

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Esker Lodge Nursing Home
Centre ID:	ORG-0000135
Centre address:	Esker Place, Cathedral Road, Cavan.
Telephone number:	049 437 5090
Email address:	vicky@eskerlodgenursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Esker Lodge Limited
Provider Nominee:	Vicky McDwyer
Person in charge:	Nuala Patterson
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	70
Number of vacancies on the date of inspection:	0

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 1 day(s).

The inspection took place over the following dates and times

From: 14 April 2014 09:20 To: 14 April 2014 17:30

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
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

Overall, the inspector was satisfied the centre was operating in compliance with the conditions of registration and found evidence of positive outcomes for residents.

The environment was clean, warm and well decorated, and the atmosphere was calm. Residents were complimentary of staff and satisfied with care services provided. They had good access to nursing, medical and allied health care. Residents had opportunities to participate in meaningful activities, appropriate to their interests and capacities.

A comprehensive risk management policy including health and safety procedures to ensure the protection and wellbeing of residents' staff and visitors was in place. There was an adequate number and skill mix of nursing, care assistants, catering and cleaning staff rostered on the day of inspection to meet the assessed care needs of residents. There was a visible presence of staff in the day rooms and around the building during the inspection.

The action plan at the end of this report identifies areas where improvements are required to comply with the Regulations and the Authority's Standards.

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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the statement of purpose accurately described the aims, objectives and ethos of the centre and the service that was provided.

The statement of purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the Regulations except confirmation on whether anyone attended the centre for day care service. The statement of purpose is kept under review by the provider and had been updated in December 2013.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found that each resident had an agreed written contract which included details of the services to be provided for that resident and the fees to be charged.

Contracts of care were agreed within the timeframe required by the regulations in the

sample reviewed.

The contracts of care were reviewed since the last inspection. An appendix attached to the contract outlined the charges payable per all items not included in the overall fee. The individual cost per item incurred by the resident was specified in the contract of care for example chiropody, physiotherapy or escort to attend appointments.

While fees were not charged presently for activities the contract of care included the provision to charge a fee for the activity program. Further detail is required in the contract to ensure transparency in relation costs payable for activities by residents. The options in relation to costs if a resident does not wish to participate or becomes unwell and can no longer partake in the range of scheduled activities are not detailed.

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:

The person in charge has not changed since the last inspection. She is a registered nurse and holds a full-time post. She was well known by residents. She had good knowledge of residents care needs and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

She maintained her professional development and attended mandatory training required by the regulations in fire evacuation, safe moving and handling of residents and adult protection.

There was an organisational structure in place to support the person in charge. The provider attends the centre routinely and assisted in facilitating the inspection. She outlined her role to the inspector as supporting the person in charge, managing finances and overseeing the governance operations of the centre. The clinical nurse manager deputises in the absence of the person in charge. The arrangements and reporting systems were known to staff and were described in the statement of purpose.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

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 inspector found that there were systems in place to maintain complete and accurate records.

The inspector read the Residents' Guide and found that it provided all the required information. This was an area identified for improvement on the last inspection.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff. Policies identified for revision on the last inspection to include communication and residents' personal property were updated. Up to date property lists were maintained for residents in the sample reviewed.

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:

No actions were required from the previous inspection.

Findings:

The inspector was provided with a copy of the centre's policy on prevention, detection and response to elder abuse. The policy was specific to the centre and defined the

various types and signs of abuse and the reporting arrangements. The policy outlined clear procedures to investigate any allegation of suspected or confirmed abuse and how to manage an allegation of abuse against a senior member of the management team. The contact details of the HSE senior case worker for adult protection were detailed in the policy.

Residents spoken with stated that they felt safe in the centre. There was a visitors log in place and entrance and exit doors and communal areas were monitored by CCTV. No incidents, allegations or suspicions of abuse have been recorded or notified to the Authority in the preceding 12 months at this centre.

Staff spoken with were able to inform the inspector of what constituted abuse and of their duty to report any suspected or alleged instances of abuse. Staff identified a senior manager as the person to whom they would report a suspected concern.

Garda Síochána vetting had been applied for all staff members. This was evidenced by a review of returned Garda Síochána vetting forms examined by the inspector in staff files.

The financial controls in place to ensure the safeguarding of residents' finances were not examined by the inspector on this occasion.

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 - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The premises was designed to meet the needs of dependent older people. Systems to maximise safety were provided to include:

- All entrance and exit doors were ramped ensuring ease of access for residents with mobility impairment.
- Floor covering in bedrooms and communal areas was safe.
- Windows were fitted with restrictors and the temperature of hot water was controlled to minimise the risk of scalds.
- There was a maintenance system in place, which covered breakdown and repair for all beds, air mattresses and other equipment, used by residents.
- Access to stairways, the laundry, sluice, kitchen and cleaning room was restricted in the interest of safety to residents and visitors.
- There were procedures in place for the prevention and control of infection and hand gels were located around the building.

There was a missing person policy in place which included clear procedures to guide staff should a resident be reported as missing. Risk management procedures required by the regulations to guide staff actions in the event of violence, aggression and self harm were available.

A maintenance log was maintained to report any faults noted on a day-to-day basis such as call-bells, lighting or problems with residents furniture and were promptly attended to by a full time maintenance person. A new system of checks on work practices and the premises through regular meetings/audits was implemented with the risk management group to ensure a pro active response to minimise incidents. The centre was inspected by authorised officer from the health and safety authority in July 2013. The outcome of the visit report indicated satisfactory compliance with relevant health and safety legal requirements

The inspector viewed evidence staff were trained in the safe moving and handling of residents. An ongoing program of moving and handling training was in place and those requiring refresher training were identified and prioritised for 2014. Two members of staff had qualified as moving and handling instructors. Residents' moving and handling assessments were routinely reviewed and care plans updated accordingly. Instructions for assisting residents to mobilise and all hoist transfers, including sling type and size were outlined which was accessible to the appropriate staff at the point of care delivery.

Service records showed that the fire alarm system was serviced on a routine basis and the emergency lighting and fire equipment regularly. Evacuation sheets were fitted to the beds of all residents. The inspector read the training records which confirmed that all staff had attended training annually. However, all staff spoken with were not clear about the procedure to follow in the event of a fire. All staff had not participated in a minimum of two fire drill practices within the past year to reinforce staff knowledge from annual training. The fire drills procedures undertaken by staff did not include details of timeframes to respond to alarms, clarity on the role of the fire warden to direct the fire drill practice. There was no evaluation of learning from fire drills completed to include simulated evacuation practices.

There were arrangements in place for recording and investigating untoward incidents and accidents. All incident and near miss events were recorded which were reviewed by the person in charge. Information recorded included factual details of the accident/incident, date and time event occurred, name and contact details of any witnesses and whether the GP and next of kin had been contacted. The inspector noted that falls and near misses were well described and that vital signs were checked. However, neurological observations were not checked and recorded where a resident fell un-witnessed or was unable to communicate to determine if a head injury had been sustained and/or the level of consciousness affected. The centre's management team had developed a new falls management and prevention policy and a suite of risk assessment documents for implementation to ensure a more proactive approach for the management of falls in care by residents.

There were two residents who smoked. While each resident had a care plan in relation to smoking it stated 'assess the individual risk to the resident'. However, a risk assessment tool to ensure residents were safe to smoke independently outlining the

level of assistance and supervision they may require was not available. While resident independence was promoted, required safeguards were not detailed in the smoking care plan for example, availability to cigarette lighters by the residents. The smoking apron provided in the downstairs smoking room had a number of holes and a review of its fire retardant properties is required.

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:

No actions were required from the previous inspection.

Findings:

There was a comprehensive medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration.

The inspector reviewed a sample of drugs charts. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication and reduce the risk of medication error. The prescription sheets reviewed were clear, legible and distinguished between PRN (as needed), regular medication. The maximum amount for PRN medication was indicated on all prescription sheets viewed by the inspector.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medicines were being stored safely and securely in the clinic room which was secured with a lock and key system held by the nurse on duty. The temperature ranges of the medicine refrigerator was being appropriately monitored and recorded. A separate fridge was available to store specimens.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked at the change of each shift and signed by two nurses. The inspector checked a selection of the balances and found them to be correct.

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:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge.

The person in charge continued to review the quality and safety of care and quality of life of residents living in the centre. A system of audits for 2014 was planned.

Clinical data was collected and reviewed by the person in charge with the staff on a regular basis. This included clinical information on falls management, physical restraint management, wound care and medication management.

The inspector found that this information was used to improve the service. Improvement plans to ensure enhanced outcomes for residents were developed as discussed under outcome seven of this report; new falls management documentation is being introduced.

The findings from audits and quality improvement strategies were collated into reports with copies made available to the residents or their representative for their information as required by the regulations through the regularly published newsletters.

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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The centre can accommodate a maximum of 70 residents who need long-term care, or who have respite, convalescent or palliative care needs. There were 70 residents in the centre during the inspection. There were 26 residents with total or maximum care needs and 19 highly dependent. Twenty five residents were assessed as low to moderately dependent. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition.

The inspector reviewed four resident's care plans in detail and certain aspects within other plans of care. The inspector found that all files reviewed were detailed. The care plans were person-centred, directly relevant to the assessment outcomes detailed and took account of resident's wishes as well as their healthcare status.

A comprehensive assessment was undertaken on admission of a new resident. Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, tissue viability and cognitive functioning. Assessments were regularly reviewed and were used to develop care plans that were person-centred, individualised and described the current care to be given.

There was evidence of consultation with residents or their representative in all care plans reviewed of agreeing to their care plan when reviewed or updated. There was a record of each resident's health condition and treatment given completed daily.

Residents had access to GP services and there was evidence of medical reviews at least three monthly and more frequently when required. A review of residents' medical notes showed that GP's visited the centre regularly. This was evidenced on reviewing medical files and drug cards. Residents' weights and body mass index (BMI) were monitored monthly and those identified at risk had their weight reviewed on a more frequent basis. There was evidence of referral to allied services such as speech and language and occupational therapy. The chiropodist attended the centre routinely and recorded their treatment in the care plan. The physiotherapist attends the centre one day each week and undertakes individual rehabilitative exercises with residents. Monthly observations to include temperature, blood pressure and pulse readings were recorded.

Care plans were in place for all identified needs and good details of interventions to manage problems were outlined in documentation in the majority of cases. There was evidence in the medical file of good links with community mental health services and regular reviews of medication to ensure optimum therapeutic values. Documented logs to record behaviours that challenge and psychotropic medication care plans were maintained. However, the inspector noted care plans to manage mood disorders or episodes of aggressive tendencies required more detail. Care plans for these problems did not identify triggers, outline preventative and reactive strategies or the impact of prescribed medication.

The policy on restraint was based on the national policy on promoting a restraint free environment. The inspector reviewed a sample of assessments that underpinned restraint practice. Restraint measures in place included the use of bedrails by ten residents and a lap belt by three residents. There was a risk assessment completed prior to the use of the restraint and assessments were regularly revised. Signed consent was obtained by the resident or their representative and the GP was involved in the decision process. A restraint register was maintained to record the times the restraint measure was applied and released. There was evidence of exploring alternative options prior to using a restraint measures. Restraint practice was subject to regular review and audit.

There were opportunities for all residents to participate in activities. There was a structured program of activities in place which was facilitated by the activities coordinator employed by the provider. Activities forming part of the weekly program included seat based exercises, quizzes; storytelling newspaper review and hand massage to ensure meaningful engagement for residents. The activity schedule provided for both cognitive and physical stimulation. Residents were facilitated to practice their religious belief. Mass was celebrated weekly. Residents had access to a variety of national and local newspapers and magazines to reflect their cultural interests and heritage.

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The building is designed to meet the needs of dependent older people. The building is well maintained both internally and externally. It was found to be clean, comfortable and welcoming. There was a good standard of décor throughout and very high levels of personalisation evident in residents' bedrooms. Residents spoken with confirmed that they felt comfortable in the centre.

Communal accommodation consists of spacious day sitting rooms, and dining rooms. Other facilities include a smoking room, a room where residents can meet visitors in private and a hair salon. The inspector noted the building was comfortably warm. Hand testing indicated the temperature of radiators and hot water did not pose a risk of burns or scalds.

Staff facilities were provided with lockers for the storage of personal belongings. Separate toilets and showering facilities were provided for care and kitchen staff in the interest of infection control. A separate cleaning room and sluice rooms were available and access was restricted in the interest of safety to residents and visitors. There was sufficient storage space for equipment used by residents and corridors and communal rooms were clear of any obstructions. Safe enclosed garden spaces were available to residents.

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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that complaints were listened to and there was a policy and procedure in place to ensure complaints were monitored and responded to in a timely manner. Residents and relatives' opinions on the service were sought through quality improvement questionnaires.

All complaints were recorded in the complaints log ensuring they are separate and distinct from a resident's individual care plan. No complaints were being investigated at the time of inspection.

The inspector reviewed the complaints policy and procedure. A designated individual was nominated with overall responsibility to investigate complaints. A nominated person who would monitor that the complaints process was followed and recorded (independent of the person responsible to investigate the complaint) was identified.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint was not fully meeting the requirements of the regulations. The person nominated was not in a sufficient position of authority in the organisation to review issues raised. This was discussed with the provider who confirmed a different person would be nominated and the policy revised to reflect the change.

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 provider employs a whole-time equivalent of 11.5 registered nurses and 34 care assistants. In addition, there is catering, cleaning and an activity coordinator employed. The inspector viewed the staff duty rota for a four week period. The rota showed the staff complement on duty over each 24-hour period. The person in charge at all times was denoted on the rota. The staff roster detailed their position and full name. The inspector noted that the planned staff rota matched the staffing levels on duty. There was an adequate number and skill mix of nursing, care assistants, catering and cleaning staff rostered on the day of inspection to meet the assessed care needs of residents. Call bells were answered promptly and there was a visible presence of staff in the day rooms and around the building during the inspection.

There was a detailed policy for the recruitment, selection and vetting of staff. It was reflected in practice. This was evidenced by a review of staff files. Staff confirmed to the inspector they undertook an interview and were requested to submit names of referees.

A sample of three staff files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the Regulations was available in the staff files reviewed.

The person in charge promoted professional development for staff and was committed to providing ongoing training to staff. There was a training matrix available which conveyed that staff had access to ongoing education and a range of training was provided. The inspector found that in addition to mandatory training required by the regulations staff had attended training on infection control, nutritional care and behaviours that challenge.

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:

PJ Wynne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Esker Lodge Nursing Home
Centre ID:	ORG-0000135
Date of inspection:	14/04/2014
Date of response:	12/05/2014

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 01: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose contained all the requirements of Schedule 1 of the Regulations except confirmation on whether anyone attended the centre for day care service.

Action Required:

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

The statement of purpose and function has been updated and a copy forwarded to the Authority.

Proposed Timescale: 16/05/2014

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

Outcome 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

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

While fees were not charged presently for activities the contract of care included the provision to charge a fee for the activity program. Further detail is required in the contract to ensure transparency in relation costs payable for activities by residents.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

The contract of care has been amended and a copy has been forwarded to the Authority.

Proposed Timescale: 16/05/2014

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:

Neurological observations were not checked and recorded where a resident fell un-witnessed or was unable to communicate to determine if a head injury had been sustained and/or the level of consciousness affected.

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:

Neurological observations have been included in the ongoing falls project and will be reviewed by the incident team for implementation in May 2014.

Proposed Timescale: 31/05/2014

Theme: Safe Care and Support

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

A risk assessment tool to ensure residents were safe to smoke independently outlining the level of assistance and supervision they may require was not available.

The smoking apron provided in the downstairs smoking room had a number of holes and a review of its fire retardant properties is required.

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:

A new risk assessment tool for smoking has been created and is now in use for new residents as required.

New smoking aprons have been removed and new ones have been provided.

Proposed Timescale: 16/05/2014

Theme: Safe Care and Support

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

All staff spoken with were not clear about the procedure to follow in the event of a fire. All staff had not participated in a minimum of two fire drill practices within the past year to reinforce staff knowledge from annual training. The fire drills procedures undertaken by staff did not include details of timeframes to respond to alarms, clarity on the role of the fire warden to direct the fire drill practice. There was no evaluation of learning from fire drills completed to include simulated evacuation practices.

Action Required:

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

A full review of training and drills in relation to fire safety has been completed. All employees will have a minimum of two fire drills during the training year which runs from April to March. Included in these drills will be timeframes for response to alarms and evaluation of learning from all drills. As there are 90 employees, we will need to complete the drills over the course of 12 months as part of our ongoing training programme.

Proposed Timescale: 31/03/2015

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:

The inspector noted care plans to manage mood disorders or episodes of aggressive tendencies required more detail. Care plans for these problems did not identify triggers, outline preventative and reactive strategies or the impact of prescribed medication.

Action Required:

Under Regulation 8 (1) you are required to: Set out each resident's needs in an individual care plan developed and agreed with the resident.

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

A full review of the challenging behaviour documentation will be completed and care plans will be amended to identify triggers, outline preventative and reactive strategies and the impact if any of prescribed medication.

Proposed Timescale: 30/06/2014

Outcome 13: Complaints procedures

Theme: Person-centred care and support

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

The independent appeals process if the complainant was not satisfied with the outcome of their complaint was not fully meeting the requirements of the regulations.

Action Required:

Under Regulation 39 (2) you are required to: Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centres policies and procedures.

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

The complaints process has been updated.

Proposed Timescale: 16/05/2014