

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ferbane Nursing Home
<b>Centre ID:</b>	OSV-0004690
<b>Centre address:</b>	Main Street, Ferbane, Offaly.
<b>Telephone number:</b>	090 645 4742
<b>Email address:</b>	info@ferbanenursinghome.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Maracrest Ltd.
<b>Provider Nominee:</b>	Denis McElligott
<b>Lead inspector:</b>	Louise Renwick
<b>Support inspector(s):</b>	Conor Dennehy
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	39
<b>Number of vacancies on the date of inspection:</b>	12

## **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: 08 July 2015 09:00 To: 08 July 2015 19:15

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

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 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

The purpose of this inspection was to monitor compliance with the Regulations and Standard since the designated centre had been taken over by a new provider at the end of 2014, and the appointment of a new person in charge since March 2015. Inspectors found that management had improved with the change of provider and new appointment of the person in charge, with plans for improvements in place and progress ongoing. While positive outcomes for residents were evidenced since this change, inspectors identified some regulatory failings across certain outcomes inspected.

Overall, inspectors found that residents were provided with a good quality service which catered for their needs and wishes. There was good access to health care professionals and social activation. Staffing levels were suitable for the number and needs of residents, and residents expressed that they felt safe and comfortable living in the nursing home.

Inspectors had concerns with the accessibility of two fire exits during inspection which the provider had acted upon swiftly to address. Inspectors noted that the required policies and procedures for guiding care had been revised and improved. While these new policies were very direct in guiding good practice, they had not yet been fully implemented. Inspectors identified areas in need of improvement

regarding the building, most notably the bathrooms in the centre, and some issues with infection control. Inspectors found care planning and assessments had been improved upon, but were still in need of further address to ensure effect review and implementation of care plans for all identified needs.

The findings of the inspection are outlined under the relevant outcome heading with failings identified 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:**

Governance and management arrangements had improved since the new provider had taken over the operation of the centre. Inspectors found that there was a clear management structure in place which identified who was in charge and the reporting mechanisms. Staff and residents were fully aware of the management structure and reporting lines in place.

Inspectors found there to be a system of communication in place in the centre with clear evidence of meetings with staff, meetings with the provider and meetings with residents. Staff and residents confirmed this with inspectors.

Inspectors found improved management systems were beginning to emerge with registers in place for areas such as risk, falls, restraint and accidents and incidents. The person in charge had carried out certain audits since beginning in post, and spoke with inspectors of plans for future auditing tools she wished to implement which would include staff members auditing their own practice, such as care planning and documentation.

Inspectors found that there was direct supervision in place, with the person in charge working in the centre full time and well known to residents, staff and families. Inspectors found there to be clear allocation of staff duties written out on a daily basis by the person in charge to ensure all residents' needs were met. Staff meetings had been held with staff, and staff spoke of being informed and included in decisions about their work.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

As part of this inspection, inspectors interviewed the new person in charge who had been in post since 2nd March 2015. Inspectors were satisfied that the person in charge met the requirements of Regulation 14 and was suitably skilled, qualified and experienced in the area of older person care. Staff expressed the new person in charge provided strong leadership.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Improvements were required in relation to the implementation of policies and procedures as outlined under outcome 7 (Safeguarding and Safety), and outcome 8 (Health and Safety and Risk Management).

**Judgment:**

Substantially 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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that there were measures in place to protect residents from abuse or harm in the designated centre.

At the time of inspection, there was an allegation of potential abuse being investigated and followed up by provider and Person in charge. Inspectors reviewed documentation in relation to this and spoke with the person in charge and determined that the investigation was being carried out appropriately and measures were in place to protect the resident. Inspectors found that the person in charge understood her role in the investigation of any suspicions or allegations of abuse, and demonstrated her ability to do this in line with policy and national guidelines.

Inspectors reviewed training records, and found that 13 staff required training in the prevention, detection and responding to abuse. Inspectors were shown a training plan with set dates over the coming months to address this gap. Inspectors also identified a training need in relation to supporting residents with behaviours that may be challenging. The provider told inspectors that there is a plan to carry out such training in the future.

On review of a sample of residents' files who presented with behaviours that were challenging or concerning, inspectors found the person in charge had been responsive to needs in this regard. For example, in the provision of 1:1 staff at times when residents required this and higher supervision levels. However, inspectors identified gaps in the care planning documentation with regard to how to support residents who displayed behaviours that were challenging, and guidance on consistent approaches to take. For example, if the resident displayed verbal or physical aggression. Inspectors noted evidence of good record keeping in relation to residents with these needs. For example, the use of recording charts to log incidents. Inspectors found that there was an effective referral system in place and timely access to the psychiatry of later life (POLL) services, where deemed necessary.

Inspectors reviewed the policy on supporting residents with behaviours that were challenging and found the content very clear in guiding staff. However the policy was not yet fully implemented in practice. For example, care plans had not been put in place,

inventory assessments not yet carried out regarding agitation, and training not yet delivered to staff.

Inspectors noted some good practice in relation to the use of restrictive practices in the centre, with systems in place to promote a restraint free environment. However, some improvements were still required. The restraint register indicated the use of bed rails for a number of residents, with no lap belts in use and low amounts of chemical restraint in use. New templates had been put in place for consenting and risk assessing the use of bed rails. Some residents had care plans in place regarding the use of physical restraints, others did not. This was an identified gap that the person in charge was aware of. Inspectors found clear monitoring and record of restraint usage by staff. For example, release charts and nightly checks completed. There was an updated policy in place which reflected these improvements to documentation, and inspectors found this policy was almost fully implemented in practice. Staff were offered training in the use of physical restraints to ensure they were used in accordance with best practice, and that they were promoting a restraint free environment as much as possible.

**Judgment:**

Substantially 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:**

Inspectors found there to be a good system in place to record, review and learn from all accident, incidents and near misses in the designated centre. Risk assessments had been completed following any new risk or hazard identified through the recording of adverse events. Clear action plans and follow up had been put in place which identified who was responsible and within what time frame to reduce the likelihood of events reoccurring.

Inspectors determined that there were policies and practices in place to manage risks in the centre. Building risks were identified and addressed through the safety statement and the risk register. Clinical and individual risks were assessed for each resident and clearly documented. Individual risk assessments were in place for residents' to manage risks such as the risk of malnutrition, risk of falls or risk of injury. New risk assessment templates had been introduced which were in the process of being completed for all residents. Inspectors found that while the risk management policy was guiding for staff, it required some further amendments to ensure all the specific risks as outlined in the regulations were included and references made to the other policies which managed these risks.

During the inspection, inspectors had concerns with some of the fire exits in the centre, and their ease of access in the event of an evacuation due to the inappropriate storage of equipment and furniture. This was discussed with the provider and person in charge who were asked to remove wheelchairs and hoists from one exit during the inspection, and asked to address the storage of large furniture which was hampering the ease of access through a second exit. The provider and person in charge endeavoured to address this and confirmed with the inspector shortly following inspection that these exits were now fully clear. The provider outlined the need to review the daily checks on all fire exits to ensure this issue was fully captured in future should it arise. Inspectors also pointed out a possible hazard to the person in charge in relation to the storage of oxygen canisters in the close vicinity of a fire exit off the first floor, and the storage of oxygen in the centre in general. This was not in line with safe practice and was in need of review. The person in charge assured inspectors that this would be addressed immediately following inspection. Inspectors found staff were confident in their knowledge of the procedure to follow in the event of a fire or evacuation, and could discuss this with ease with inspectors. Staff confirmed they had attended training in fire safety, which was practical in nature and included the use of equipment and practice evacuations from the centre. Inspectors found the displayed fire procedure was vague in nature and had not been updated to reflect the clear procedure that staff could outline, this was in need of address to ensure all visitors to the centre were aware of what to do in the event of a fire or evacuation.

Inspectors found evidence in relation to the safe laundering of clothes and the set up of the laundry facilities. However, inspectors identified hazards during the course of inspection in relation to infection control. For example, the storage of clean linen in a bathroom, the storage of wheelchairs and hoists in bathrooms, and the use of the dirty laundry trolley to move clean clothes around the building. While policies and procedures were in place to guide staff on safe practice in relation to managing the risk of infection, these were limited in nature and in need of review to ensure practical guidance to staff.

**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:**

Inspectors found that residents were protected by the designated centre's policies and procedures for medication management.

There was a medication management policy and procedure in place which inspectors found to be based on national best practices. Inspectors found that documentation and system in relation to prescriptions and administration of medication were very clear, and staff nurses could clearly outline their practices in relation to the ordering, prescribing, administration and disposal of medication, which were in line with the centre's policy. There was adequate and secure storage for medication in the designated centre. The practices in relation to the storage and recording of controlled drugs (MDA's) in the designated centre were robust. Staff nurses and the person in charge spoke of changes they wanted to implement to bring about further improvements in documentation. For example, amending the documentation to improve record management for warfarin therapy.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

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

**Theme:**

Effective care and support

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

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

**Findings:**

Inspectors determined that residents' health care needs were met in the designated centre through timely access to allied health care services such as social workers, psychiatry of later life, physiotherapy and speech and language therapy. Residents who spoke with inspectors felt their medical needs were well met in the centre.

Overall inspectors found care plans were in place for medical needs in response to the findings of clinical assessments. For example, diabetes, chronic pain, constipation and diarrhoea. Inspectors found that residents received appropriate care in accordance with these plans. However, improvements were required in relation to the ongoing review of care plans and assessments along with ensuring timely update of care plans following changes. As mentioned under outcome 7 inspectors found some gaps in relation to sufficient care plans to support residents with behaviours that were challenging or dementia. The provider and person in charge told inspectors of plans to move to an online records system in August 2015, which would assist in identifying gaps and delays in reviewing of information.

Inspectors found that residents' social needs were being met in the designated centre

with evidenced activities in place for occupation. Residents told inspectors that they felt there were things to keep them occupied each day and that they had good access to interaction and engagement with other residents and staff. On the day of inspection, inspectors observed a large number of residents attending mass in the chapel, and in the afternoon there was a live music performance. Inspectors observed art work and crafts that had been completed by residents and hung around the centre along with quotes and favourite sayings of residents on display around the home. Smaller group sessions were available to residents for reminiscence therapy, art and crafts and listening to local radio. Residents told inspectors of a recent mass that had been held in nursing home chapel which was open to the community to attend, along with celebrations with marquees and outdoors events for families and visitors. Residents spoke of these events positively.

**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:**

Inspectors found that since the new provider had been involved in the centre, improvements were underway to enhance the living environment for residents. For example, the communal area just inside of reception had been upgraded with new furniture and fittings and was a pleasant space to be in. Inspector observed residents and families availing of this area during inspection, and residents spoke of the positive improvements in this part of the nursing home. Inspectors found in general the centre to be clean and in good state of repair with painting, decorative works and suitable flooring noted.

There was a sufficient number of toilet and bathing facilities to meet the needs of residents. Inspectors found that some improvement were required in relation to the bathrooms in the designated centre, their state of repair and their current dual functionality of both storage and toileting facilities. For example, one bathroom also housed the storage of cleanly laundered clothes, other bathrooms had hoists, wheelchairs, laundry trolley and other items stored within them. The inspector spoke with the provider and person in charge, who outlined plans to address the bathrooms over time, and inspectors found that other bathrooms that had been renovated had

been completed to a good standard. Staff explained that not all bathrooms mentioned were currently being consistently used by residents and as a result had been used for storage. Inspectors determined that these rooms were in need of address in order to clarify their function, and to reduce the likelihood of confusion for residents with dementia or cognitive impairment and reduce the risk of cross infection. Inspectors received confirmation for the provider post inspection outlining that some bathrooms mentioned had been decommissioned and clearly purpose identified.

**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:**

Inspectors determined that there was appropriate staff number and skill mix to meet the needs of residents in the designated centre. Rosters were maintained showing planned and actual hours worked, with consistent staffing cover in place. The person in charge had flexibility in the staffing resource in order to ensure residents' needs were met. For example, additional staffing had been planned for the following week to ensure a respite resident with higher needs had the staffing required, and 1:1 staffing had been provided previously for residents who required additional support with behaviours that were challenging.

Inspectors reviewed the training records for staff members and found some training needs as previously mentioned under outcome 7. Inspectors found that 16 staff required manual handling training or refreshing. A training plan had been put in place and arrangements made for all 16 staff to have this training within the coming month. Inspectors noted improvements had been made since the previous inspection with a clear training matrix now in place to identify such gaps in training and to ensure arrangements were planned to update and refresh as required.

Inspectors observed positive interactions with residents and family members over the course of the inspection. Staff appeared relaxed and confident in their role, with residents expressing to inspectors that they felt there was enough staff and that staff

treated them well.

Inspectors found there to be good supervision arrangements in place as mentioned under outcome 2. The person in charge had met with all staff on a one to one basis starting in her role, and had plans for regular staff meetings.

Inspectors reviewed staff files and found that in general recruitment practices were in line with safe recruitment practices. A small number of gaps were identified in the sample staffing files reviewed, but in general practices were in place and systems to capture gaps in records and documentation.

**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:***

Louise Renwick  
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>	Ferbane Nursing Home
<b>Centre ID:</b>	OSV-0004690
<b>Date of inspection:</b>	08/07/2015
<b>Date of response:</b>	11/08/2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 05: Documentation to be kept at a designated centre

#### Theme:

Governance, Leadership and Management

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

While positive changes had been made to the policies and procedures in the designated centre, these were not yet fully implemented in practice.

#### Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

<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:**

We are continuing with our current review of all policies and procedures in line with current regulations and standards, over the next four months. As a policy review is completed, it will be adopted and implemented. Relevant training will be put in place, if required, to assist in the implementation of a policy

**Proposed Timescale:** 31/12/2015

**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:**

Staff had not received training in dealing with behaviours that may be challenging.

**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:**

Seven members of staff recently received training on behaviours that are challenging. Training has been organised for the 11th September 2015 for the remaining members of staff to be updated.

**Proposed Timescale:** 11/09/2015

**Theme:**

Safe care and support

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

Training gaps were identified in the area of protection of vulnerable adults.

**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:**

Training dates had been organised for staff at the time of the inspection. Ten more members of staff attended a training programme on 06/08/2015, with two final sessions scheduled for 26/08/2015 and 03/09/2015.

**Proposed Timescale:** 03/09/2015

**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:**

The specific measures in place to control the risk of abuse was not outlined in the risk management policy, or reference made to other policies which addressed this risk.

**Action Required:**

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

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

We are currently reviewing the risk management policy in line with current legislation (as stated in Outcome 1). The specific measures and actions in place to control the risk of abuse will be outlined in the reviewed policy. In addition there will be a section which will reference other accompanying and/or relevant policies specific to this risk and to the risk management policy as set out in Schedule 5.

**Proposed Timescale:** 15/10/2015

**Theme:**

Safe care and support

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

The specific measures in place to control the risk of unexplained absence was not outlined in the risk management policy, or reference made to other policies which addressed this risk.

**Action Required:**

Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

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

We are currently reviewing the risk management policy in line with current legislation (as stated in Outcome 1 and above). The specific measures and actions in place to control the unexplained absence of any resident will be outlined in the reviewed policy. As above, this will also be referenced to other accompanying and/or relevant policies specific to this risk and to the risk management policy as set out in Schedule 5.

**Proposed Timescale:** 15/10/2015

**Theme:**

Safe care and support

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

The specific measures in place to control the risk of accidental injury was not outlined in the risk management policy, or reference made to other policies which addressed this risk.

**Action Required:**

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

We are currently reviewing the risk management policy in line with current legislation (as stated in Outcome 1 and above). The specific measures and actions in place to control accidental injury to residents, visitors or staff will be outlined in the reviewed policy.

As above, this will also be referenced to other accompanying and/or relevant policies specific to this risk and to the risk management policy as set out in Schedule 5 .

**Proposed Timescale:** 15/10/2015

**Theme:**

Safe care and support

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

The specific measures in place to control the risk of aggression and violence was not outlined in the risk management policy, or reference made to other policies which addressed this risk.

**Action Required:**

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

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

We are currently reviewing the risk management policy in line with current legislation (as stated in Outcome 1 and above). The specific measures and actions in place to control the risk of aggression and violence will be outlined in the reviewed policy.

As above, this will also be referenced to other accompanying and/or relevant policies specific to this risk and to the risk management policy as set out in Schedule 5 .

**Proposed Timescale:** 15/10/2015

**Theme:**

Safe care and support

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

The specific measures in place to control the risk of self harm was not outlined in the risk management policy, or reference made to other policies which addressed this risk.

**Action Required:**

Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

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

We are currently reviewing the risk management policy in line with current legislation (as stated in Outcome 1 and above). The specific measures and actions in place to control the risk of self harm will be outlined in the reviewed policy.

As above, this will also be referenced to other accompanying and/or relevant policies specific to this risk and to the risk management policy as set out in Schedule 5 .

**Proposed Timescale:** 15/10/2015**Theme:**

Safe care and support

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

Practices in relation to the storage and transport of laundry were in need of review.

**Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

A new trolley has been sourced solely for the use of moving clean laundry around the nursing home. Storage of bed-linen is being reviewed and procedures and practices are being audited to ensure that they are consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

**Proposed Timescale:** 30/08/2015**Theme:**

Safe care and support

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

Daily checks of exits had failed to identify hazards at fire exits.

**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:**

The present system for ensuring that daily checks of the fire exits are carried out, is being audited and practices reviewed. Signage is in place to highlight and bring to staff and residents' notice that all fire exits are to be kept free of hazards and accessible at all times.

The findings from the audit and the importance of keeping all fire exits hazard free to ensure ease of access will be included in future meetings with staff and residents.

**Proposed Timescale:** 30/08/2015**Theme:**

Safe care and support

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

Access to two fire exits was hampered due to inappropriate storage.

**Action Required:**

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

Prior to the completion of the inspection on 8th July 2015, the Inspector was notified of the removal of wheelchairs and hoists from one of the two fire exits, which hampered access due to inappropriate storage. The storage of large furniture which was hampering the ease of access through a second exit was addressed following the inspection and was notified to the Inspector by the Proprietor.

As above, the system in place for ensuring that daily checks of the fire exits are carried out, is being audited and practices reviewed.

**Proposed Timescale:** 11/08/2015

**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:**

Not all identified needs had a corresponding care plan. For example, use of restraint, or supporting residents who were challenging.

**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:**

We have organised training in Care Planning for our nurses on 18th September 2015, in order to address care planning requirements such as, ensuring all identified needs have a corresponding care plan in place. A computerised care planning tool is being initiated in the nursing home in the coming months, which together with all current guidelines will assist in the process of preparing care plans in line with current regulations and standards.

**Proposed Timescale:** 31/01/2016

**Theme:**

Effective care and support

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

Care plans were not consistently reviewed regularly, or updated following changes.

**Action Required:**

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

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

A system is being put in place for four monthly reviews of the resident's care plan. This will involve consultation with the resident concerned and/or the resident's family. An audit of care plans will take place on a regular basis to ensure that they are current and up-to-date. As previously stated, we are introducing a computerised care planning tool, which will assist in monitoring the reviews.

**Proposed Timescale:** 31/01/2016

**Outcome 12: Safe and Suitable Premises**

**Theme:**

Effective care and support

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

The use and function of some bathrooms was in need of clarity, and general improvement in their upkeep.

**Action Required:**

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

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

We have reviewed the use of several of the bathrooms in the nursing home. These have been decommissioned and their purpose clearly designated as storage areas. A programme of works is to be implemented to address those bathrooms which have not been renovated

**Proposed Timescale:** On-going