

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Oaklands Nursing Home
Centre ID:	ORG-0000260
Centre address:	Derry, Listowel, Kerry.
Telephone number:	068 21173
Email address:	info@oaklandsnh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bolden (Nursing) Limited
Provider Nominee:	Michael O'Donoghue
Person in charge:	Linda Hare
Lead inspector:	Col Conway
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	5

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 renewal 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:
11 March 2014 09:50	11 March 2014 16:30
12 March 2014 08:35	12 March 2014 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

Oaklands Nursing Home was registered in August 2011 following an application to the Authority for registration as a designated centre for dependent persons. A registration inspection was undertaken in July 2010, follow up inspections in January and November 2011 and monitoring inspections in September 2012 and August 2013.

Inspection reports from all of the above mentioned inspections can be viewed on the Authority's website, www.hiqa.ie, using centre identification number 0260.

During this registration renewal inspection, the inspector met with some of the residents, relatives and staff members and reviewed the premises, observed practices and reviewed documentation such as residents' nursing care plans, residents' medical records, accident and incident logs, policies and procedures and some records maintained on staff files.

There was evidence that residents received overall a good standard of care, they had access to medical and allied health professionals and staff knew the individual resident's needs well. However, improvements were required in relation to:

- some of the required policies and procedures
- some of the cleaning procedures
- management of some fire doors
- provision of adequate screening curtaining in some of the twin rooms
- provision of a varied menu.

The Action Plans at the end of this report identify areas where improvements are needed to fully meet 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.

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:

A written statement of purpose had been submitted to the Authority as part of the application to renew the registration as a designated centre for dependent persons. It described the service and the care that is provided and it contained all of the information that is required as per Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Agreed contracts of care were in place that were signed either by a resident or their representative and the documents included detail of the overall services that were to be provided as well as the fees to be charged.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge holds a full-time post in the centre, she is a registered nurse, holds current registration with the nursing professional body and she has the required experience. Based on information supplied to the Authority as part of the application, there was evidence that the person in charge has a commitment to her own continued professional development as she had attended relevant education sessions and training updates.

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

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were copies of a Residents' Guide available in the centre which included all of the required information as did the Directory of Residents.

There was substantial compliance in regard to maintaining records in relation to residents (Schedule 3), general records (Schedule 4), staffing records and medical records.

All of the required operating policies and procedures as per Schedule 5 were available and there was documented evidence of appropriate insurance cover being in place.

Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated 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 inspector was informed that since the previous inspection in August 2013 the person in charge had not been absent for a length of time that required notification to the Chief Inspector.

The inspector was satisfied that there were appropriate governance arrangements in place to cover the absence of the person in charge as the assistant director of care could manage the centre in the absence of the person in charge as she is a suitably qualified and experienced registered nurse. The inspector formed this view, based on information supplied to the Authority as part of the application as well as observations in the centre.

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 - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence that appropriate procedures and documentation were in place to manage residents' finances in a transparent manner.

While there was a written policy and procedures for the prevention, detection and response to abuse, the document required review. It did not outline all of the necessary actions required when managing an allegation of abuse and it contained incorrect information regarding the role of the Authority.

Records indicated that staff had been provided with elder abuse awareness training and provision of the training was also confirmed by staff. Staff that the inspector spoke with demonstrated a good understanding of their responsibilities with regard to reporting an allegation of abuse.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

There was evidence of some good health and safety and risk management measures:

- there was a health and safety policy and a health and safety statement
- records indicated that potential environment risks were monitored and corrective actions were taken if required
- there was protective personal equipment supplied for staff such as disposal aprons and gloves as well as anti-microbial hand gel dispensers
- appropriate infection control practices were implemented in regard to laundry and waste management
- training records indicated mandatory training in moving and handling had been provided for staff
- records indicated that equipment throughout the centre was checked and maintained regularly
- lighting was adequate, hand and grab rails were in the required places and corridors and escape routes were unobstructed.

Since the previous inspection in August 2013 the written risk management policy had been reviewed, however, it did not include all of the required information as it did not state the precautions that should be in place to control the specified risks of a resident absent without leave as well as self harm.

Written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with had been forwarded to the Authority. Records confirmed that fire equipment and fire system checks were up-to-date and mandatory training in fire safety had been provided to staff. However, at the time of inspection the integrity of three identified fire doors required review and it was noted that a fourth fire door was not held open with an appropriate device. The provider informed the inspector that fire door closure devices were due to be installed on doors in the corridors.

While there had been new cleaning equipment purchased since the previous inspection, there was a risk of injury to residents due to potential cross contamination as a review of some of the cleaning practices and procedures were required.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of residents' medicine prescription records and they were maintained in a tidy and organised manner, they were clearly labelled, they had photographic identification of each resident and they were legible. There was evidence that residents' medicine prescriptions were reviewed at least every three months by a medical practitioner as well as a pharmacist.

There was a centre-specific written medication management policy and procedures for the ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out of date medicines. Review of records and observation of practices indicated nursing staff were adhering to professional guidelines and regulatory requirements in regard to storage and administration of medicines.

The inspector reviewed the records of medicine errors and near misses and there was evidence of both a detailed analysis of any incidents involving medicines as well as appropriate actions having been taken.

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:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed the records maintained of any incidents and accidents occurring in the centre and there was comprehensive documentation in place that clearly outlined the details of any event and the ongoing management. There was evidence of good analysis of incidents.

Notifications as required by the Regulations had been forwarded to the Authority.

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:

No actions were required from the previous inspection.

Findings:

An inspector reviewed the findings of audits and evaluations of some practices and these included areas, such as:

- medication management
- skin and wound care practices
- bladder and bowel continence promotion
- infection control
- bed rail restraint practices
- nursing documentation.

Actions plans were associated with the findings and there was evidence that required changes had been implemented.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

There was evidence of improvements being made in relation to the action from the previous inspection regarding provision of stimulating and meaningful activities that were specific to residents' individual needs. A full-time activities coordinator had been in post since approximately two months prior to this inspection with the remit of facilitating the activities programme. The inspector reviewed a sample of residents' assessments of capacity to undertake various activities as well as their associated social and recreational plans. There was evidence that a range of both group and one-to-one activities were consistently being provided that were related to individual resident's preferences and capacities.

There was good evidence that residents had access to and frequent assessment by general medical practitioners and if required they also had access to specialist medical care as well as a full range of allied health services. There was also evidence that staff provided care in accordance with any specific recommendations made by medical and allied health professionals.

In the sample of nursing records that were reviewed, comprehensive nursing assessments of residents had been undertaken and residents' clinical risks were identified and there was evidence that appropriate nursing care was planned and provided. The residents' nursing care plans detailed the care that needed to be provided to individual residents and they were frequently reviewed by nursing staff. There was clear evidence that residents' progress was closely monitored and staff demonstrated a good understanding of residents care needs.

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:

No actions were required from the previous inspection.

Findings:

The centre was warm, tidy and bright and was overall maintained to a high standard with paintwork in good condition. While the floor covering throughout the centre was generally well maintained, a section in the main lounge area had a dark stain.

The necessary equipment for residents was available such as, hoists, wheelchairs, commodes and shower chairs. However, the covering was damaged on some of the chairs used by residents in the main lounge.

Bedroom accommodation consisted of single and twin rooms each with en suite toilet, wash-hand basin and shower. There were appropriate beds and mattresses to meet residents' needs.

There was sufficient communal space as there were various dining and lounge rooms and places for residents to meet with their visitors that were separate to bedroom accommodation.

While there were two enclosed outdoor areas that were accessible from within the centre, they would benefit from some maintenance and further development to ensure they were suitable and safe for residents' use.

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A written complaints policy was available in the centre and the complaints officer was identified. The complaints procedure was hung in a prominent place and an independent complaints appeals process was outlined.

The inspector reviewed the complaints log and as required by the regulations the records that were maintained detailed any complaint, the on-going management and complainants' levels of satisfaction. There was evidence that analysis of complaints was undertaken and written corrective action plans were assigned based off the findings of reviewing complaints.

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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector reviewed the records of two residents who had received end-of-life care and there was documented evidence that the residents had been medically reviewed on a frequent basis and had received individualised nursing care. Upon referral specialised community palliative care services were available if required. Training records indicated staff had received palliative care training in October 2013.

There was a small oratory/prayer area in the centre and the inspector was informed that relatives were facilitated to stay overnight if required.

While there was a written policy in regard to end-of-life care, it did not include comprehensive detail about the nursing care to be provided.

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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents were provided with opportunities to eat their meals while seated at dining tables in communal dining areas and they were also facilitated to eat in their bedroom accommodation if they wished. Residents who needed assistance with eating their meals and drinking were assisted by staff using appropriate techniques.

There was evidence in residents' records that their body weights were taken regularly, a well-recognised nutritional assessment tool was used frequently to monitor each resident's nutritional status and residents that required it were closely observed for their daily food and fluid intake. If required referrals were made to dietician and speech and language services and there was evidence that residents were provided with recommended special diets and/or modified consistencies. Residents' individual preferences and dietary requirements were communicated to the catering staff and residents had access to fresh drinking water and hot drinks and snacks in between main meal times.

There was evidence that residents were provided with food and drink at appropriate times and in adequate quantities. While residents were offered choice of food at the time of inspection, a review of the weekly menu is required to ensure there is sufficient variety of food on a consistent basis.

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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence available that indicated residents were consulted with and participated in the organisation of the centre as residents had been provided with opportunities to join the residents' committee meetings. An external advocate visited the centre on a regular basis to provide advocacy services to residents and she also chaired the residents committee.

There was strong evidence that family and friend contacts were maintained as visitors were welcomed at various times of the day and there were areas for residents to meet their visitors that were separate to bedroom accommodation. Home visits and outings were also facilitated.

It was noted that residents' privacy and dignity could be compromised in some of the twin bedrooms as some of the screening curtaining around bed spaces was inadequate.

Newspapers and televisions were available for residents and there was evidence that religious needs were facilitated and residents had access to an oratory/ prayer area within the centre.

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:

No actions were required from the previous inspection.

Findings:

Each resident had their own wardrobes and bed side lockers/cabinets to store clothing and personal items. It was noted that residents' bedrooms were personalised with items such as pictures, photos and small items of furniture and records were maintained of residents' personal property.

Laundry facilities were on-site and appropriate procedures were observed to be in place for the segregation of dirty and clean laundry as well as the return of residents' personal clothing items.

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:

Duty rosters were maintained for all staff and during the two days of inspection the number and skill-mix of staff working was observed to be appropriate to meet the needs of the current residents. This was also confirmed by residents, relatives and staff.

Staff had been provided with opportunities to attend relevant training, practice updates and information sessions, such as: continence promotion, management of challenging behaviour, wound care, medication management and infection control.

The inspector reviewed a sample of the records that are to be maintained for staff and there was evidence of substantial compliance.

There was a recruitment policy, however, it did not state all of the documents that need to be maintained for staff or the process for authenticating validity of 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:

Col Conway
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	Oaklands Nursing Home
Centre ID:	ORG-0000260
Date of inspection:	11/03/2014
Date of response:	08/04/2014

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

The written policy and procedures for the prevention, detection and response to abuse did not outline all of the necessary actions required when managing an allegation of abuse and it contained incorrect information regarding the role of the Authority.

Action Required:

Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

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

The written policy and procedures for the prevention, detection and response to abuse has been updated immediately to outline all of the necessary actions required.

Proposed Timescale: 08/04/2014

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

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 policy did not state the precautions that should be in place to control the specified risks of a resident absent without leave as well as self harm.

There was a risk of potential cross contamination due to some of the cleaning practices and procedures.

Action Required:

Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

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

The risk management policy was updated immediately.

Proposed Timescale: 08/04/2014

Theme: Safe Care and Support

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

The integrity of three identified fire doors required review and a fourth fire door was not being held open with an appropriate device.

Action Required:

Under Regulation 32 (1) (c) (i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Actions were taken immediately to correct the issues with the fire doors, fire seals were replaced on the 3 doors, and automatic fire panel door releases were fitted to all doors.

Proposed Timescale: 08/04/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

A section of the floor covering in the main lounge area had a dark stain.

Action Required:

Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

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

Floor covering will be replaced in the main lounge.

Proposed Timescale: 01/05/2014

Theme: Effective Care and Support

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

The covering was damaged on some of the chairs used by residents in the main lounge area.

Action Required:

Under Regulation 19 (3) (c) you are required to: Maintain the equipment for use by residents or people who work at the designated centre in good working order.

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

Covering was replaced to identified chairs in the main lounge.

Proposed Timescale: 08/04/2014

Theme: Effective Care and Support

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

The two enclosed outdoor areas would benefit from some maintenance and further development to ensure they were 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:

Seating will be maintained after winter exposure and will be placed in outdoor areas. Replanting of flower beds will be completed during the spring. Raised flower beds will be incorporated into activities schedule for residents to participate in gardening hobbies. Wall decor will be applied and bird feeders to engage residents.

Proposed Timescale: 01/06/2014

Outcome 14: End of Life Care

Theme: Person-centred care and support

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

The written policy in regard to end-of-life care did not include comprehensive detail about the nursing care to be provided.

Action Required:

Under Regulation 14 (1) you are required to: Put in place written operational policies and protocols for end of life care.

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

The end of life policy upon review was not in line with our ongoing developments in this area. It will include comprehensive details of the nursing care provided by Oaklands Nursing Home.

Proposed Timescale: 30/04/2014

Outcome 15: Food and Nutrition

Theme: Person-centred care and support

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

A review of the weekly menu is required to ensure there is sufficient variety of food on a consistent basis.

Action Required:

Under Regulation 20 (2) part 5 you are required to: Provide each resident with food that is varied and offers choice at each mealtime.

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

A full review and audit of menu cycles has been undertaken, and following discussion with kitchen staff and residents, agreement was reached on extending our menu cycles. Residents did voice they did not want to lose our current menu, so this will be incorporated into new menu plan.

Proposed Timescale: 08/04/2014

Outcome 16: Residents Rights, Dignity and Consultation

Theme: Person-centred care and support

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

Screening curtaining around bed spaces in some of the twin bedrooms was inadequate.

Action Required:

Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

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

Current screening will be replaced and we are currently sourcing same.

Proposed Timescale: 01/05/2014

Outcome 18: Suitable Staffing

Theme: Workforce

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

The recruitment policy did not state all of the required documents that are to be maintained for staff or the process for verifying authenticity of staff references.

Action Required:

Under Regulation 18 (1) you are required to: Put in place written policies and procedures relating to the recruitment, selection and vetting of staff.

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

The Recruitment Policy was updated immediately to include all the required documents to be maintained for staff.

Proposed Timescale: 08/04/2014