

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Health
Information
and Quality
Authority

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Powdermill Nursing Home
Centre ID:	0270
Centre address:	Gunpowder Mill
	Ballincollig
	Co Cork
Telephone number:	021-4871184
Fax number:	021-4876670
Email address:	powdermill.nursinghome@gmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Joseph Peters
Person in charge:	Sheila Desmond White
Date of inspection:	11 November 2010
Time inspection took place:	Start: 10:00hrs Completion: 16:00hrs
Lead inspector:	Cathleen Callanan
Support inspector(s):	N/A
Purpose of this inspection visit	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken following a change in circumstances; for example:

- following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Powdermill Nursing Home is a two-storey building which is about one hundred years old with a single-storey extension constructed in the 1970s or 1980s. To the front of the building is a garden area facing onto a quiet public road across from which is a sports pitch. There are raised patio decks on the gable sides of the building and a small deck to the rear.

The centre can accommodate 42 residents and provides care for residents over 65 including those with dementia.

There are two conservatories, the smaller of which serves as a smoking room. There is a combined dining and sitting room to the left of the main entrance and an additional sitting room to the right and a reception area immediately inside the entrance.

There are 28 bedrooms comprising 21 single rooms, two twin bedrooms, three rooms with three beds and two four-bedded rooms. Each of the three-bedded and four-bedded rooms have en suite shower, toilet and wash-hand basin. Of the single bedrooms, seven have a wash-hand basin in the room and an en suite shower and toilet. In addition, 11 bedrooms have en suite shower, toilet and wash-hand basin. The remaining three single rooms have a wash-hand basin only. One twin bedroom has an en suite shower, toilet and wash-hand basin: the other twin room does not have these facilities.

Parking is available on the road in front of the building.

Location

Powdermill Nursing Home is located approximately one kilometre from the centre of the town on a private road facing the local Gaelic Athletic Association(GAA) club and sports pitch.

Date centre was first established:	1984
Number of residents on the date of inspection	38
Number of vacancies on the date of inspection	4

Dependency level of current residents	Max	High	Medium	Low
Number of residents	5	15	11	7

Management structure

The centre is owned by Joseph and Catherine Peters and the Registered Provider is Joseph Peters. The Director of Nursing, Sheila Desmond White, is the Person in Charge (PIC). All staff report to the PIC, who reports to the Registered Provider. On the day of inspection Katryana Varnaite was acting Person in Charge in the morning and Marie Lynch was acting in the afternoon.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	2	6	1	2	1.5	*

* The provider pointed out that while his name did not appear on the staff roster, he attended the centre most days and took an active managerial and operational role.

A maintenance person is available on call.

Background

This inspection was a follow up to the action plan sent to the provider subsequent to an inspection carried out on 14 April 2010 (inspection no. 513). The provider had already responded satisfactorily to eight of the 21 actions arising out of that inspection, and the purpose of this inspection was to monitor progress on the remaining actions, some of which were scheduled to have been completed before the follow-up inspection date.

Summary of findings from this inspection

This was an unannounced follow-up inspection. The PIC was not on duty on the day of inspection but the provider made himself available throughout the day.

The acting person in charge on the morning of inspection was Katryana Varnaite who informed the inspector that she works six hours per week. In the afternoon the acting person in charge was Marie Lynch who works three days per week. In the absence of the PIC the acting PICs or the provider did not have access to information that might have assisted the inspector in assessing the response to actions, for example in relation to staff training.

Of the 13 remaining actions from the inspection of 14 April 2010 and 15 April 2010 the provider had addressed or partially addressed four remaining actions, and was unable to provide evidence in support of having fully completed some of the other actions, for example in relation to staff training, in the absence of the PIC. The provider contested the assessment made by the Authority in respect of the amount of space available to residents, and undertook to provide evidence from his architect in support of this. The completed, outstanding and partially outstanding actions are outlined below.

Issues covered on inspection:

The inspection focused specifically on those actions outstanding from the inspection of 14 April 2010 and 15 April 2010.

Actions reviewed on inspection:

1. Action required from previous inspection:

Keep and make available at all times for inspection, all records of all monies or valuables deposited by or on behalf of the residents.

This must include a record of all money or other valuables deposited by a resident for safekeeping or received on the resident's behalf, which

(a) shall state the date on which the money or valuables were deposited or received, the date on which any money or valuables were returned to a resident or used, at the request of the resident, on their behalf and, where applicable, the purpose for which the money or valuables were used

(b) shall include the written acknowledgement of the return of the money or valuables.

Ensure that there are written operational policies and procedures relating to residents' personal property and possessions.

The provider was able to offer evidence of a record of financial transactions for residents and the names of the residents for whom he was acting as pension agent, the number of those having been reduced from twelve to nine after he had requested family members to undertake the responsibility of pension agent. He and his accounts manager had a record of the accounts that had been opened for the three people for whom he had formerly acted as pension agent, and the manner in which the balance in their accounts would be held in their own name in their personal accounts. He further offered evidence of his practice of holding a cash float from which he disbursed cash to residents as required, and the manner in which he then recouped these costs so that there was no petty cash held for individual residents.

2. Action required from previous inspection:

Establish and maintain a system for:

(a) reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals

(b) improving the quality of care provided at, and the quality of life of residents in, the designated centre.

Action required:

Make a report in respect of any review and make a copy of the report available to residents and, if requested, to the Chief Inspector.

Action required:

Provide for consultation with residents and their representatives when establishing and maintaining a quality system.

The provider responded that quality "is never off the agenda" and while there was no formal process in place he would review the issue with the newly appointed PIC.

3. Action required from previous inspection:

Ensure that staff members have access to education and training to enable them to provide care to residents in accordance with contemporary evidence-based practice.

Action required:

Ensure that all staff members are made aware of the provisions of the Health Act 2007 and all regulations and rules made thereunder, commensurate with their role, the statement of purpose and with any policies and procedures dealing with the general welfare and protection of residents.

Action required:

All newly recruited care staff and those in post less than one year commence training to Further Education and Training Awards Council (FETAC) Level 5 or equivalent within two years of taking up employment. Long standing care staff have their competency and skills assessed to determine their need for further training and suitable arrangements are put in place to meet their identified training needs.

The provider or the two acting PICs on duty on the day of the follow-up inspection could not provide any training schedule or record. A DVD which the provider had sourced for training in dementia care was not to hand on the day of inspection nor was a DVD on challenging behaviour. He stated that the PIC, who was not on duty on the day of the follow-up inspection, had done a ten day training analysis (monitoring staff over ten days to establish training needs). There was no record of this available.

4. Action required from previous inspection:

Make all necessary arrangements, by training staff or by other measures, to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.

The provider or the two acting PICs on the day of the follow-up inspection were not able to advise the inspector about this training or supply any written record.

5. Action required form previous inspection:

Keep a record of any occasion on which restraint is used, the nature of the restraint and its duration.

Action required:

Assess each resident and document the assessment of each resident prior to the initiation of physical restraint.

The assessment must identify and consider:

The specific medical symptom to be treated by the use of physical restraint.

The consideration of alternatives to restraint.

The alternative measures that have been taken, for how long, how recently, and with what results.

The evidence that a physical restraint will benefit the symptom.

The risks involved in using the physical restraint.

The plan for review of restraint.

Action required:

Ensure that the resident is not restrained without his/her informed consent.

This action had been satisfactorily responded to following the inspection on 14 April 2010.

6. Action required from previous inspection:

Provide all residents with opportunities to participate in activities appropriate to his or her interests and capacities.

Action required:

Ensure that each resident's needs are set out in an individual care plan developed and agreed with each resident, including their health, personal and social care needs.

Action required:

Keep the residents' care plan under formal review as required by the residents' changing needs or circumstances and no less frequent than at three-monthly intervals and notify the residents of any review.

The provider informed the inspector that two people had been assigned for a total of 25 hours each week to coordinate activities. In addition an activities committee had been formed consisting of one nurse, one care assistant and two social carers. The inspector met with one of these carers who outlined the process of their weekly meetings and gave details of the activities schedule, and spoke very enthusiastically of the work of the group and her participation in it. While she indicated that minutes of the meetings were kept it was not possible to gain access to the record in the absence of the PIC.

Of the sample of care plans reviewed some had three-monthly reviews and some did not.

7. Action required:

Make available adequate private accommodation for each resident including the provision of curtains.

Action required:

Make arrangements so that existing bedrooms which are currently shared have at least 7.4 m² per resident.

The inspector noted that curtains had been installed as required.

The provider responded that the measurements taken by the Authority were incorrect and that his engineer had certified that room four would be compliant with the regulations after some alterations had been completed. In addition, room 12 was to be reviewed by his architect and he undertook to send a copy of the architects report to the Authority.

8. Action required from previous inspection:

Establish a formal maintenance programme so that the premises and equipment are kept in a good state of repair.

The provider responded that this was a "work in progress" between himself and his son who also worked in the business but he did not have a written maintenance programme.

9. Action required from previous inspection:

Make arrangements for the provision of suitable storage space, including the residents' assistive equipment.

Action required:

Make arrangements for proper sluicing facilities.

Action required:

Make arrangements for proper laundry facilities.

Action required:

Maintain external environment in a manner that makes it suitable and safe for use by residents.

Action required:

Provide staff with suitable facilities for the purpose of changing. Ensure that staff have adequate storage facilities for their belongings.

Additional storage had been created for small supplies and personal hygiene items.

The provider advised that his engineer had referred the sluicing issue to the architect but to date he had not received back the formal plan for sluicing facilities.

A wash-hand basin had been installed in the laundry and the provider said that he had plans to install new flooring and to repaint it.

A timber fence had been erected outside to create a safe enclosure.

The provider informed the inspector that facilities for staff were being considered by the architect.

10. Action required from previous inspection:

Keep records relating to residents in a safe and secure place.

Records were now kept in an external office seen by the inspector.

11. Action required from previous inspection:

Make arrangements to facilitate and encourage residents with dementia to communicate.

The provider could not supply any training record or schedule and neither of the two acting PICs had any information on the subject.

12. Action required from previous inspection:

Revise the recruitment policy so that processes for recruiting staff include the need for obtaining information and documents as specified in Schedule 2.

Action required:

With respect to staff working in the centre, obtain the information and documents as specified in Schedule 2.

Of the sample of four files reviewed by the inspector three had copies of applications for Garda Síochána vetting, three had no copies of references and one had one reference on file.

13. Action required from previous inspection:

Ensure that all staff members are supervised on an appropriate basis pertinent to their role.

The provider was not able to provide the audit tool as outlined in his previous response to the action plan. The PIC was not on duty and neither of the acting PICs had access to staff records which might have confirmed use of any tools to aid staff supervision. Of the four files viewed by the inspector in relation to staff who had been disciplined, only two had reviews relevant to the issues giving rise to the disciplinary action: however, all four had records of ongoing staff appraisal.

14. Action required from previous inspection:

Revise the statement of purpose so that it clearly outlines the aims, objectives and ethos of the centre. It should also be revised so that it includes the information outlined in Schedule 1.

The provider advised that contrary to his undertaking this would be completed by 30 September 2010; it was not yet complete but he expected that it would be by the end of November 2010.

15. Action required from previous inspection:

Arrange for insurance cover in accordance with Regulation 26 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

The provider had forwarded insurance details to the Authority.

16. Action required from previous inspection:

Review care practices and put in place arrangements to maintain residents' privacy and dignity.

Signage indicating residents' risk of falling was displayed in every bedroom.

A list on continence products identifying the resident for whom they were needed was displayed in corridors.

Curtain rails had not been repaired since highlighted at the previous inspection on 28 January 2010 and 29 January 2010.

One resident was left on a commode with the bathroom door wide open in a multi-occupancy room. The staff member informed the inspector that the bathroom door could not be shut but on checking, the inspector found that it could.

One staff member was seen standing over a resident when giving assistance with eating. This was also highlighted at the inspection on 25 November 2009.

There was a lack of seating for residents to speak with relatives in private.

The arrangement for labelling residents' clothing was inadequate leading to clothes being misplaced.

Signage indicating residents' risk of falling had been removed.

Lists of residents who required personal hygiene products had been removed from corridors.

Curtains had been installed.

There were occasional chairs available and they were in a good state of repair.

The provider had responded that a memorandum (memo) had been sent to staff in respect of appropriate procedures when assisting residents with eating but was not able to supply a copy of the memo and the inspector could not locate it in a folder with copies of staff memos.

The provider had responded that staff training in the handling of laundry had been completed but neither the provider nor the acting PIC was able to provide a record of staff training.

17. Action required from previous inspection:

Provide staff with education and training to enable them to give care in accordance with contemporary evidence based practice in assisting and promoting residents to walk independently wherever possible.

This action had been satisfactorily responded to following the inspection on 14 April 2010.

18. Action required from previous inspection:

Make certain that each resident has access to a safe supply of fresh drinking water at all times, including in communal areas.

This action had been satisfactorily responded to following the inspection on 14 April 2010.

19. Action required:

Provide a high standard of evidence based nursing practice, including the implementation of pain and constipation risk assessment tools to promote the wellbeing of residents.

Action required:

The person in charge shall ensure each resident's needs are set out in an individual care plan developed and agreed with each resident.

This action had been satisfactorily responded to following the inspection on 14 April 2010.

20. Action required from previous inspection:

Facilitate residents to access any services as required, including access to a geriatrician for ongoing management of residents with dementia.

This action had been satisfactorily responded to following the inspection on 14 April 2010.

21. Action required from previous inspection:

Amend the content of the Resident's Guide so that it includes:

A standard form of contract for the provision of services and facilities by the registered provider to residents.

The most recent inspection report.

This action had been satisfactorily responded to following the inspection on 14 April 2010.

Report compiled by:

Cathleen Callanan
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

22 November 2010

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
25 November 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
28 January 2010 and 29 January 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
8 February 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
14 April 2010 and 15 April 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
14 September 2010, 15 September 2010 and 17 September 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to additional inspection report*

Centre:	Powdermill Nursing Home
Centre ID:	0270
Date of inspection:	11 November 2010
Date of response:	16 February 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

Establish and maintain a system for:

(a) reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals

(b) improving the quality of care provided at, and the quality of life of residents in, the designated centre.

Action required:

Make a report in respect of any review and make a copy of the report available to residents and, if requested, to the Chief Inspector.

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

Reference: Health Act 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: An annual review of systems and practices against the Standards and regulations will take place by the end of March. In the meantime all staff nurse will be asked to read the standards and regulations and will be given specific standards to focus on. A nurses meeting will be held by the end of February to begin the groundwork for the review and assignments will be given for individual nurses. Each nurse will be asked to lead a small group that is made up primarily of care assistants who can focus on one or more standards. When the review is carried out we are then in a much better position to act on the findings.	Review completed by 31 March 2011

2. The provide has failed to comply with a regulatory requirement in the following respect: Ensure that staff members have access to education and training to enable them to provide care to residents in accordance with contemporary evidence based practice.
Action required: Ensure that all staff members are made aware of the provisions of the Health Act 2007 and all regulations and rules made thereunder, commensurate with their role, the statement of purpose and with any policies and procedures dealing with the general welfare and protection of residents.
Action required: All newly recruited care staff and those in post less than one year commence training to FETAC Level 5 or equivalent within two years of taking up employment. Long standing care staff have their competency and skills assessed to determine their need for further training and suitable arrangements are put in place to meet their identified training needs.
Reference: Health Act 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>All staff that have commenced employment within the last year will be identified and a Fetac Level 5 course organised. This will be in place by June 2011. All staff are being asked to fill out a training review form on 16 February. Subsequently all care staff will have a staff appraisal and review of their competency/skills by the person in charge and the provider. Once the training needs are identified a training plan will be drawn up for the rest of the year.</p>	<p>Training review completed by end of February 2011. Draft training plan in place immediately to organise training for February/March. Assessment of all care staff completed by end of March 2011. Formal training plan completed and starts 1 April 2011</p>

<p>3. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>Staff had not been provided with training in the prevention, detection and response to elder abuse.</p>
<p>Action required:</p> <p>Make all necessary arrangements, by training staff or by other measures, to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.</p>
<p>Reference:</p> <p>Health Act 2007 Regulation 6: General Welfare and Protection Standard 8: Protection</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Carry out review and check if all staff received training in elder abuse, with emphasis on new staff. Organise training for those staff who have not received training.</p>	<p>All staff trained by 15 March 2011</p>

4. The provider and person in charge have failed to comply with a regulatory

requirement in the following respect:	
Keep the resident's care plan under formal review as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals and notify the resident of any review.	
Reference: Health Act,2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All care plans were reviewed by the person in charge by 7 February 2011. Short monthly reviews of all care plans will now take place monthly by the person in charge with a detailed quarterly review by the staff nurse completing the care plan and an audit by the person in charge will also take place quarterly.	Immediate

5. The provider has failed to comply with a regulatory requirement in the following respect:	
The private accommodation for residents sharing a four-bedded room was not suitable for their needs.	
Action required:	
Establish a formal maintenance programme so that the premises and equipment are kept in a good state of repair.	
Reference: Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A significant amount of work has been completed on the plan and it will be completed shortly.	7 March 2011

<p>6. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The premises lacked staff facilities for the purpose of changing and storing their belongings.</p>	
<p>Action required:</p> <p>Provide staff with suitable facilities for the purpose of changing. Ensure that staff have adequate storage facilities for their belongings.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 19: Premises Standard 25: Physical Environment</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>An architect had been engaged and he has worked closely with our engineer. He has drawn up plans which include a changing area, new lockers, a separate toilet and shower, and a new staff room. These plans will have to be submitted to the planning authorities. Copies of the drawings have been given to the Inspection Team and any feedback from the inspectorate is welcome.</p> <p>If planning granted then works should commence around July/August 2011.</p>	<p>Submit plans by 31 March 2011</p> <p>July/August 2011</p>

<p>7. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There were inadequate techniques to facilitate and encourage residents with dementia to communicate.</p>	
<p>Action required:</p> <p>Make arrangement to facilitate and encourage residents with dementia to communicate.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 11: Communication Supplementary Criteria for Dementia-Specific Residential Care Units for Older People</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Immediate review of how we can facilitate and encourage residents with dementia to communicate involving the nurses and care staff.</p> <p>A five day course in dementia training for a member of the nursing team has been booked for March 2011 which should upskill our staff in the care of those with dementia.</p>	<p>Review and Action plan in place by 7 March 2011</p>

<p>8. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The personnel files reviewed by the inspector did not contain evidence of three written references, mental/physical fitness, full employment history and Garda Síochána vetting.</p>	
<p>Action required:</p> <p>With respect to staff working in the centre, obtain the information and documents as specified in Schedule 2.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 18: Recruitment Standard 22: Recruitment</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A complete review of all staff files will take place.</p> <p>Each staff member will be given a short time line to complete the requirements. All staff files to be completed by 31 March 2011.</p>	<p>28 February 2011</p> <p>31 March 2011</p>

<p>9. The provider/person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>There was a lack of adequate supervision arrangements for some staff members including the four members of staff that had been disciplined.</p>	
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Action required:	
Ensure that all staff members are supervised on an appropriate basis pertinent to their role.	
Reference: Health Act 2007 Regulation 17: Training and Staff Development Standard 24: Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The Provider does not accept that there was a lack of adequate supervision of the staff who were disciplined. However their files will be reviewed again to ensure that the residents are not at risk. Staff nurses along with our senior care assistant to supervise monitor and lead staff on a daily basis.	14 March 2011

10. The provider has failed to comply with a regulatory requirement in the following respect:	
The content of the statement of purpose did not meet the requirements of Regulation 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2009 (as amended).	
Action required:	
Revise the statement of purpose so that it clearly outlines the aims, objectives and ethos of the centre. It should also be revised so that it includes the information outlined in Schedule 1.	
Reference: Health Act 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The Provider acknowledges that the Statement of Purpose needs to be revised.	14 March 2011

Any comments the provider may wish to make:

Provider's response:

There has been a considerable amount of work and effort exerted to maintain and improve standards of care within the Centre. It is the goal of the management of the Centre to continue to improve standards and deliver quality care.

Provider's name: Joseph Peters

Date: 16 February 2011