

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Windfield Nursing Home
Centre ID:	ORG-0000185
Centre address:	Waynestown, Summerhill Road, Dunboyne, Meath.
Telephone number:	01 825 5232
Email address:	Windfield@arbourcaregroup.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Dunboyne Nursing Home Limited
Provider Nominee:	Donal O'Gallagher
Person in charge:	Ann Patricia Mongey
Lead inspector:	Leone Ewings
Support inspector(s):	Maureen Burns Rees
Type of inspection	Announced
Number of residents on the date of inspection:	33
Number of vacancies on the date of inspection:	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 judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with 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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
27 November 2013 07:30	27 November 2013 15:30
28 November 2013 09:30	28 November 2013 16:00

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 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 09: Notification of Incidents
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 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to renew registration. The inspection was announced and took place over two days. As part of the inspection, the inspectors met with residents, relatives and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies, procedures and staff files. As part of the registration renewal process, discussions took place with the provider, person in charge, operations manager and deputy nurse manager.

On the days of inspection there were 33 residents living in the centre. Three residents were there on respite short-term stays, one of whom left on day two.

The provider and person in charge had implemented good management processes to support the delivery of services to residents in a consistent and safe manner. There was evidence of good practice in all areas of the service and the provider and person in charge had addressed or was in the process of addressing the required actions from the previous inspection. Major building works to provide an extension of the premises and refurbishment of existing premises was ongoing.

The person in charge and staff demonstrated a comprehensive knowledge of residents' needs. Overall the health care needs of residents were well met and residents had good access to general practitioner (GP) services and to allied health professionals. The person in charge had demonstrated safe procedures for medication management and evidence-based nursing care was provided. However, improvement was required to some documentation for medication management.

Residents were observed to be relaxed and comfortable when conversing with staff and the overall collective feedback from residents was one of satisfaction with the services and care provided. A choice of recreational opportunities were available to suit residents' interests and capabilities but activity provision for residents with cognitive impairment required further development.

The provider and person in charge had promoted the safety of residents. Risk management and fire safety measures were in place. Some improvements are required in risk management as follow up to accidents and incidents was not consistent.

The provider and person in charge had systems in place to safeguard residents from abuse.

The inspector observed that staffing levels and skill mix met the needs of residents during the inspection and staff rosters viewed confirmed this to be the usual staffing. The provider had made resources available for staff to attend training pertinent to their role and there was an ongoing training programme in place. Procedures were in place for the recruitment and vetting of staff and staff records were well maintained.

While some areas for improvement were identified including documentation of resident dependency, complaints and pre-admission assessments, the inspector found that the provider was largely in compliance with the requirements 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.

The findings are discussed further in the report and improvements required are included in the Action Plan at the end of the report.

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:

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

Findings:

The inspector found that overall, the statement of purpose (Revision 7) reflected the care, services and facilities available to residents living in the centre. Building works, refurbishment and improvements were ongoing and the statement of purpose and function was an evolving document.

However, some aspects of it were not fully inclusive of Schedule 1 of the Regulations. Improvements and clarifications were required with regard to complaints policy and who to address complaints at the centre to. The provider, Dunboyne Nursing Home, was not clearly stated and clarification around emergency admissions policy and procedures was required.

A draft proposed and updated statement of purpose was submitted to the Authority further to this inspection on 3 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:

No actions were required from the previous inspection.

Findings:

The inspector noted that seven long-term residents did not have a signed contract of care in place. The inspector confirmed that all residents or their representatives have been issued contracts of care and the provider informed the inspector that efforts had been made to have all contracts of care signed and returned. Additional charges for residents admitted under the Fair Deal Nursing Home Support Scheme were outlined for provision of the social programme. The provider was requested to update the contract of care in the Residents Guide submitted for registration purposes and clarify additional charges in this document relating to charges for the social programme.

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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre has a defined management structure in place. The person in charge has the knowledge, experience and qualifications to hold the post of person in charge. She is supported in her role by the provider, operations manager and the deputy nurse manager as persons participating in management. The deputy nurse manager is the named key senior manager in the absence of the person in charge. The person in charge was on duty during this inspection and residents and relatives interacted well with her.

The person in charge undertook a fit persons interview at the time of the last registration process and has been the person in charge at the centre for 25 years.

Improvements were required with regard to the governance and standards of documentation at the centre particularly relating to pre-admission assessments, notifications to the Authority, maintenance of records of changing resident dependency, fire safety, complaints and the management of risk at the centre and these aspects were discussed at the feedback meeting.

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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) are overall maintained to a good standard. Some improvements are required in the following areas as outlined in the action plans at the end of this report and relate to:

- Nursing staff signatures on medication and resident records.
- Directory of residents did not include all transfers to hospital.
- Response to latest food safety inspection.
- Admissions policy requires audit and review.

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 deputy nurse manager, Adele Buckley has the appropriate knowledge, experience and qualifications. She is supported in her role by the person in charge, the provider, and the operations manager. She is the named key senior manager in the absence of

the person in charge. The deputy nurse manager was on duty and demonstrated a high standard of clinical and management skills on both days of the inspection. She has worked at the centre for more than three years and participates in the management of team meetings and was responsible for the day to day running of the centre in the absence of the person in charge. She demonstrated an in-depth knowledge of each resident's assessed and changing care needs.

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 found that measures had been taken to safeguard residents from being harmed and suffering abuse. Residents spoken with and those who had completed questionnaires reported they felt safe in the centre. The inspector noted that the front door was kept securely shut at all times. Entry to the building was determined by staff. Residents had access to a safe, secure courtyard garden which they could access from their sitting and dining rooms. Staff were observed knocking on residents' doors and waiting before entering, and a high standard of person centred communication was evident whilst interacting with residents and relatives. Relatives confirmed they were welcomed at the centre.

Staff were observed caring for residents, ensuring their environment was safe with access to their call bell when being left unsupervised. Residents gathered in the communal areas of the centre were noted to be supervised at all times during the inspection. However, during the day whilst activity was being facilitated by the activities co-ordinator on one occasion fourteen residents were present and others sitting in the nearby foyer and he was the only staff member present. Staffing is further discussed in Outcome 18.

A review of staff files showed that all staff had Garda Síochána vetting in place, or for new staff, in the process of being obtained. All staff had completed training in the protection, detection and prevention of elder abuse. Staff spoken demonstrated a clear understanding of their role in protecting the residents living in the centre. The person in charge had established links with the senior social worker for adult protection in the Meath area of the Health Services Executive.

At the time of the inspection the provider or any other staff members were not nominated as pension agent for residents living at the centre.

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:

The findings of the inspection were that the health and safety of residents, visitors and staff were being promoted. However, the ongoing risk management and health and safety measures in place required some improvement to fully protect and ensure the safety of residents, staff and visitors.

An emergency plan was in place to outline clear procedures to follow in the event of loss of electric power, flood, gas leak or security concerns. Inspectors spoke to staff and found they were familiar with the contents of the emergency plan and reporting structures in case of an emergency. The staff on duty satisfactorily explained to the inspector how they would implement the fire evacuation procedures and emergency plan. A recent fire drill had taken place and staff had been updated on evacuation. The person in charge informed the inspectors that further fire drills were planned for when the building extension was handed over prior to any resident occupation. However, the inspectors noted that emergency equipment was inappropriately stored in corridors outside bedrooms, which restricted safe movement of residents. A hydraulic lifting hoist was observed to be stored in the bedroom converted for the purposes of temporary means of escape, whilst building works are ongoing. The inspector requested that this hoist be removed from this area.

The policies and procedures had been implemented by management and staff working at the centre. The health and safety policy and safety statement were in place and had been reviewed. The risk management policy in place outlined how to undertake a risk assessment and identified that a risk management committee would be in place and included its membership and roles and responsibilities. An up to date health and safety statement and the risk management policy was found to be in place. Each area of the centre had been risk rated. Potential hazards were identified and a plan put in place as to how these should be addressed. Some improvements were required to risk from external hazards, fire procedures and infection prevention and control measures and appropriate storage of oxygen cylinders.

Clinical and environmental risk assessments had been completed and reviewed. However, some hazards had not been fully addressed to mitigate risk including the external grounds, storage of equipment and laundry procedures.

Residents confirmed to inspectors in conversations that they felt safe in their day to day life at the centre and enjoyed the courtyard of the centre for walks and fresh air. Landscaping and raised planters had been put in place since the date of the last inspection.

The front door was secure and there was a visitors' log in place to monitor the movement of persons in and out of the building. The car-parking area to the front of the building was also used for the staff engaged in the building works. Access from the roadside was unrestricted. The inspectors were informed that additional car parking spaces were planned for in front of the new extension.

There was a missing person policy which included clear procedures to guide staff should a resident be reported as missing. However, one resident identified to the inspector as having exit-seeking tendencies had not had the written assessment documentation fully completed by the admitting nurse at the time of her admission. This resident's name also did not appear on the fire list documentation given to inspectors on the first morning of the inspection. The inspector was informed that this was completed further to the inspection by the operations manager. The fire list of residents' names and details was not found to be maintained accurately or up to date, and stated two residents were in hospital, when they were present in the centre. When this was brought to the attention of the person in charge an updated fire list was provided to inspectors.

A policy was in place to guide staff in the event of any incident of violence, aggression, self harm and assault. A health and safety team was in place and all attended the health and safety committee meetings. The inspector reviewed the minutes of the health and safety meetings and how issues are resolved and risks mitigated on an ongoing basis, the meetings took place on a regular basis. However, the quality and consistency of the documentation of incidents and accidents was found to be variable. While a number of incidents and accidents were well managed and documented, inconsistencies in the management of incidents and accidents at night time was evident. Medical review was not sought in all cases of unwitnessed incidents at the centre, particularly at night. Improvements were required with regard to documentation and completion of accident and incident reports and the audit process used to evaluate quality of care.

The maintenance and fire records were completed by the maintenance man and were available for review. Staff reported issues and the maintenance person recorded when the issues were resolved. The fire alarm, fire equipment and emergency lighting were also checked on a regular basis by external maintenance providers. The records of these routine fire service checks were available for review. In addition, records of daily means of escape checks were available. However, it was noted these records were not found to have been fully documented at weekends. One temporary fire escape was not found to be kept clear and the external area was adjacent to the new building and hand tools were seen to be left outside the fire escape. The provider and person in charge were informed and the area was cleared, and measures put in place to prevent a recurrence of this.

Centre-specific infection prevention and control policies and procedures were found to be in place. Hand-washing and drying facilities and hand disinfectant gels were available at the reception and throughout the centre. A small number of residents were identified as having particular infection prevention and control precautionary measures in place. The management of clothing and laundry for these residents was reviewed and the inspectors recommended that a review took place with regard to the temperature used to launder and procedures for the appropriate laundering of clothing and bedding. Access to the cleaner's room was via the laundry which posed an infection prevention and control risk. The provider confirmed that this risk will be addressed in the new extension and is a temporary measure.

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 - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed medication management practice and overall found substantial compliance. Nursing staff were knowledgeable about medication and administration practices. The inspector reviewed the medication management policy and noted that it included the procedure for prescribing, administering, recording, safekeeping and disposal of unused or out of date medications. There were clear guidelines in place for staff administering medication to residents that supported safe practice. However, one area of improvement outlined was required in the documentation of the administration of enteral feeding regimes.

The inspector observed the registered nurses on duty, administer medicines to residents at the centre. The administration of medication was safe and in line with written policy and procedures for medication administration. The associated documentation identified the prescribed medicines and the dates and times on which they were to be administered to the resident. There was evidence in the medical notes that GPs reviewed residents' medication on a minimum three-monthly basis, and more frequently where required.

The pre-admission procedures allowed for information to be obtained about residents' current medication, the prescribed by the general practitioner (GP), and subsequent dispensing by the pharmacy provider. The centre had a medication variance report form in place for recording medication errors, near misses and omissions. A record of returns was maintained. At each shift change the MDA medications were checked and counted

by two nurses. The inspector found record keeping was to a good standard in this area and in line with best practice but that on a number of occasions only one nurse had signed for the administration of MDA medications.

The pharmacy provider delivered a pre-packaged medication system which staff nurses were familiar with. The administration of medication observed by inspectors was found to be safe and largely in line with Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidance to nurses and midwives. However, the inspector noted one area for improvement related nurses not signing for the prescribed enteral feed for a resident over a number of months. In addition the times and dates of administration were not recorded. This was addressed immediately by the nursing staff on the first day of the inspection. The inspector also recommended that the written policy and procedure for enteral feeding be reviewed to include this aspect of documentation, and auditing the implementation of the policy should take place by the person in charge.

The provider had put in place a clear policy and procedure to document permission to crush medications and a small number of residents received crushed medication. The inspector reviewed medication charts and confirmed that residents who required medication in this format had it prescribed in this form by the General Practitioner. This area of administration was subject to audit and review by the pharmacy provider who complete a medication audit at the centre. The inspector recommends that additional audit and review of practice at the centre takes place by the person in charge to supplement current oversight of medication management.

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre is maintained and, where required notified to the Chief Inspector. However, a small number of incidents were not found to be fully reviewed as outlined in Outcome 7.

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:

The inspector noted that the quality of care and residents' experience was monitored on an ongoing basis. Audits took place to cover all aspects of the management function in the designated centre. The inspector also noted that audit findings were reviewed at regular management meetings that took place between the provider, person in charge and operations manager.

The person in charge had implemented a system to collect and audit information on a range of clinical matters including medication management, wound care, weight loss/gain, and incidents of falls. The data was utilised to identify possible trends with the aim of improving the quality of service and safety of residents. For example, a medication audit was completed and submitted further to the last inspection. However, improvements in the data and analysis of the quality of the information was not evidenced.

The inspector also noted that the safety representative completed weekly and monthly safety inspections and where applicable findings were feedback to the provider and person in charge.

There were examples of where the quality of life of individual residents was enhanced as a result of ongoing monitoring and meetings with residents and relatives. For example, activities, festive occasions and outings were discussed and planned for at resident meetings. The inspector read in the minutes that feedback was positive and suggestions for improvement had been used to inform service development and resolve any issues raised within this forum.

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:

Overall the health care needs of the residents were met and residents had access to medical and allied health care services when required. There were also opportunities for residents to participate in meaningful activities. The inspector found a good standard of evidence-based nursing care and appropriate medical care was provided to residents. Improvements had taken place in monitoring of resident weights and appropriate referrals were made. One resident was found not to have had an up to date adequate nutritional assessment, and this was reviewed further to finding on the first day of the inspection in a timely manner. The resident was observed to receive appropriate assistance at mealtimes and care plan was up to date with the foods they liked and disliked.

Residents had access to allied health services including dietetics, speech and language therapy (SALT), chiropody, optical and dental care when required. Residents also had access to psychiatry of later life. Records of referrals and assessments were maintained on residents' files. Access to Health Service Executive provision was limited and the provider had put in place arrangements to access private providers. The inspectors identified a resident who required speech and language review. Further to the inspection the inspector was notified that this was being organised by the person in charge. Residents also had access to physiotherapy and group exercise sessions held at the centre on a weekly basis.

The inspector reviewed a sample of residents' files, including the files of residents with wounds, nutritional issues, at risk of falling, a form of restraint in use and potential behaviour that challenges. Overall the standard of nursing documentation was adequate and reflected the care provision and informed staff in their daily work.

A range of risk assessments had been completed and were used to develop care plans that were person centred, individualised and described the care to be given. There was written evidence that care plan interventions were reviewed three monthly or as required by the resident's changing needs. There was also documentary evidence that residents or their representative were involved in the development and review of the residents' care plan, where possible. The inspector noted that improvements around a social care assessment tool were necessary to enable staff to plan for individual social care provision in a formal manner.

The inspector noted that a good standard of care was provided in pressure ulcer prevention and wound care management. A number of notifications had been received from the person in charge for residents admitted from the acute services and hospitals,

who had been identified with loss of skin integrity. A review of documentation including wound assessments, care plans and progress notes were completed and showed the progression of the wound and management was found to be evidence based. The person in charge had utilised tissue viability services when required and there was evidence that assistive devices were used to promote pressure relief. The inspector recommended that the use of ambiguous language is reviewed with regard to improving clarity in the care planning process. For example review the use of the words "regularly" and "frequently" to remain objective and ensure aims and outcomes are achieved.

Fall prevention measures were implemented for residents assessed at high risk of falling. For example, the inspector read that following a fall, residents' associated assessments and care plans were revised where relevant with interventions to reduce the likelihood of recurrence. However, as outlined in Outcome 7 improvements around documentation and any subsequent medical review of unwitnessed falls is addressed.

The pre-admission assessments for a number of residents were reviewed and it was found that some were unsigned and undated, and lacked detail on cognition and detail on the complexity and dependency of potential residents. The inspector recommends that further information and cognition assessment is documented and any plans and equipment provision is fully documented to facilitate a safe planned admission to the designated centre.

The inspector found that measures were in place to manage behaviour that challenges. There was a policy in place which gave instructions to staff on how to manage behaviour that challenged. Residents with potential behaviour that challenged had been assessed and an associated care plan implemented for the management of this behaviour. Staff spoken with were aware of residents with potential behaviour that challenged and triggers for this behaviour. Overall this area was well managed.

Prior to implementing a restraint measure, a written risk assessment was carried out to ascertain the appropriateness of the use of any restraint for the resident. There was also evidence that alternatives had been considered and recorded prior to the use of restraint. The inspector noted that the restraint measures had been discussed or agreed with the resident or their representative, the General Practitioner and nurse.

Residents had the opportunity to take part in meaningful activity provision and the inspector observed staff interacting with residents in a respectful manner. The inspector spoke with the full-time activities coordinator who described the programme of activities available to residents including therapeutic activity for residents with communication and other sensory difficulties. During the inspection activities including a fit for life exercise session, crafts, conversation and music sessions took place. The activity co-ordinator discussed the need for further training and development around provision for residents with cognitive difficulties to supplement their existing skills and the person in charge confirmed that a training plan was in place to provide appropriate supports. The inspector noted that while social information had been gathered for each resident the capabilities of some residents with cognitive difficulties were not adequately assessed and documented fully in their care plans. A small number of residents stayed in their rooms during the day and staff said that time was spent in conversation and visiting those residents.

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 - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector was informed that planning permission had been obtained from Meath County Council to add an extension and plans had been submitted to the Authority. The inspector was informed that the ongoing building works would be ready for inspection on or around 20 December 2013 when a further inspection would be necessary. The inspector found that the information and plans submitted about the improvements to the physical environment largely complied with Regulations and the Authority's Standards.

Whilst some improvements had taken place since the last inspection, storage space provided for equipment was inadequate. For example, commodes were stored in a communal bathroom and residents' bedrooms. In addition wheelchairs were stored for emergency use in the corridor and were a hazard.

The inspector observed some changes to the layout of the existing centre from when the provider had submitted the application to renew registration. Two bedrooms were now used as temporary fire escapes whilst building works were ongoing. One twin room was being used as a single owing to the additional spatial requirements and need for usable floor space for equipment.

Suitable and sufficient private and communal space was available for residents. A separate dining room was provided for residents who wished to use it, and there were two additional sitting areas that were also used by residents. Residents' bedrooms consisted of either single or two-bedded rooms and residents spoken with were happy with their bedrooms.

There were adequate numbers of assisted bathrooms and toilets to meet residents' needs. However, inspectors noted that some cosmetic upgrading of the existing shower and bathrooms was required. Sluicing facilities were provided.

Residents had access to a safe enclosed garden area. Some residents spoken with and who completed the Authority's questionnaires confirmed that they enjoyed going outdoors. An indoor smoking room with adequate ventilation was provided, the inspector noted that redecoration in this room was required.

Appropriate assistive equipment was provided to meet residents' needs including hoists, specialised beds and pressure-relieving mattresses. The inspector viewed a sample of servicing and maintenance records and found specialised equipment had been serviced when required and were maintained in good working order.

A full-time maintenance person was employed and responsible for the general upkeep of the premises and garden areas. The inspector noted that there was an ongoing major building works programme.

The kitchen and food storage arrangements were discussed and reviewed by the inspector. An environmental health food safety inspection had taken place in 2013. The inspector saw that the external food stores were unlocked at the time of the inspection and building staff were freely accessing the stores to access a water supply.

Laundry facilities had not changed since the last inspection, and are part of the refurbishment and improvements due for completion in April 2014. Currently there is one industrial washer and dryer in place, and storage in the laundry room requires improvement to ensure clean linen is not stored in this area.

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:

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

Findings:

A complaints policy and procedure was in place and displayed, as required. Improvements were required further to the last inspection and the evidence of the person who holds a monitoring role over complaints to ensure that complaints are responded to was not in place. This aspect had not been fully addressed, and a written report or review of the complaints managed by the person in charge or her deputy, completed by the named person overseeing complaints management was not evidenced by the provider. However, a small number of complaints to date had been recorded, investigated and addressed. The inspectors were satisfied that overall the provider

responded well to feedback and written complaints. However, one serious verbal complaint was recorded and actioned by the nurse on duty, who informed the person in charge of the issues of concern. The inspector recommends that senior staff undertake complaints management training inclusive of documenting of complaints in line with legislative requirement.

Inspectors were satisfied at the time of the inspection that complaints were welcomed, and recorded. However, the records were not always held separate to the resident records with details of follow up and how the complaint was investigated with the relevant methodology. Residents and staff were aware of who they could complain to and were satisfied that local issues raised had been acted upon. A summary of the complaints procedure was available in the statement of purpose and residents guide that were available in the centre. The policy was not fully implemented and the policy and procedure requires audit and review.

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred 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 caring for a resident at end of life was regarded as an important part of the provision of care for all staff. An end-of- life policy and procedure was in place and staff were familiar with this document and it informed practice.

Residents' end-of-life preferences were discussed and documented in the resident assessment and fully outlined in the resident care plans. The person in charge confirmed that that referrals and access to the local palliative care team who provided palliative care support and had provided advice in the past.

In addition referrals were also made to the local acute healthcare providers who also offered outreach gerontology care and considered both end-of-life wishes and resuscitation status.

There is a plan for overnight room and relative facilities in the new-build extension which was currently under construction. All religious and cultural practices were facilitated where known.

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector observed residents being served their meals. The lunch time included a choice of two main meals and a choice of where to eat their meals. Residents confirmed to inspectors that drinks and snacks were also available throughout the day and night. Staff informed the inspector that they asked residents what they wanted the day before and residents confirmed this and choices available. The quantity and quality of food served looked good and service and staff numbers were adequate to facilitate a relaxing mealtime. Residents asked stated that the food was very good and they enjoyed their meals. Care staff were observed assisting dependent residents with their meals, which was done in a discreet appropriate and individual manner. Additional training had taken place since the last inspection in the areas of assisting those with eating and drinking difficulties.

The dining room was bright in appearance and the dining-room tables were set with tablecloths and appropriate cutlery. Cutlery and a napkin were in place in front of each resident, with a salt and pepper set in the centre of the table. All residents were offered a choice of drinks with their lunch, this was poured by a member of staff as was the gravy and white sauce available. Self-service jugs were also available and residents' independence was promoted.

The external food store rooms, with dry goods and fruit and vegetable store were fully accessible to the builders working on site and the door was left open at the time of the inspection, and this is detailed in Outcome 12.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

Theme:

Person-centred 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 the residents and or their representatives were consulted with and participated in the organisation of the centre. Residents' privacy and dignity was respected including the provision of adequate space to receive visitors in private. The inspector saw examples where residents' choice and their independence was promoted.

Residents' civil and religious rights were supported. Residents confirmed that they had been offered the opportunity to vote during elections and attend religious services. The person in charge reported that residents from all religious denominations were supported to practice their religious beliefs or none and this was referenced in the Residents' Guide and statement of purpose.

The activities coordinator informed the inspector that he had commenced his role in September 2013, and had met with residents individually to find out their likes and dislikes to facilitate appropriate activity and pastimes. The inspector viewed the minutes of a sample of the residents' meetings chaired by an independent advocate. The inspector found that some suggestions made by residents had been discussed at the meetings and addressed (where possible) by the provider and person in charge.

Outcome 17: Residents clothing and personal property and possessions

Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The policy relating to residents' personal property has been amended to include regular updating of records of property since the date of the last inspection. The inspector viewed records of residents' property on admission and found that the records were kept up to date. The records were signed by the resident or their representative.

Adequate storage space was provided for residents' clothing and belongings in their bedrooms. The inspector viewed the laundry and spoke to the laundry staff about arrangements for laundering residents' clothing. The inspector noted that adequate arrangements were in place for regular laundering and return of clothes to residents. This area had improved since the time of the last inspection and complaints had reduced in this area. The laundry was also used for storage of clean linen and other items, and plans were in place to replace and enlarge existing laundry facilities in the ongoing refurbishment programme.

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 - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre has an organised management structure, but there were areas for improvement. The person in charge has day-to-day responsibility for the management of the centre and staff. The registered provider is Dunboyne Nursing Home Limited, and Donal O'Gallagher is the designated provider on behalf of the company. The governance and management of any staffing related issues was found to be good and well documented by the provider.

All staff report directly to the person in charge who is supported in her role by the newly appointed deputy nurse manager. The members of the staff team who communicated with the inspector were clear about their areas of responsibility, and reporting structures.

The inspector found that at the time of this announced inspection, the levels and skill mix of staff were sufficient to meet the assessed needs of residents. The staff rota was examined and found to be well maintained with all staff who work in the centre rostered and identified. Annual leave and other planned/unplanned staff absences were covered from within the existing staffing complement. Arrangements were in place to provide agency staff should the need arise, in practice this was infrequent as most unplanned leave was covered internally.

The inspector observed a staff handover to early morning staff team which took place in the nursing office to the day staff. The verbal handover was found to be adequate, interactive and provided detailed information about each resident to staff teams, who will deliver care. The handover was communicated by the deputy nurse manager on day shift who had taken handover from the night nurse on duty immediately prior to this handover. The inspection team recommends that this practice is reviewed to ensure that staff who have delivered care overnight give the direct handover to the day staff, and are also provided with appropriate written information (if necessary) to inform their practice.

Residents interviewed were complimentary of the staff team and commented on their caring nature. They reported that staff were always available to provide the help and assistance they needed. However, feedback received from a pre-inspection questionnaire queried the lower staffing numbers at night. This information was communicated to the provider and person in charge who agreed to review this aspect of staffing and satisfaction of residents with the two staff (one registered nurse and one care assistant) on duty at night time to ensure that it meets residents assessed needs. The findings of this inspection concluded that whilst the health and social care needs of each resident was adequately met on the days of the inspection, the formal methodology of evaluating and planning for staffing needs could be improved and up to date data and records should be maintained of the changing resident dependency and pre-admission policy fully implemented to enable workforce planning. For example, up to date assessed written dependencies were not available on the first day of the inspection.

The inspector found the staff to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care. They confirmed that they were supported to carry out their work by the person in charge and her deputy.

There was evidence that staff had access to education and training as there was a programme of internal mandatory training programme in place for staff. For example, training had also been completed on enteral feeding, dysphagia and assisting at mealtimes for modified diets. The inspector was satisfied that further to this training that improvements had taken place with the mealtime experiences at the centre.

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:

Leone Ewings
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Windfield Nursing Home
Centre ID:	ORG-0000185
Date of inspection:	27/11/2013
Date of response:	14/01/2014

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 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 and function did not contain all matters listed in Schedule 1 of the Regulations.

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 was amended in line with the inspectors request on the 3 December 2013. A revised Statement of Purpose and function was submitted on 14 February 2014 to reflect a change in the person in charge.

Proposed Timescale: 03/12/2013

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:

Contracts of care were not in place for all long-term residents at the designated centre.

Action Required:

Under Regulation 28 (1) you are required to: Agree a contract with each resident within one month of admission to the designated centre.

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

All contracts of care are given to new residents either before arrival or upon admission to the home. We make a conscious effort to assist the resident and/or their relative to review and understand this document so that it can be signed and returned to us. On occasion the resident and/or their relative do not sign and return the contract of care. Where the contract is not returned to us we follow up in person, over the phone or in writing offering additional assistance and emphasising the importance of the contract. Despite the numerous efforts we continue to have difficulty in getting a small number of the contracts signed and returned. Therefore we will on occasion fail to have a signed contract of care on file for a very few number of residents as the decision to sign a contract or not is out of our control. We will however have available for inspection evidence of our attempts to comply with our requirement in this matter. By virtue of the residents decision to remain in residence in Windfield Nursing Home they are in fact accepting the terms and conditions of the contract of care. In the event a resident or their relative fail to return a signed contract of care, the alternative of serving notice on the resident to leave the nursing home is not an option.

Proposed Timescale: On-going

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

Theme: Leadership, Governance and Management

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

The provider response to and evidence of fully addressing issues raised at the most recent food-safety inspection was not available or evidenced on the day of the inspection.

Action Required:

Under Regulation 22 (4) you are required to: Maintain all documentation of inspections relating to food safety, health and safety and fire inspections in the designated centre.

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

Following a recent Environmental Health Officer inspection of our premises a written reply to the letter from the EHO was not done. We had spoken directly to the EHO who was satisfied with our actions and comments. However we will reply in writing to all

EHO reports in future.

Proposed Timescale: 10/02/2014

Theme: Leadership, Governance and Management

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

The directory of residents did not contain details of if a resident is transferred to hospital, and when the resident returns to the designated centre.

Action Required:

Under Regulation 23 (2) you are required to: Ensure that the directory of residents includes the information specified in Schedule 3 paragraph (3) 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 transfer information was not entered into the register for one resident. It is always noted in the residents nursing notes and on the board in the nurse's office. Nursing staff have been reminded of their responsibilities in this regard so that omissions will not occur again. A review of the register has been added to our extensive audit schedule. Audit programme will be amended by the 14 January 2014.

Proposed Timescale: 14/01/2014

Theme: Leadership, Governance and Management

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

All entries to the nursing and medication records were not signed and dated by the nurse on duty in accordance with the relevant professional guidelines.

Action Required:

Under Regulation 25 (1) (b) you are required to: Complete, and maintain in a safe and accessible place, an adequate nursing record of each residents health and condition and treatment given, on a daily basis, signed and dated by the nurse on duty in accordance with any relevant professional guidelines.

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

Nurses are aware of their responsibilities in relation to the correct management of documentation. However as some omissions were noted during the inspection a review of same is planned. Following this review training and staff meetings will be arranged as appropriate. The review to be complete by the 28 Feb 2014.

Proposed Timescale: 28/02/2014

Theme: Leadership, Governance and Management

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

The admission policy and procedure (Revised July 2013) did not clearly outline pre-admission procedures to safely facilitate admission to the designated centre, and the access to initial medical assessment is not adequately outlined to inform and guide admitting nursing staff.

Action Required:

Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

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

Our Admission Policy did not identify a clear timescale for an admission assessment by a GP. This has now been added to our Policy.

From 14 January 2014 a first appointment with the attending GP will be arranged for all residents within 2 working days of admission where possible. The only exception to this policy will be by agreement with the attending GP.

Windfield Nursing Home will advise all residents and their families to discuss their impending admission to the home with their GP and advise the nursing home as to whether their GP will be available to attend the resident during their stay with us. In the event that the residents' own GP is not in a position to attend the nursing home then we will advise the resident of the currently attending GP's so that they can consider changing to a GP who can meet their needs. The admission policy to be amended by the 14 Jan 2014

Proposed Timescale: 14/01/2014

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:

The risk management plan was not fully implemented at the time of the inspection with improvements in control measures required relating to infection prevention and control in the laundry, maintenance of external grounds and storage of oxygen cylinders and wheelchairs in the designated centre.

Action Required:

Under Regulation 31 (1) you are required to: Put in place a comprehensive written risk management policy and implement this throughout the designated centre.

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

The home is currently being extended to add an additional 20 beds as well as various other storage and service areas. A new laundry is included in this as well as equipment storage. This will address all issues relating to the storage of equipment.

The extension is complete and we expect to move our residents into it before the end of January 2014 giving access to extra storage areas at that time. Once we have moved work will start on improving and re-decorating the current building to include the laundry area.

The report refers to infection control concerns in the laundry. This concern relates to the inspectors view that laundry is not being washed at a temperature sufficiently hot enough to kill MRSA.

We expect this work to be complete by the end of June 2014.

Proposed Timescale: 30/06/2014

Theme: Safe Care and Support

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

The means of escape in one temporary fire exit in room 26 was not kept clear and the external means of escape outside emergency exit was not maintained safely.

Action Required:

Under Regulation 32 (1) (b) you are required to: Provide adequate means of escape in the event of fire.

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

At the time of inspection room 26 was being used as a temporary emergency escape route. The direct line from the door of the room to the exit door was and remains clear from obstruction at all times. The inspector stated that a hoist which was standing against a wall away from the direct line of egress was a risk.

The hoist is no longer stored in this area. Effective from the 28 November 2013.

Proposed Timescale: 28/11/2013

Outcome 08: Medication Management

Theme: Safe Care and Support

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

The nursing staff failed to sign for enteral feeding prescribed on the medication administration sheet over a number of months.

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:

The nurses have amended this practice and all enteral feeding prescriptions are signed for in the normal way.

Proposed Timescale: 28/11/2013

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:

Suitable provision of storage not in place for linen, equipment including wheelchairs, hydraulic lifting hoist and medium sized oxygen cylinder.

Action Required:

Under Regulation 19 (3) (l) you are required to: Ensure suitable provision for storage of equipment in the designated centre

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

A new extension to Windfield Nursing Home is now complete and the improvement and re-decoration of the original nursing home has commenced. This will resolve any historical storage issues.

Leaving wheelchairs and hoists and a clean linen trolley in the hallway/corridors during the busy morning time period where they do not pose a hazard allows for a more efficient use of staff time and allows them to spend more time with the residents, thereby improving the residents experience in the morning.

Although these items have never caused an injury or accident we have arranged to carry out formal risk assessments to ensure same.

Once we move into the new extension where there are more store rooms dotted around the home, the need to leave equipment safely in open areas will be considerably reduced.

The oxygen cylinder has been moved and is now being stored in a store room.

All risk assessments to be completed and actioned by 14 January 2014.

Oxygen cylinder removed on the 28 November 2013.

Proposed Timescale: 14/01/2014

Theme: Effective Care and Support

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

Maintain external grounds which are suitable and safe for residents use.

Action Required:

Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

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

Some items were left outside the emergency exit door from room 26. These have been removed and the doorway is now clear. The items were removed on the 28 November 2013.

Proposed Timescale: 28/11/2013

Theme: Effective Care and Support

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

Parts of the existing premises decor requires redecoration and upkeep of premises.

Action Required:

Under Regulation 19 (3) (d) you are required to: Keep all parts of the designated centre clean and suitably decorated.

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

The improvement and re-decoration of the original nursing home will be completed by the end June 2014. Most of the original part of the nursing home will not be occupied whilst the improvements are being completed.

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:

There was no evidence that the person nominated to oversee complaints independent to the person nominated in Regulation 39(5), was ensuring that all complaints were appropriately responded to and that the person nominated under Regulation 39(5) was maintaining the records specified under Regulation 39(7).

Action Required:

Under Regulation 39 (5) you are required to: Make available a nominated person in the designated centre to deal with all complaints.

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

A person has been named to oversee complaints on a quarterly basis independent of the person nominated in Regulation 39(5), however as this was implemented in the month prior to the inspection taking place, the first audit does not fall due until Jan 2014.

Proposed Timescale: 31/01/2014

Theme: Person-centred care and support

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

Not all the complaints records and actions taken on foot of a complaint were fully and properly recorded, in addition and distinct from a resident's individual care plan and records.

Action Required:

Under Regulation 39 (9) you are required to: Record all complaints and the results of any investigations into the matters complained about. Ensure these records are in addition to and distinct from a residents individual care plan.

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

In 2011 Arbour Care Group conducted research into the effectiveness of the complaints policy and pathway. This research showed very clearly that most people were reluctant to make a complaint due to the formal and officious nature of the procedure. Most stated that they would prefer to simply bring their concerns or make a complaint to a member of staff that they are comfortable dealing with and receive assurances on the spot. Following this research we amended our policy and defined Complaints under 2 separate headings; Concerns and Complaints. Complaints were managed in the same manner as before whereas Concerns were approached in a more informal on the spot way. The closing off of a concern still requires that the complainant is satisfied with the outcome and if that is not the case the issue is to be passed on to the Nurse Manager to be dealt with formally as a Complaint.

As our complaints policy is being adhered to we have no plans to make any changes but will continue to audit and review our process to ensure that all concerns and complaints are managed to the satisfaction of all our stakeholders.

Our next audit is due in March 2014.

Proposed Timescale: 31/03/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

The records of the up-to-date assessed needs and dependency of each resident were not maintained up to date to adequately inform staffing decisions, and provide adequate supervision, social and nursing care provision.

Action Required:

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

The dependency records are now maintained and updated daily.

Proposed Timescale: 28/11/2013