

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Ashborough Lodge Nursing Home
<b>Centre ID:</b>	ORG-0000194
<b>Centre address:</b>	Lyre Road, Milltown, Kerry.
<b>Telephone number:</b>	066 976 5100
<b>Email address:</b>	m.harty@allenfield.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Allenfield Care Homes Limited
<b>Provider Nominee:</b>	Bernt Krabberod
<b>Person in charge:</b>	Sheilah Climaco
<b>Lead inspector:</b>	Vincent Kearns
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	58
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements 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 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.**

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 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
18 December 2013 09:00	18 December 2013 17:00
19 December 2013 08:00	19 December 2013 15:00

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

Outcome 01: Statement of Purpose
Outcome 03: Suitable Person in Charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

- not all staff had received training in adult abuse.
- there were some health and safety issues.
- there were some inadequate practices in relation to the prevention of cross contamination.
- there were inadequate opportunities for residents with a cognitive impairment to participate in activities.

**Section 41(1)(c) of the Health Act 2007 Compliance with 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.**

**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:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

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

**Findings:**

The Person in Charge (PIC) confirmed that the statement of purpose was kept under review and provided the inspector with a copy that was signed and dated by the PIC as reviewed in March 2013. The inspector noted that a copy of the statement of purpose had been made available to residents. Since the last inspection the statement of purpose had been updated to include the conditions attached by the Chief Inspector to the designated centre's registration under section 50 of the Act and the arrangements made for consultation with residents about the operation of the designated centre. The inspector noted that the statement of purpose met the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Outcome 03: Suitable Person in Charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was a full-time PIC who was the director of nursing and she was a registered

nurse with the required experience and clinical knowledge in the area of nursing older people. The PIC also fulfilled the role of nominated provider, was engaged in the governance and operational management of the centre on a regular and consistent basis. The PIC informed the inspector that she fulfilled these two roles with the assistance and cooperation of her staff and by actively participating in the effective management and development of services within the centre. The PIC explained that she was always available to be contacted out of hours if required and gave examples of when she attended the centre at weekends and special occasions such as Christmas day. The PIC also outlined the clear reporting mechanism between herself and the supporting role of the senior staff nurse within this structure. Staff to whom the inspector spoke had a clear understanding of management and reporting relationships and confirmed that the PIC was readily available to support all staff. In the absence of the PIC, the senior staff nurse on duty undertook her responsibilities. During this inspection the inspector noted that the PIC demonstrated a positive approach towards effectively meeting regulatory requirements. The PIC had continued her professional development and had attended a number of training opportunities including short courses on wound care, employment law, health and safety, management of dementia, palliative care and infection control. During this inspection the PIC also demonstrated a good knowledge of 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.

#### **Outcome 06: 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.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

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

**Findings:**

The PIC stated that she worked closely with her staff in monitoring safe-guarding practices. She attended staff handover meetings to ensure that she was up-to-date with any issues regarding residents' care and welfare. The PIC informed the inspector that she would speak to as many residents as possible throughout the day. During the inspection, the inspector observed the PIC speaking and interacting with residents and visitors in a sensitive and considered way and generally dealing with care and welfare issues in a respectful manner. Residents to whom the inspector spoke confirmed that they felt safe in the centre and spoke positively about the care and consideration they received. Residents described the staff as being readily available to them if they had any concerns. Staff interviewed by the inspector were able to confirm their understanding of the features of adult abuse and their reporting obligations and how they might deal with

a suspected incident of abuse. The inspector viewed the policy for responding to allegations of adult abuse that was dated as having been reviewed by the PIC in October 2012. This policy was centre-specific, generally comprehensive and provided details in relation to the various stages/actions required by staff in effectively responding to an allegation to adult abuse. However, not all staff to whom the inspector spoke had received training in identifying and responding to adult abuse.

Residents to whom the inspector spoke stated that they had ready access to their money. The inspector reviewed the measures that were in place to safeguard residents' money and noted that receipts were obtained and were possible residents or their representatives' signatures were recorded. The inspector viewed copies of the residents' contracts which detailed the fees to be charged and outlined the services to be provided for residents. The inspector noted that since the last inspection the policies in relation to the management of residents' accounts and personal property had been updated and signed as reviewed by the PIC in December 2013. This policy did require staff to record residents' personal property on admission and to update such records every six months.

There were closed circuit television (CCTV) cameras at a number of locations such as in the grounds and on the corridors of the premise. The PIC informed the inspector that such cameras were used to enhance the security of the facility. The inspector noted that there were signs informing the public of the use of CCTV cameras and since the last inspection there was a centre specific policy in relation to the management these cameras.

## **Outcome 07: Health and Safety and Risk Management**

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

### **Theme:**

Safe Care and Support

### **Judgement:**

Non Compliant - Moderate

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

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

### **Findings:**

There was centre-specific health and safety documentation including a policy on risk management which was dated as having been reviewed by the PIC in November 2013. Since the last inspection the policy on risk management had been updated to include the management of hazards and the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. The inspector viewed a risk register which identified hazards such as slips, trips and falls and manual handling risks, with detailed measures/controls aimed at reducing such hazards.

The inspector noted that lifting hoists were provided and there were service records available for such equipment used by staff. The PIC informed the inspector that the slings used to take the weight of residents being lifted on lifting hoists were individualised to each resident. Staff to whom the inspector spoke stated that they had received manual handling training and training records viewed by the inspector confirmed that training had been provided. Staff were observed assisting residents to mobilise in an appropriate and safe manner.

The inspector noted that since the last inspection, a number of safety enhancements had been installed in a number of locations including push button door locks to the sluice/cleaning rooms and the rear entrance door had also been secured using a push button lock. However, the inspector noted in one dining room, there was a bottle of cleaning fluid and dish water tablets unsuitably stored in an unsecured cupboard, potentially presenting a hazard to any resident with a cognitive impairment.

There were adequate supplies of latex gloves and disposable plastic aprons and the inspector observed staff using alcohol hand gels, which were available throughout the centre. The inspector noted that measures had been taken to safely store the plastic aprons and latex gloves. The PIC informed the inspector that she was reviewing the storage of latex gloves following issues raised by staff in relation to access to these gloves. The cleaning processes outlined by staff to the inspector were in keeping with best practices. The equipment used for cleaning was suitably colour coded and stored to prevent cross-infection.

The PIC informed the inspector that the fire officer had recently spent three days inspecting the premise and that the fire officer was happy with the fire prevention arrangements in the centre. The inspector noted that fire training for staff was up to date and staff with whom the inspector spoke confirmed their attendance at such training and their understanding of fire procedures. Service records in relation to fire fighting equipment were also up to date and routine checks of such equipment had been recorded. There was a centre-specific policy in relation to residents smoking cigarettes, which had been updated since the last inspection. This smoking policy identified a number of hazard reduction measures including the assessment of any residents who smoked and close monitoring of residents while smoking. This policy also stated that access to tobacco products was controlled by nursing staff and provided guidance in relation to how staff were to manage residents' cigarette lighters and matches.

### **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

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

**Findings:**

There was a centre-specific medication policy with procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. The inspector noted that this policy had been signed and dated as reviewed by the PIC in November 2013. The PIC conducted monthly medication audits in relation to the levels of pain relief, laxative, benzodiazepine and psychotropic medication usage. Nursing staff to whom the inspector spoke, demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements. All residents had photographic identification in place. The medication fridge kept medication at the appropriate temperature and there were suitable written records available in relation to the regular monitoring of the fridge temperature. Controlled drugs were stored safely in a locked box within a locked cupboard and stock levels were recorded at the end of each shift in a register, in keeping with best practice. The inspector noted that stock levels of controlled drugs were recorded at the end of each shift and recorded in a register, in keeping with best practice.

**Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The inspector noted that there was a policy on the review of quality of life that had been signed and dated as reviewed by the PIC in December 2013. The PIC outlined how residents and their representatives were consulted in relation to reviewing and improving the quality of life in the centre. The PIC attended the centre each day and spoke to many residents obtaining one to one feedback. The PIC informed the inspector that she endeavoured to ensure that staff provided care that was person centred and the atmosphere of the centre was homely and as relaxed as possible. While there was a general routine, the inspector noted that individual choice was offered to residents as much as possible. For example, there was evidence of choice being offered regarding what time residents got up or had breakfast, when and where they had their meals and their level/choice of participation in daily activities. There was a policy on residents' committee meetings and the PIC described how the residents and their representatives were invited to attend these meetings every three months.



The inspector spoke with one of the activities coordinators who outlined the activities programme which included activities such as sonas (cognitive sensory stimulation), relaxation sessions using visualisation and music, arm chair exercises, arts and crafts and bingo. In addition to the regular activities, the inspector noted that an external company had provided a pantomime show and there had been regular music sessions and an imagination gym had also been provided. The inspector noted that social activities were recorded in residents' care plans and residents to whom the inspector spoke stated that they enjoyed participating in activities in the centre. However, the inspector noted that the provision of activities was not adequate as residents with a cognitive impairment were not provided with opportunities to participate in activities appropriate to their interests and capacity and a number of residents in the dementia specific unit did not have access to structured and meaningful activities.

Regarding information provided to residents at the centre, the PIC informed the inspector that copies of the statement of purpose and the resident's guide were provided to all new admissions. The inspector noted that copies of both documents were available near the main entrance.

The PIC informed the inspector that she also used an auditing programme to assist in measuring and reviewing the quality and safety of care provided. This programme included the following audits:

- level of restraint
- dependency levels
- notifications to the Authority
- level of complaints received
- clinical observations
- medication management
- level of hoist use
- special diets and residents weights

The inspector noted that a resident satisfaction survey had also been conducted in January 2013. The inspector noted that this survey clearly demonstrated significant satisfaction levels among respondents in relation to the care they had received in the centre.

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

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

**Judgement:**

Compliant

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

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

**Findings:**

There were a number of centre-specific policies in relation to the care and welfare of residents including policies on wound management, challenging behaviour, cognitive impairment and clinical report writing. From speaking with residents and staff, and from the documentation reviewed, it was evident that residents had access to allied healthcare services including physiotherapy, occupational therapy, optician and chiropodist services. The inspector noted that residents' weights were monitored and recorded at a minimum each month and more often if required. The PIC informed the inspector that care plans were reviewed every three months by the residents' key worker. The inspector reviewed a selection of care plans which were generally comprehensive and centre-specific. There was evidence of a range of assessment tools being used and ongoing monitoring of falls and, where appropriate, fluid intake. In addition, risk assessments had also been conducted for example in relation to the use of restraint, falls risk and nutritional needs assessments which included the malnutrition universal screening tool (MUST). The inspector found that the residents' healthcare needs were adequately met and residents to whom inspectors spoke, said they were satisfied with the healthcare services provided

Regarding restraint practices, bed rails were used for residents requesting them or for residents requiring them. There was a centre-specific restraint policy which stated that the centre aimed for a restraint-free environment and included a direction to consider all other options prior to using restraint. There was a centre-specific restraint monitoring chart that required staff to observe residents according to their assessed needs. Residents to whom the inspector spoke stated that they had requested bed rails. There was evidence of residents' involvement in their care plans in relation to the use of bed rails and the inspector noted that residents' signatures had been obtained in relation to consenting to their use. The inspector noted that since the last inspection residents' signatures had also been obtained in relation to the use of photographs.

The PIC informed the inspector that there were few residents that smoked and the inspector viewed a centre-specific policy on smoking which had been updated since the last inspection. The inspector noted that care plans contained specific assessments of residents who smoked, including the mini-mental test score designed to risk assess each resident in relation to their capacity to smoke cigarettes safely. Following these assessments each resident that smoked was assisted and monitored to ensure their safety and welfare was provided while smoking.

**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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Minor

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

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

**Findings:**

The premise was single-storey, purpose-built in 2003 and situated in a rural setting within walking distance of Milltown village area. At the front of the building there were landscaped gardens and footpaths for use by residents and visitors. There were separate car parking spaces for residents, visitors, and staff, which afforded ample car parking. The premise was bright and clean and since the last inspection the inspector noted that the décor had been upgraded in a number of locations and was compatible with the aims of the statement of purpose. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. The bedrooms were adequate and a number had been personalised and furnished by residents. The PIC informed the inspector that since the last inspection they had acquired a large aquarium which was located near the entrance and was a focus point for many residents. The inspector tested the call bell system and found it to be functioning. Water temperatures were at an appropriate level and there was evidence of regular temperature checks. There was adequate provision for storage of equipment to be used in the centre. Equipment for use by residents or staff was in good working order and records were up to date for servicing of, for example, the beds, hoists and assisted chairs. In addition the PIC confirmed that the slings used in relation to the lifting hoists were individualised to each resident. The environment was kept clean and adequately maintained, with flooring and lighting generally in good condition, and there was a working call-bell system. The inspector noted that there were adequate sluicing facilities and adequate arrangements for the proper disposal of swabs, soiled dressings, instruments, disposable syringes, incontinence wear and other similar substances and materials. The inspector noted that there were measures in place to control and prevent infection, including arrangements for the segregation and disposal of waste, including clinical waste, and most staff spoken to had received infection control training. However, the inspector noted in one sluice room that two mops were unsuitably stored so as to prevent cross contamination. In addition, a number of staff to whom the inspector spoke, were not able to outline/identify basic procedures/precautions in respect to infection control practices and the prevention of cross contamination in relation to handling of soiled linen.

**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

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The PIC stated that she closely monitored any complaints and dealt with any issues raised as soon as possible. She stated that she was readily available to speak with residents, visitors and staff at any time. The inspector noted that the complaints policy had been reviewed by the PIC in December 2013 and an outline of this policy was publicly displayed near the entrance. The administrator in the centre was identified as the named complaints officer and the inspector noted that guidelines for staff in relation to the management of complaints were available. The inspector reviewed the complaint log was divided into three categories; verbal, written and staff complaints. The inspector noted that this log recorded a number of complaints and included details in relation to the nature of the complaint, listed the persons involved, the outcome from any investigation and how the PIC had endeavoured to try resolving each of the complaints recorded. In addition, the complaint log recorded the levels of satisfaction of the complainant in relation to the resolution of the complaint.

**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.*

**Theme:**

Workforce

**Judgement:**

Compliant

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

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

**Findings:**

The inspector noted there were centre-specific policies in relation to staff appraisal and on staff recruitment. The PIC detailed how she actively ensured staff recruited to work in the centre were suitably qualified and appropriate to their role, including the process for verifying staff references. She stated that she always followed up references with a phone call to referees. There was a policy on staff induction and the PIC stated that all new staff were provided with an induction process of up to three days. The PIC informed the inspector that she conducted appraisals for new staff after the first six months and all other staff once a year. Staff to whom the inspector spoke were able to clearly articulate the management structure and reporting relationships and confirmed that copies of both the Regulations and the Standards had been made available to them. The PIC informed the inspector that there were a number of students working in the centre. She stated that all students received supervision and support while providing assistance to residents and were vetted appropriately to their role and level of involvement. The inspector noted that there were suitable written arrangements in relation to students and persons on work experience. There was evidence that staff meetings were held and were chaired by the PIC. The PIC informed the inspector that she met with staff generally every quarter. From a review of the minutes of the most recent staff meeting dated November 2013, issues discussed included staff rosters, clinical practices and privacy and dignity issues. The PIC informed the inspector that staff education and personal development were facilitated and provided records of staff training which listed the following:

- management of dysphasia (swallowing difficulties)
- wound care
- promoting and management of continence
- manual handling
- adult abuse
- fire training
- cardio pulmonary resuscitation (CPR)
- dementia care
- infection prevention and control
- employment law

The inspector reviewed a selection of staff files and noted from these files that the documents as required under Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were available.

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Vincent Kearns  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Action Plan

### Provider's response to inspection report<sup>1</sup>

Centre name:	Ashborough Lodge Nursing Home
Centre ID:	ORG-0000194
Date of inspection:	18/12/2013
Date of response:	31/01/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with 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.

#### Outcome 06: 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:**

To make all necessary arrangements by training staff so as to prevent residents from being harmed or suffering abuse or being placed at risk of harm or abuse.

**Action Required:**

Under Regulation 6 (2) (a) you are required to: Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

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

Two Nurses and Two Carers have been trained on Elder Abuse on 23rd October 2013, these then, are going to train other staff members on an ongoing basis. Staff have also being instructed to watch the HSE DVD Recognising and Responding to Elder Abuse in Residential Care Settings & Open your eyes to elder abuse in your community. This will be mandatory to all staff members.

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

**Proposed Timescale: 28/03/2014**

**Outcome 07: 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:**

To take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre by securing the storage of cleaning fluids.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

All the storage cupboards have locks on them. However, all staff are being reminded on a daily basis to remove the key from the locks for the resident's safety.

**Proposed Timescale: 31/01/2014**

**Outcome 10: Reviewing and improving the quality and safety of care**

**Theme: Effective Care and Support**

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

To make suitable arrangements for residents with a cognitive impairment to have opportunities to participate in activities appropriate to their interests and capacity.

**Action Required:**

Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

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

Activities like Imagination Gym will be held once a week, as will be Sonas and Fit For Life which will be specific to cognitively impaired residents. We will also keep a record of residents that are attending these sessions in the Heather Suite Unit.

**Proposed Timescale: 28/02/2014**



## 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:**

To ensure adequate arrangements are made for the proper disposal of swabs soiled sheets and other similar substances and materials.

**Action Required:**

Under Regulation 19 (7) (g) part 5 you are required to: Put in place adequate arrangements for the proper disposal of sheets.

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

Staff members have been informed on how to properly dispose the gloves or soiled sheets and other similar substances. Staff will be observed and reminded on a daily basis. Staff have been reminded to read the policy and procedure and to adhere to the guidelines of disposal of the said substances.

**Proposed Timescale:** 31/03/2014