-escalation technique when all non-medical interventions failed. This information was recorded in residents' positive behaviour support care plans. There was evidence of effort made to promote a restraint-free environment. Documentation in relation to bedrail assessment and monitoring was in place. Alternatives to bedrails were used where possible, such as low-low beds and foam floor mats. A number of staff had received training in protection care of residents with behaviour that challenges.

The inspector viewed the system in place for managing residents' money and found that it was transparent and the sample examined was accurate. The inspector saw that an electronic, itemised record of charges made to each resident, money received or deposited on behalf of the resident, monies used and the purpose for which the money was used was recorded. There was a system in place to verify that residents receive services, which are billed directly to the provider who then charges the resident.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that the health and safety of residents, staff and visitors was promoted. The provider demonstrated a proactive approach to risk management in the centre. Two staff members had safety officer and safety representative roles.

There was a health and safety statement in place which was updated in April 2016. This outlined general aims and objectives in relation to health and safety within the centre. The health and safety statement was supported by a risk management policy that outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. The risks identified specifically in the Regulations were included in the risk register. While the majority of risks were identified, assessed and had concomitant controls in place, a small number of risks observed on inspection were mitigated with controls in place but not recorded in the risk documentation. For example, the dining room was at a slightly higher level than the corridor, a yellow strip had been put in place to alert residents and staff; however the risk was not recorded.

The inspector saw that there was an emergency plan and emergency resource box in place. Provision was made to cover an event where the centre may be uninhabitable. Accidents and incidents to residents were recorded, investigated and actions identified and implemented to prevent recurrence. Three resident falls, two of which resulted in a fracture were reported to HIQA as the residents required treatment in hospital since 01 May 2015. The inspector saw that residents were assessed regularly for risk of fall and preventative measures were put in place including increased supervision and hip protectors.

Suitable fire equipment was provided throughout the centre. Fire exits were observed to be free of obstruction on the day of inspection. The procedure for safe evacuation of residents and staff in event of fire was displayed in large text notices throughout the centre. A comprehensive fire safety checking procedure was detailed. The inspector saw that there was an ongoing schedule of training in fire prevention and associated emergency procedures and that training was facilitated four times per year. Staff spoken with were knowledgeable regarding fire safety and the procedure to follow in event of a fire in the centre.

Comprehensive personal emergency evacuation plans (PEEPs) were in place for each resident and included their photograph, name, location in the centre, level of understanding significance of fire alarm, nearest day and night-time evacuation exit, equipment and staff assistance needs and the level of supervision each resident would require following evacuation. There was a detailed record of evacuation drills including the time required to complete evacuations. However, the evacuation drills documented did not confirm that the procedure was simulated to test night-time conditions including staffing resources available.

Hand rails and grab rails were installed throughout the centre. A stair-lift was in use to assist residents with accessing the first floor. All residents using the lift had arrangements in place for their supervision during operation.

Infection control practices were guided by centre-specific policies. Training was provided for staff and infection prevention and control practices were discussed at staff meetings. Hand washing and sanitising facilities were readily accessible to staff and visitors. Access to high risk areas, such as the sluice, was seen to be restricted at all times. Staff had access to personal protective equipment such as aprons and gloves which were observed to be used as necessary.

Judgment:
Substantially Compliant

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:
Residents were protected by safe medication management policies and practices. Actions required in the action plan following the last inspection in June 2015 regarding completion of stock checks of medications controlled under the misuse of drugs legislation and prescribing of medications to be administered in crushed format were satisfactorily completed on this inspection.

Medication management policies and procedures were in place to support staff practices. The inspector observed medication administration to residents and associated record keeping and found this to be in line with professional requirements. Medications for residents were supplied by a local community pharmacy. There was evidence that the pharmacist was facilitated to meet their dispensing obligations to residents.

The inspector observed that all medications were stored in a locked cupboard or in the medication trolley. The temperature of the medication refrigerator was monitored and recorded daily. Medications requiring refrigeration were stored appropriately. The overall management and storage of controlled drugs was safe and in accordance with current guidelines and legislation.

The practice of transcription was in accordance with professional guidance issued by An Bord Altranais agus Cnáimhseachais. A nursing staff with whom the inspector spoke demonstrated good knowledge in relation to medication management. All medications were prescribed and the times of administration reflected prescription times. There was also space to record comments such as withholding or refusal of medications.

There were systems in place for identification, recording and reporting medication incidents. Medication audits were completed and areas identified for improvement were implemented.

Judgment:
Compliant

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 provider and person in charge were aware of their legal requirements regarding notifications to the Chief Inspector including serious injury to residents. An accident and incident record was maintained and policy documentation included the requirement for notification of serious incidents to HIQA.

To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector as required.

Quarterly notification requirements were forwarded as required.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

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

Theme:
Effective care and support

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

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

Findings:

The inspector found that the health and social care needs of residents were satisfactorily met on this inspection.

There were 44 residents accommodated in the centre. Two residents were in hospital on the day of inspection, 16 residents had assessed maximum dependency needs, 12 residents had high dependency needs, 12 had medium and four residents had low dependency needs.

Residents had good access to a general practitioner (GP) of their choice and received timely health care services as necessary. The records confirmed that residents were assisted to achieve and maintain optimal health through regular blood profiling, vital sign observation, medication reviews and administration of the influenza vaccine. Residents were referred as necessary for hospital care. There was evidence of exchange of satisfactory information on transfer and readmission of residents to the centre from hospital. Residents also had access to allied health professional services including speech and language, dietician, physiotherapy, chiropody, dental and optical services. Specialist medical professional including psychiatry of older age and palliative care also supported staff with meeting residents' needs in the centre.

The inspector reviewed a sample of residents' care plans and found that the information therein informed staff on the care interventions that must be completed to meet assessed needs. There was evidence of a range of assessment tools being used and ongoing monitoring and assessment of falls, pain management, mobility needs and skin integrity among others. The level of information filed in resident's documentation folders required review to improve accessibility. There was evidence that care plans were reviewed regularly and in response to any changes in resident needs. Reviews were generally done in consultation with residents or their representatives. Recommendations made following review by medical and allied health professionals were transferred into residents' care plan to ensure they were implemented by staff. Care plans were in place for residents who experienced pain and were guided by evidence based practice.

HIQA were notified of an increased incidence of residents developing pressure ulcers while in the centre over the past 12 months. The inspector reviewed management of residents at risk of developing pressure related skin injury. There was evidence of regular assessment of risk with measures implemented to mitigate risks found including pressure relieving mattresses, cushions and repositioning schedules. The nutritional needs of residents with wounds were given particular attention to ensure healing was optimised. While care of residents' skin was outlined in care plan documentation, the assessed need for increased levels of skin care of residents at risk was not identified in a stand-alone plan of care. In addition, daily progress information did not consistently reference care given to prevent pressure ulcer development for residents assessed as being at high risk. The provider/person in charge undertook to carry out a root-cause review of incidence of pressure ulcers that occurred in the centre to date to identify whether areas for improvement in prevention management required address. There was a policy document available advising on 'skin care and pressure sore prevention' reviewed on 23 March 2016. Wound care procedures were observed to be comprehensive regarding wound care management, procedures and documentation to track progress of wound healing and direct treatment procedures.

There were systems in place to mitigate risk of falls whilst also promoting residents' independence. The inspector observed that residents did not spend prolonged periods of time in bed and were assisted and encouraged by staff to mobilise as much as possible. An evidence-based assessment tool was used to assess residents' risk of falls on admission and at least every four months thereafter. A physiotherapist attended the centre on a weekly basis and also facilitated an exercise session for residents. The incidence of falls was monitored on an ongoing basis. Injury preventative measures, such as hip protectors, foam mats and low-low beds were used.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises also conformed to the matters set out in Schedule 6 of the Regulations.

The centre is a two storey premises. Residents could access a safe external courtyard area to the back of the centre. Internally, the inspector found the premises to be visibly clean, well maintained, adequately heated, lighted and ventilated and in a good state of repair. The provider advised the inspector that she was converting a bathroom on the first floor to a shower-room as a bath was available to residents on the ground floor if they wished to avail of same. The provision of a second shower area would ensure adequate bathing facilities on the first floor.

Private accommodation for residents was provided in four areas, each called after flowers, This arrangement assisted residents with locating their accommodation. Residents' bedroom accommodation consisted of 31 single bedrooms and nine twin bedrooms. Bedroom accommodation met the needs of residents. Some bedrooms had en suite facilities. There were adequate toilet on both floors and bathing facilities on the ground floor. The first floor was accessible by means of a stair-lift. Residents did not use the stair-lift independently for reason of safety assurance. There was a spacious

conservatory area where residents could meet their visitors or relax quietly outside of the main sitting room area.

Circulation areas, toilet facilities and shower/bathrooms were fitted with hand-rails and grab rails. Emergency call facilities were in place that were accessible by each resident's bed and in each room used by residents.

A separate kitchen was provided and was located off the dining 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):

No actions were required from the previous inspection.

Findings:

There were systems in place for receiving, investigation and learning from complaints. There was a policy document available to inform practice. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. A summary of the complaints procedure was displayed prominently.

A record of complaints received, details of investigation including communications with complainants and whether they were satisfied with the outcome. Complaints were seen to be investigated promptly.

Residents with whom the inspector spoke with stated that any complaints they may have had were dealt with promptly and were satisfied with the complaints procedure.

Judgment:
Compliant

Outcome 15: Food and Nutrition

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

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were provided with a nutritious and varied diet to meet their nutritional needs in a spacious and bright dining room located off the sitting room and also accessible from a circulating corridor. The centre has policies in place to inform management of nutritional and hydration needs of residents. A validated nutritional risk assessment tool was used to assess residents' needs. Residents' weights were closely monitored, assessed, and documented with proactive corrective actions implemented where risk was identified. Residents had good access to the services of a dietician. Residents spoken with told the inspector that they 'enjoyed' and 'looked forward to mealtimes.

Residents with swallowing difficulties were appropriately referred and assessed by the speech and language therapy (SALT) service.

There was evidence that the dietician and SALT recommendations were implemented and were copied to the kitchen for reference by the chef and in residents' care plans. Residents with swallowing difficulties who required assistance were assisted discretely and sensitively on a one to one basis by a staff member who maintained eye contact on the resident to ensure their safety with eating.

Residents choosing to use a clothes protector during mealtimes were provided with an apron style garment. Most residents had their meals in the dining room. Each table in the dining room was dressed with a tablecloth. A selection of condiments was available for use by residents to suit their tastes. Mealtimes were a social occasion and residents were observed to chat with each other. The inspector saw that there was a choice of three hot meal options offered on a daily basis to residents for their lunch and teatime meals. The inspector also observed that residents were provided with a choice of dessert. Menus were in large text and placed in the centre of each table. The chef was observed to mingle among residents during mealtimes and residents confirmed that if they were not enjoying their meal or did not like the food on offer, the chef would always prepare an alternative for them. The chef was very well informed regarding residents' specialist diets, likes and dislikes. She explained to the inspector that she fortified meals for residents with wounds with protein on specialist advice. Residents had a choice of fluids to drink with their meals and most chose to drink milk. Jugs of fresh water were available in the communal areas. Residents were offered hot and cold beverages and snacks throughout the day.

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:

Staffing levels and skill mix on the day of the inspection were sufficient to meet the assessed needs of residents. Staffing numbers and grades matched the actual staff roster. However, documentation in the form of a simulated evacuation drill reflecting night-time conditions was not available on this inspection to provide assurances that there were adequate staffing resources to effectively evacuate residents from the centre in the event of a fire.

The inspector was provided with staff training records which indicated that mandatory training requirements were completed in addition to professional development training. All staff had received mandatory training in fire safety, the prevention, detection and management of abuse and moving and handling practices. Staff spoken with on the day of the inspection were knowledgeable regarding fire safety and evacuation procedures and protection of vulnerable adults.

An Bord Altranais professional identification numbers (PIN) for registered nursing staff were in place. There were arrangements in place for staff supervision.

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:

Catherine Rose Connolly Gargan
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:	Padre Pio Nursing Home
Centre ID:	OSV-0000267
Date of inspection:	11/05/2016
Date of response:	01/06/2016

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 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:

Risk posed by a small step from the dining room to a corridor was not recorded in the risk documentation.

1. 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

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

the designated centre.

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

Proposed Timescale:

Theme:

Safe care and support

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

The evacuation drills documented did not confirm that the procedure was simulated to test night-time conditions including staffing resources available.

2. Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

Proposed Timescale:

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:

While care of residents' skin was outlined in care plan documentation, the assessed need for increased levels of skin care of residents at risk was not identified in a stand-alone plan of care.

Daily progress information did not consistently reference care given to prevent pressure ulcer development for residents assessed as being at high risk.

3. Action Required:

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

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

Proposed Timescale: