

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Moycullen Nursing Home
Centre ID:	ORG-0000365
Centre address:	Ballinahalla, Moycullen, Galway.
Telephone number:	091 868 686
Email address:	moycullennursinghome@mowlamhealthcare.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mowlam Healthcare Services
Provider Nominee:	Pat Shanahan
Person in charge:	Catherine Sweeney
Lead inspector:	Ann-Marie O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	9

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: 23 April 2014 09:30 To: 23 April 2014 19:00

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 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
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

As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, risk register, policies and procedures and staff files. An interview was carried out with the newly appointed person participating in management.

Overall, the inspector found that the provider and person in charge continued to demonstrate a commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland however, improvements were required in aspects of risk.

There was evidence of good practice in all areas. Staff interacted in a warm, respectful and pleasant manner with residents.

The person in charge and the clinical nurse manager demonstrated a commitment to further professional development.

The inspector was satisfied that the residents were cared for in a safe environment and that their nursing and health care needs were being met. The centre was bright,

clean, warm and comfortable. The communal areas had comfortable seating the décor was pleasant throughout.

There was evidence of environmental risk assessment and implementation of risk reduction measures in the area of restraint and safe storage of gloves and aprons. There was also evidence of major learning for staff, the person in charge and the provider in relation to preventing and responding to adverse and untoward incidents. There had been implementation of practical measures to reduce risk in relation to absconsions.

Improvements were required in relation to the frequency of fire drills outside of fire training times and the documentation of these. Staff did not demonstrate adequate knowledge of the centre's policy in relation to the safe disposal of medications.

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:

No actions were required from the previous inspection.

Findings:

The statement of purpose had been revised to reflect the appointment of a new person participating in management. The person in charge sent a copy of the revised statement of purpose to the Chief Inspector in the days after the inspection and it was found to be in compliance with the Regulations.

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:

Catherine Sweeney was the person in charge. She was a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. She normally worked Monday to Friday and was on call out-of-hours and at weekends. Arrangements were in place for a clinical nurse manager (CNM) to deputise in the absence of the person in charge. The inspector reviewed staff rosters that indicated there were suitable arrangements in place while the person in charge was

absent on annual leave or at weekends.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Standards and her statutory responsibilities.

The person in charge showed ongoing continuous professional development. She had completed training in managing of adult venepuncture in 2008, tissue viability nursing level 9 in 2009, managing neurological conditions in nursing homes and risk management training in 2010 most recently completing a train the trainer course in elder abuse in 2013.

The person in charge was on a scheduled day off the day of the unannounced inspection however, she made provisions to come to the centre and facilitate the inspection at short notice.

Mary Clancy was a recently appointed clinical nurse manager for the centre. The inspector conducted an interview with the clinical nurse manager. She demonstrated a commitment to further education and was at the time of inspection in the process of completing a management course. She had worked in the centre since 2009 as a staff nurse and demonstrated good knowledge of the running of the centre. She demonstrated knowledge in relation to manual handling techniques, fire safety and elder abuse detection and prevention.

The clinical nurse manager demonstrated very good knowledge of the health care needs of the residents in the centre and helped to facilitate the inspection.

Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

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 had not been recently absent from the centre for more than 28 days. A clinical nurse manager had been newly appointed.

The provider and person in charge were aware of their responsibility to notify the Chief Inspector of the absence of the person in charge to the Chief Inspector.

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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that sufficient measures were in place to safe guard residents from abuse, however, there were some gaps in records for non-health care staff training in detection and prevention of elder abuse.

The centre had a robust protection of the resident from abuse policy in place, which was up to date and had been reviewed. It outlined types of abuse, descriptors, procedures for reporting abuse and whistleblowing. It also outlined procedures in relation to provision of personal care for residents.

Staff spoken with demonstrated a good understanding of what constituted abuse and the procedures they would implement in response to allegations of abuse or suspicions of abuse. The person in charge had completed a train the trainer course in elder abuse.

Review of the training matrix for staff working in the centre indicated that all nursing and health care staff had received training in detection and prevention of elder abuse. The training matrix indicated that refresher training was provided for staff that had completed initial training in order to maintain skills in this area. However, according to the training matrix not all non-health care staff working in the centre had received training in elder abuse detection and prevention.

Systems were in place to safeguard resident's money. The centre's protection of resident's accounts and personal property policy developed in 2012 and due review June 2014 indicated good practice and procedures in relation to safeguarding resident's money and property.

The policy specified ways in which residents valuables and money were managed. The policy gave clear guidance for staff on how to manage resident's monies and valuables. The inspector reviewed some of the transaction logs kept on the electronic care planning system. These were transparent and descriptions indicated what the money was used for, for example, chiropody or hairdressing.

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:

No actions were required from the previous inspection.

Findings:

Health and safety of residents, visitors and staff was promoted in the centre however, fire safety training and aspects risk management required improvement.

The risk management and organisational risk assessment policies were reviewed. The risk management policy covered the relevant sections as required in the regulations such as absconding and self harm.

The risk register identified centre specific hazards and control measures in place such as, preventing residents from accessing rooms that stored chemicals; gloves and incontinence wear; and medications.

There was an emergency plan in place dated 2013. It identified an emergency response team and contact numbers for the person in charge, the clinical nurse manager, the Gardaí, the plumber and the GP. The emergency plan covered areas such as fire, evacuation response, loss of heat and loss of power. The emergency plan also indicated where residents would be accommodated in the event of an evacuation.

The centre had a safety statement which was up to date.

Reasonable measures had been put in place to prevent accidents, for example, there were adequate hand-rails in all circulation areas, safe floor covering throughout and smooth even surfacing on the grounds of the premises. The centre was well lit throughout.

Staff had received up to date training in manual handling techniques. Hoists were in use throughout the centre and had been serviced 16 December 2013.

Fire procedures were prominently displayed throughout the centre. Service records showed that the fire alarm system had been serviced in January and February 2014. Fire equipment had been serviced January 2014. Fire exits had daily documented checks and were unobstructed on the day of inspection.

The inspector reviewed risk assessments for residents in the centre that smoked. These indicated the associated risks and control measures in place for individual residents.

The smoking room had also been risk assessed and control measures were in place such as use of a smoke retardant apron, an observation window in the door of the room to assist staff in monitoring use of the room. There was natural and mechanical ventilation and a fire extinguisher in the room. Fire retardant spray was used on residents' clothing after laundering as a control measure in place for residents that smoked. The inspector noted the door to the smoking room was kept closed.

Records showed that staff had carried out fire drills during fire safety training however, fire drills were not being carried out outside of training sessions.

Infection control practices were sufficient. Staff were observed to wash their hands after engaging in resident care practices and the centre had adequate hand washing facilities to ensure good infection control. Alcohol hand gel was available throughout the centre. Dirty laundry was segregated using a colour coded infection control system.

Gloves and aprons were stored in a room with a door and associated key pad to limit access by residents. Gloves and aprons were also stored in cupboards on the corridors. These had an added security of a magnet lock to ensure residents did not have access.

The inspector found evidence of learning from adverse incidents during the inspection. Risk assessments had been carried out with associated control measures put in place to minimise the risk of residents leaving the centre unnoticed.

CCTV had been put in the centre to monitor the perimeters of the centre, the main entrance and rear exit of the centre. The front door entrance had greater security in relation to prevention of residents leaving the centre unnoticed. A centre policy was in operation whereby only staff had knowledge of the code for the keypad to enter the building.

All residents at risk had updated photographic identification on file in the centre. Residents deemed to be at risk had safe environment care plans in place. The inspector reviewed a sample of these care plans. They showed regular review and updating as required with documentation of incidents whereby residents may have bypassed control measures in place to prevent absconsion, indicating learning from adverse incidents.

Location charts were completed half hourly for residents assessed as high risk. The inspector reviewed a sample of location checks and found them to be entered half hourly. Magnetic locks had been applied to the entrance door to ensure it closed properly and alarms had been fitted to doors to alert staff when a resident was leaving the centre.

Doors leading to the kitchen and the back door of the kitchen had been fitted with coded locks. The day after the inspection a wander guard electronic system was fitted in the centre to improve security.

The absconding prevention policy had been reviewed in February 2014.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents were generally protected by safe medication management however, improvement was required in staff knowledge of the centre's policy in relation to safe disposal of medication, checks of controlled drugs and prescribing maximum doses of PRN medication.

The inspector observed drug medication rounds and was satisfied that practices were safe and carried out competently.

The clinical room had a coded lock to prevent the entry of residents.

Up to date temperature checks were indicated for the fridge that stored medications requiring cool temperatures.

The medication incident and near miss log was maintained and up to date with good recording of follow up in relation to incidents and near misses identified.

The self administration policy and assessment procedures for the centre were very comprehensive and robust in nature offering staff good guidance of best practice.

Controlled medications were kept in a double locked press. A controlled drug register was maintained in the centre. Counts of medication were checked at each shift changeover. Documentation of controlled drugs checks did not always have the correct number of signatures for all entries, stock checking log entries were not always dated and signed.

Not all entries made in the register in relation to medications administered had the required number of signatures. The person in charge stated she was in the process of addressing documentation practices and the inspector viewed minutes of a recent meeting whereby this issue was highlighted.

Prescription charts indicated if medications were to be crushed and the inspector reviewed associated documentation in relation to this practice. Prescription drug charts did not indicate maximum dose of PRN medications in a 24hour period.

Staff spoken with did not show sufficient knowledge of the safe disposal of medication policy for 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:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. However, not all care plans had been updated to reflect the current needs of residents.

The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

Residents had access to a full range of allied health professionals including speech and language therapy (SALT), physiotherapy, occupational therapy (OT) and dietetic services.

Nursing records were maintained on the computerised nurse documentation system. The inspector reviewed a selection of care plans and found comprehensive nursing assessments were completed.

A range of health care assessments were used to assess the health care needs for residents. These assessments were in relation to nutrition, falls, restraint, dependency levels, wound care, continence and manual handling.

Residents had individual social activity plans 'A Key to Me' documented these were detailed and up to date. Residents had opportunities to engage in an eclectic selection of activities such as Sonas, 'Imagination Gym', flower arranging, card making, hand massage, cross words and word searches. The centre had two exercise bicycles for

residents to use. Residents had the opportunity to participate in religious practices each evening for all denominations. Residents also had access to the internet and social networking to facilitate connections with family and friends.

Wound care was managed well in the centre. There were adequate records of assessment and care plans in place to manage wounds. Wound progress charts were also maintained and the inspector found evidence of wound healing and improvement. Nutritional supplements were given to residents to aid wound healing.

Care plans for behaviours that challenge were reviewed. Assessments were implemented with triggers identified and de-escalation techniques described were person centred to each resident. Residents also had access to psychiatry of later life if required.

Restraint was managed in the centre in line with national best practice guidance. The restraint policy described types of restraint clearly. Audits of restraint were carried out weekly. The inspector reviewed these audits and found them to be up to date. Assessments for restraint involved residents and their representative. Alternatives to restraint were discussed with and assessments were signed by residents and/or their representative. Consent was obtained from residents in relation to the use of restraint. Equipment such as low-low beds, crash mats and bed sensor mats were also in use at the time of inspection.

Residents were nutritionally assessed using a validated assessment tool. A sample of care plans indicated that residents identified as at risk were referred to the GP with follow up review by speech and language and dietetic services. Residents requiring modified consistency diets had prescribed consistencies and fluids as per SALT recommendations.

Residents at risk of falls were regularly assessed also using a specific assessment tool. These were reviewed and updated as required as evidenced in a selection of care plans reviewed.

However, there were gaps in some documentation. Not all care plans had been updated to reflect the change in physical status of residents that had returned from hospital. Nursing notes indicated the resident's current clinical status however, the resident's care plan had not been updated to reflect the resident's change in status. The clinical nurse manager updated the resident's care plan before the end of the inspection.

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 inspector were satisfied that the premises met with the requirements of the Regulations and the Authority's Standards.

The premises were clean, bright and offered residents a variety of communal and dining spaces. The centre had a visitor's room, a smoking room and a large dining room. Seating was provided in the hallway. Furnishings were comfortable and homely.

Residents had access to an enclosed garden space, which was secure and well maintained. Plants residents had potted added to the appeal of the space. There were also well maintained grounds surrounding the building.

Resident's bedrooms afforded comfort and privacy. There were two assisted toilets located beside the day rooms. There were also an adequate number of assisted bath and showering facilities to meet the needs of the residents.

Corridors were wide and well lit providing good natural and artificial lighting. Grab rails were in all circulation areas within the centre.

Resident's rooms were homely and residents were encouraged to personalise them with their photographs and personal belongings. Residents had access to a hair dressing salon in the centre.

The temperature of the building met requirements. There was adequate ventilation. There were no malodours noted. Rooms storing identified hazards such as the sluice and laundry room had coded locks on the doors to prevent residents gaining entry. The storage room for incontinence wear and gloves also had a protected entry system on the door.

The inspector viewed servicing records for the centre. The boiler for the centre had been serviced and upgraded in March 2014. Beds in the centre had been checked and serviced also in March 2014. A generator had been recently purchased for the centre.

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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Generally the inspector found that complaints were dealt with promptly and satisfaction levels were documented. The complaints procedure was prominently displayed at the entrance of the centre and was in compliance with regulation.

The inspector reviewed the complaints log for the centre. There were two open complaints at the time of inspection both of which the person in charge was in the process of closing after completing a comprehensive investigation process, which was outlined to the inspector. There was documented evidence of the steps the person in charge had taken to resolve the issues in relation to the complaints. The inspector was satisfied that the complaint was being dealt with comprehensively.

However, the inspector noted that although one complaint had been investigated comprehensively, a progress report and associated updates had not been communicated to the complainant within the specified time frames in accordance with the centre's policy.

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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Staffing rosters indicated that a staff nurse was on duty in the centre at all times. No volunteers worked in the centre at the time of inspection.

Staffing rosters indicated clearly that the senior nurse on duty at any given time was the fire safety warden. They also indicated the person on-call and scheduled meetings using colour indicators.

Staff had training in the areas of infection control, challenging behaviour, end of life care, medication management, wheelchair positioning and nutrition.

Staffing records were reviewed. Not all staff records had the required medical declaration certification and three written references.

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:

Ann-Marie O'Neill
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Moycullen Nursing Home
Centre ID:	ORG-0000365
Date of inspection:	23/04/2014
Date of response:	06/06/2014

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:

Non-health care staff working in the centre had not received training in prevention and detection of elder abuse training.

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:

Protection of the Older Adult training completed on 20/05/14 for the 5 staff members who required an update.

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

Proposed Timescale: 20/05/2014

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:

Fire drills were not carried out regularly outside of fire training sessions. Documentation of fire drills was not adequate.

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 evacuation and Fire Drill was completed and documented on the 13/05/14 at 15:00. Fire drills will be scheduled, executed and documented at least 6 monthly.

Proposed Timescale: 13/05/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

Staff spoken with did not demonstrate sufficient knowledge of the safe disposal of medication policy for the centre.

Action Required:

Under Regulation 33 (2) you are required to: Put in place suitable arrangements and appropriate procedures and written policies in accordance with current regulations, guidelines and legislation for the handling and disposal of unused or out of date medicines and ensure staff are familiar with such procedures and policies.

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

Medication management re-training with the pharmacist scheduled for 17/06/14. All nurses will review the medication management policies.

Proposed Timescale: 17/06/2014

Theme: Safe Care and Support

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

Entries in the controlled drug register did not have the correct number of signatures for controlled drugs that had been administered.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

All Nurses will receive specific training in relation to the safe administration and management of medications, including controlled drugs.

Proposed Timescale: 17/06/2014

Theme: Safe Care and Support

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

Not all PRN prescribed medication had the maximum dosage in 24hours indicated on the prescription charts.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Nursing staff will ensure that GP's include a maximum dose when prescribing PRN medications in line with Policy. 20/05/14 and on-going

Proposed Timescale: 20/05/2014

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:

A complainant had not received a timely response in relation to a complaint in accordance with the centre's policy.

Action Required:

Under Regulation 39 (8) you are required to: Inform complainants promptly of the

outcome of their complaints and details of the appeals process.

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

The Complainant received a response to their complaint on the 19/05/14. All future complaints will be responded to in line with the Home's Complaints Policy.

Proposed Timescale: 19/05/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

Not all documents required under schedule 2 of the Regulations were kept in staff personnel files.

Action Required:

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

All HR files will be audited and all files will contain the documents required under schedule 2 of the regulations.

Proposed Timescale: 30/06/2014