

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Good Counsel Nursing Home
<b>Centre ID:</b>	ORG-0000416
<b>Centre address:</b>	Kilmallock Road, Limerick.
<b>Telephone number:</b>	061 416288
<b>Email address:</b>	emmetbeston@hotmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Good Counsel Nursing Home Limited
<b>Provider Nominee:</b>	Eileen Beston
<b>Person in charge:</b>	Eileen Beston
<b>Lead inspector:</b>	Gemma O'Flynn
<b>Support inspector(s):</b>	Julie Hennessy
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	28
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

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

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

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

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 14 May 2014 09:30 To: 14 May 2014 17:45

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

Outcome 01: Statement of Purpose
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 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 18: Suitable Staffing

**Summary of findings from this inspection**

This report sets out the findings of an unannounced one day inspection to monitor ongoing compliance with the Regulations.

Good Counsel Nursing Home is situated just outside Limerick City and can cater for 28 residents. On the day of inspection there were no vacancies in the centre.

Inspectors met with residents, staff and the person in charge and reviewed policies, procedures and practices in relation to Risk Management, Medication Management, Health and Social Care Needs, Complaints and Staffing.

Overall, inspectors were satisfied that residents received good care, delivered by staff who knew the residents well. Inspectors observed staff interacting with residents in a respectful, friendly and dignified manner. The health needs of residents were met, however, there were gaps in documentation in this regard. This is discussed in detail throughout the report. The majority of actions identified following the previous inspection had been satisfactorily implemented.

Some areas of improvement were identified by inspectors and non-compliances are discussed throughout the report and 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:**

Compliant

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

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

**Findings:**

The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre and a statement as to the facilities and services which are to be provided for residents. It contained all of the information required by Schedule 1 of the Regulations and had been reviewed in February 2014. The outstanding items that were noted on the previous inspection were completed satisfactorily.

**Outcome 03: Suitable Person in Charge**

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

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was a clearly defined governance structure that identified the lines of authority and accountability in the centre. The post of the person in charge was held by the provider and was a full time post. She had many years experience in the area of nursing the older person. She was able to demonstrate very good clinical knowledge and sufficient knowledge of the legislation and her statutory responsibilities. Residents were

able to identify her as the person in charge and staff told inspectors that she was an approachable manager.

**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 - Minor

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

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

**Findings:**

Inspectors found that a record of the medical, nursing and psychiatric (where appropriate) condition of the person at the time of admission and their medications at the time of admission were satisfactorily recorded. These were not in place at the previous inspection. The person in charge told the inspector of new admission documents that had been developed since the last inspection and these were evidenced in the random sample of resident files reviewed by the inspector.

The requirements of the risk management policy were held in the health & safety manual, however as it was not dated it was not clear that it had been updated in the last three years as required by the Regulations. The medication policy was a comprehensive document but again was not dated to show it had been reviewed in the last three years nor were the cleaning procedures.

**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:**

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

**Findings:**

There was a comprehensive policy on and procedures in place for, the prevention, detection and response to abuse. However, whilst the reporting arrangements to the Authority in the event of an allegation of abuse were displayed in the nurses' office, they were not included in the policy. Staff had received training in adult protection and training records confirmed this. Staff were aware of what constituted abuse and were able to tell inspectors what they would do in the event an allegation, suspicion or disclosure of abuse and were able to identify the person in charge as the person to report any incidents to. The centre had an up to date 'whistleblowing' policy that set out how staff are protected if reporting abuse. There was evidence that the subject of elder abuse was discussed at staff meetings. Residents told inspectors that they felt safe in the centre and were very happy there.

Consent for photographs for resident files were in place in the random selection of resident records reviewed by inspectors.

There were systems in place to safeguard residents' money and the person in charge told inspectors that they were not currently safekeeping any resident monies. The person in charge told inspectors of the process of managing resident monies and whilst this was robust, it wasn't reflected in the centre's policy.

**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:**

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

**Findings:**

The centre had policies and procedures pertaining to health and safety. A health and safety statement was in place but this was not reviewed on an annual basis.

Policies relating to risk management were maintained in the Health & Safety Manual and included the items set out in the Regulations. Inspectors found that improvements to the system of hazard identification were required as hazard inspections were not taking place on a regular basis in an effort to identify new or changing hazards. Whilst the risk register was updated on an annual basis, such infrequency of review did not ensure that current controls were sufficient and/or proportional. Inspectors found that because an external person was reviewing risk assessments on an annual basis, there was nobody

nominated in-house to ensure that new risk assessments were being completed in response to newly identified hazards to ensure adequate controls were in place. Inspectors noted some hazards in the centre that may have been identified sooner had more regular hazard inspections been taking place. These are discussed throughout this outcome.

There was an emergency plan in place for responding to emergencies and this was a comprehensive document. There were arrangements in place for the prevention and control of infection. Staff were observed using handwashing facilities and hand gel at appropriate times. It was evident that work had been done in this area since the last inspection in that all staff had received training in infection control and hand hygiene and were able to demonstrate an awareness of infection control principles.

However, some further improvements were required in the area of infection control. Whilst the cleaning staff had received training in hand hygiene, further training specific to the role to ensure adequate infection control practices was required, management indicated that they were aware of this and were currently sourcing an appropriate training course. Overall the centre was clean, but some cleaning equipment, namely mop heads, were visibly in poor condition and required replacing; meaning it was not possible to clean some parts of the premises to an acceptable standard. Whilst new commode chairs had been purchased in the last year, two commode seats were torn in places meaning they could no longer be properly cleaned.

Staff were up to date in people moving and handling training and appropriate equipment and aids were available to ensure safer moving and handling practices. Handrails were in place in circulation areas.

Suitable fire equipment was maintained and was serviced within the last year. There was adequate means of escape and daily checks of fire exits to ensure that they were unobstructed were undertaken and documented. However, inspectors found that on the day of inspection, bedroom doors were propped open with chairs, posing a risk to resident safety in the event of a fire. Inspectors brought this to the attention of the person in charge and immediate action was taken. Management advised inspectors that they plan to investigate a more appropriate solution to facilitate residents who wish to have their bedroom door kept open. Weekly fire alarm checks were completed as were monthly visual inspections of fire fighting equipment. The procedure for the safe evacuation of residents and staff in the event of a fire was not prominently displayed. Staff had received mandatory fire training and were aware of what to do in the event of a fire.

There were a number of residents smoking in the centre and on the day of inspection, one resident was observed smoking in a non designated area. Inspectors noted that an adequate risk assessment for the smoking room had not been undertaken. For example, there was insufficient fire safety precautions as there was no provision for calling a member of staff or fire fighting equipment. Appropriate fire retardant bins were provided.

## **Outcome 08: Medication Management**

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

### **Theme:**

Safe Care and Support

### **Judgement:**

Non Compliant - Moderate

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

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

### **Findings:**

There was a written operational policy relating to medication management in the centre. Whilst overall this was a comprehensive document, it didn't include the arrangements for the ordering of medication as required by the Regulations nor did it include the arrangements for managing anticoagulant medication and the necessary nursing interventions associated with same, to ensure safe and consistent care.

There were processes in place for the handling of medicines, including controlled drugs. However, there was no recent documentation to confirm that checks were carried out on medications delivered by the pharmacy to ensure that they corresponded with the residents' prescriptions.

The maximum dose for PRN (as required) medication was recorded on residents prescription chart. Inspectors observed the lunch time medication round and overall, found that staff adhered to good practice. However, inspectors found that in one record, medication was administered at a time different to that prescribed, therefore not complying with professional guidelines for nurses. There were appropriate procedures for the handling and disposal for unused and out of date medicines.

Inspectors carried out a random check of controlled drugs and found that they corresponded with checks carried out by nursing staff. The inspector found that they were checked at the start of every shift and signed by two nurses which was an action implemented following the previous inspection. Controlled drugs were stored as per professional guidelines.

The person in charge told inspectors that prescriptions were transcribed only in exceptional circumstances. The person in charge detailed the process for this and this corresponded with the centre's policy.

Whilst there was evidence that medication audits had been carried out in the past, inspectors found that this was not an ongoing arrangement and it was more than 12 months since the last audit. The person in charge told inspectors that she carried out competency checks with staff on a random basis but there was no documentary evidence of this.

**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:**

A record of all incidents occurring in the centre was maintained and all notifiable incidents were notified to the Authority within the required time frame. A quarterly report was submitted as required by the Regulations and where there were no incidents to report a 'nil return' was made as required.

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

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

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

Inspectors found that whilst there was a range of audit tools in place in the centre such as medication management, infection control and health & safety, all were overdue with the exception of the health & safety audit, where an external review had taken place in the last year. The person in charge told inspectors that residents were facilitated in discussing matters about the centre in the evenings but there was no formal system or audit in place to obtain feedback from residents and their families. Where audits had taken place in the past, not all audit recommendations were put in place such as replacement of assistive devices.

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

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

**Theme:**

Effective Care and Support

**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

Residents had timely access to regular GP (General Practitioner) services as evidenced in their records. There was evidence of access to allied health care services which reflected the diverse care needs of residents such as occupational therapy, speech and language therapy and chiropody. The centre had recently reviewed their policy to ensure that a resident's decision to refuse referral to such services was communicated to their respective GP. Measures were taken to enhance early detection of ill health such as monthly blood pressure and weight checks.

Each resident underwent regular assessments to ensure that care was meeting the needs of the residents, such as falls risk, pressure sore risk, oral assessment, mobility assessment and assessment of independence in activities of daily living. Inspectors noted that a nutritional screening tool was not currently in use in the centre to aid in the monitoring of residents' nutritional status.

Whilst each resident had a care plan and inspectors acknowledge that the person in charge was making efforts to improve these, overall, they were found to be insufficient. A care plan was not clearly available for every problem identified and it wasn't evident that the assessments that were undertaken were used to inform the residents' care plans. Inspectors found that it wasn't clear in every instance what the identified problem was, what the goal was and what care intervention was required to meet a goal. There was little evidence to indicate that care plans had been agreed and developed in consultation with the resident and/or their representative. This was discussed in detail with the person in charge on the day.

There was a policy in place to manage behaviour that challenged and this was a comprehensive document and was in line with national policy. However, there was evidence that the policy was not implemented in practice, for example, the use of the ABC (Antecedent, Behaviour, Consequence) tool was not utilised for some residents

contrary to the centre's policy. Where it was necessary to utilise bed side rails, an appropriate assessment was completed with rationale for same. The person in charge told inspectors that staff checked residents regularly when these were used, however these checks were not documented. Staff had received training in the management of behaviour that challenges.

Residents had opportunities to participate in meaningful activities such as reminiscence therapy, skittles, knitting, physical therapy and others. There was an enclosed garden with antique farming equipment that provided a point of interest for many residents. The centre provided a number of spaces where residents could meet visitors privately.

### **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:**

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

**Findings:**

The design and layout of the centre was in line with the Statement of Purpose. The centre was adequately maintained and there was suitable lighting and heating. However, throughout the day at different periods, a strong smell of cigarette smoke permeated the centre. The centre was homely with sufficient furnishings, fixtures and fittings. Overall the centre was clean, however the sluice room sink required attention. Whilst the centre was suitably decorated, some areas were in need of updating, such as the bathrooms. Commode frames, toilet and shower accessories were clean, however as discussed in outcome seven, some equipment required replacing, such as torn commode seats and mop heads that were not fit for purpose. In follow up to the previous inspection, all beds were height adjustable. Equipment such as lifting hoists had been serviced as required.

There was adequate private and communal accommodation and the size and layout of bedrooms were sufficient to meet the needs of the residents. Residents had access to a well maintained, secure garden 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 - Minor

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

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

**Findings:**

There was a complaints policy in place that outlined the management of complaints. In response to the previous inspection, the details of the independent appeals person was now included. However, the procedure required review to clearly identify the steps involved in making a complaint, this was addressed satisfactorily prior to the end of the inspection. Residents and staff who spoke with inspectors confirmed that they would be happy to raise any concerns or complaints they may have.

A log was maintained of complaints made in the centre, however it did not meet all the requirements of the Regulations. For example, if a complainant was referred to the independent appeals person this was not always documented nor was the outcome of the complaint always recorded.

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Workforce

**Judgement:**

Compliant

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

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

**Findings:**

There was sufficient numbers of staff with the right skills mix to meet the needs of the residents on the day of inspection. There was an actual rota maintained and this corresponded with the planned rota. An up to date recruitment policy was in place and

this also outlined the details of supervision arrangements and these were confirmed by a staff member.

Education and training was available to staff to enable them to provide care that reflected contemporary practice. All mandatory training such as fire safety and manual handling was completed and training pertinent to the role of staff members had also been undertaken such as infection control, management of behaviour that challenges and adult protection. A small number of care staff had not yet completed formal training relevant to their role (FETAC Level 5 or equivalent) as recommended in the National Quality Standards for Residential Care Settings for Older People in Ireland. The management of the centre were aware of this and told inspectors that they were actively encouraging the relevant staff to undertake same.

A copy of the Standards was available in the nurses' office. A sample of staff files were reviewed and were found to be compliant with the Regulations.

## **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:***

Gemma O'Flynn  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	Good Counsel Nursing Home
<b>Centre ID:</b>	ORG-0000416
<b>Date of inspection:</b>	14/05/2014
<b>Date of response:</b>	12/06/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

#### Outcome 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:**

Some policies and procedures had not been dated to show that they had been reviewed in the last three years.

**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:**

A revised cover page is now in place for all policies detailing last revision date.

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

**Proposed Timescale:** 12/06/2014

### **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 centre's policy for the management of residents' personal finances did not reflect the robust procedures described by the person in charge. The centre's safeguarding policy did not include the requirement to report allegations of abuse to 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:**

Both policies are being reviewed with a planned implementation date of 01/07/2014.

**Proposed Timescale:** 01/07/2014

### **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 arrangements for identifying and assessing risk throughout the centre and the precautions in place to control risks identified were inadequate as they occurred on an annual basis only and did not identify all risks in the centre such as residents smoking in non designated smoking areas.

**Action Required:**

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

A revised risk management policy including more frequent audits will be developed in conjunction with our external safety consultant and implemented.

**Proposed Timescale:** 11/07/2014

**Theme:** Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

The fire evacuation plan was not displayed in a prominent location.

**Action Required:**

Under Regulation 32 (3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

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

The Fire Evacuation Plan is now displayed in three locations throughout the centre.

**Proposed Timescale:** 12/06/2014

**Theme:** Safe Care and Support

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

An adequate risk assessment had not been completed for the smoking area as there was insufficient fire fighting equipment provided.

**Action Required:**

Under Regulation 32 (1) (a) you are required to: Take adequate precautions against the risk of fire, including the provision of suitable fire equipment.

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

A revised risk assessment will be carried out in relation to the smoking area and additional fire fighting equipment is now in place.

**Proposed Timescale:** 11/07/2014

**Outcome 08: Medication Management**

**Theme:** Safe Care and Support

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

The centre's policy did not include the arrangements for ordering or arrangements for managing anticoagulant medication. Medication was not always administered at the time prescribed.

**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:**

We will revise our medication management policy to include for ordering and

arrangements for managing anticoagulant medication.

We will conduct a staff meeting to insure medication is administered to a timeframe that complies with ABA guidelines.

**Proposed Timescale:** 01/07/2014

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

**Theme:** Effective Care and Support

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

A system, though established, was not maintained for reviewing the quality and safety of care in the centre and was not effective in improving the quality and safety of care and the quality of life of residents.

**Action Required:**

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

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

Our residents committee will be re activated and questionnaires issued to residents and / or their care representatives to provide formal feedback to management.

**Proposed Timescale:** 11/07/2014

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

**Theme:** Effective Care and Support

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

Suitable arrangements were not recorded in the care plan or resident records regarding a resident with behaviour that challenged. Records were not maintained of checks carried out on residents utilising bedside rails.

**Action Required:**

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

A record is now being maintained of checks carries out on residents utilising bed rails.

A revised care plan system is being implemented in compliance with best practice.

**Proposed Timescale:** 01/08/2014

**Theme:** Effective Care and Support

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

Care plans did not adequately set out residents' needs. There was no evidence in all files reviewed to demonstrate that care plans had been agreed to or developed in consultation with residents and/or their representative.

**Action Required:**

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

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

A revised care plan system is being implemented in compliance with best practice.

**Proposed Timescale:** 01/08/2014

**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:**

Some commode seats were torn and required replacing.

**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:**

The commode seats in question have been replaced.

**Proposed Timescale:** 12/06/2014

**Theme:** Effective Care and Support

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

A resident was observed smoking in the designated non-smoking communal area.

**Action Required:**

Under Regulation 19 (3) (e) part 1 you are required to: Provide adequate private and communal accommodation for residents.

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

We will hold a meeting with all residents reiterating the nursing home policy in relation to smoking areas. We will also discuss same with staff and request additional vigilance in this area.

**Proposed Timescale:** 01/07/2014

**Outcome 13: Complaints procedures**

**Theme:** Person-centred care and support

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

The complaint log did not meet all the requirements of the Regulations in that there was some gaps in documentation.

**Action Required:**

Under Regulation 39 (7) you are required to: Maintain a record of all complaints detailing the investigation and outcome of the complaint and whether or not the resident was satisfied.

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

A new complaints log is being developed to insure all required information will be documented.

**Proposed Timescale:** 18/07/2014