

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Chois Fharráige
Centre ID:	OSV-0000382
Centre address:	Pairc, An Spidéal, Galway.
Telephone number:	091 553 194
Email address:	araschoisfharráige@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Aidan & Henrietta McGrath Partnership
Provider Nominee:	Aidan McGrath
Lead inspector:	Jackie Warren
Support inspector(s):	Linda Moore
Type of inspection	Unannounced
Number of residents on the date of inspection:	41
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 the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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: 28 November 2014 10:00 To: 28 November 2014 17:30

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

Outcome 02: Governance and Management
Outcome 05: Documentation to be kept at a designated centre
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 13: Complaints procedures
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 follow-up inspection was unannounced and took place over one day. The inspectors met with residents, staff members, the provider and the person in charge and also observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and staff files.

The inspectors found that there had been significant improvement in governance, health care, risk management and staffing since the last inspection. The provider had made improvements to management systems and recruited additional staff to ensure that the service provided was safe, appropriate, consistent and adequately monitored. A range of additional training had also been delivered to staff.

The provider and person in charge had also made appropriate improvements to:

- policies
- staff recruitment
- risk management
- health care assessments and care planning
- staff training

food and nutrition
falls management
auditing and quality improvement
infection control
privacy screening
medication management
complaints process.

Some issues which impacted on the health care of residents were identified, such as the recording of health care interventions, restraint assessment and provision of suitable meals for residents requiring special diets. Further improvement was also required to the documentation of medication errors, finalising some policies which were being reviewed at the time of inspection and allocation and supervision of staff duties.

The provider and person in charge stated that they were committed to raising the level of care and to continuous improvement. They acknowledged areas where further improvement was required and explained that they would achieve this by further training, supervision, updating policies and auditing. They confirmed that the issues identified during this inspection would be addressed.

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 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

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

Findings:

Since the last inspection the provider had made improvements to management systems to ensure that the service provided was safe, appropriate, consistent and adequately monitored. The following measures had been introduced:

- additional staff had joined the management team to improve governance and supervision of staff
- policies had been reviewed and amended to provide better guidance to staff
- the staffing level had been increased
- extensive staff training had been undertaken
- auditing systems had commenced to improve the quality of service to residents.

There was a new person in charge and two clinical nurse managers had been appointed from within the existing nursing staff to assist her in her role. While the roles of the clinical nurse managers had not yet been clearly defined, the person in charge stated that they would be rostered for two sessions each week on clinical governance in addition to some nursing shifts. However, these hours had not been finalised at the time of inspection. There were clear on-call arrangements in place to support staff in the absence of the person in charge.

The person in charge had devised systems to review and monitor the quality and safety of care and the quality of life of residents for the purpose of learning and improving the service. While these systems had commenced, the person in charge stated her plans for further development of audits to clearly identify trends. For example, measures to reduce the risk of falls had been introduced following falls auditing and the numbers of falls occurring in the centre were low.

The person in charge told the inspectors that she was well supported by the provider.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

The inspectors reviewed a range of documentation, including operational policies and records relating to staff recruitment, medication management and health care, and found that the standard of documentation had improved since the last inspection.

All of the policies required by the Regulations were present, as well as additional policies which had been developed, such as policies on skin care and pain management. The provider and person in charge confirmed that all policies had been reviewed and updated as necessary to reflect practice and guide staff. They confirmed that further review of some of the policies, such as the medication policy, was required and was in progress. An inspector read a sample of the policies and found that those viewed were informative and centre specific. The policies were stored in an organised manner and were accessible to staff as required. The person in charge stated that policies were read and discussed at staff meetings to familiarise staff with their content and staff had signed to confirm that they had read the policies.

An inspector read the recruitment documentation in a sample of staff files and found that the required information, such as two written references, documented evidence of relevant training and a recent photograph, was present. Up to date registration details were retained for all nursing staff.

Staff had been working to update residents' plans of care, health care assessments and use of restraint (bed rails) and the standard of this documentation had improved significantly. The documentation viewed by the inspectors was suitably filed and easily retrievable. However, some further improvement was required to guide practice. For example, some assessments were not being consistently completed or dated and some medication errors were not being documented.

Judgment:

Non Compliant - Moderate

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Outcome 07: 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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
The inspectors found that the issues identified at the previous inspection in relation to the elder abuse policy and understanding of elder abuse had been addressed, but some improvement was required in relation to management of behaviours that are challenging and restraint assessment.

Since the last inspection the elder abuse policy had been revised to provide more comprehensive to staff on the management of elder abuse. An inspector read the revised policy and found that it was informative and centre specific.

All staff had recently received training in detecting, reporting and responding to allegations of abuse and the person in charge was clear on how an allegation or suspicion of abuse would be investigated. The provider had also organised additional future training focused on safeguarding residents. Training on management of restraint in residential care settings, behaviours that challenge in dementia care, elder abuse and pressure ulcer prevention and nutrition in elder care settings had been arranged for early in 2015.

The restraint policy had been revised to provide more comprehensive guidance to staff. On reviewing a sample of care files the inspectors found that while the assessments for the use of bed rails were suitable, assessments for the use of tilted chairs were not sufficient to identify all potential risks. Care plans had not been developed for the care and supervision of some residents who used bed rails. The provider and person in charge confirmed that there was additional training planned to guide staff in restraint assessment and management.

All staff had received up to date training in management of behaviours that challenge and suitable care plans had been developed as required.

Judgment:
Non Compliant - Moderate

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

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

Findings:

The provider, person in charge and staff had introduced measures to manage a number of clinical and environmental risks which had been identified at the previous inspection.

Since the last inspection all staff had received additional manual handling training and no poor manual handling practices were noted during the inspection. Improvements to the smoking room had been undertaken such as removal of any flammable materials and the provision of a fire blanket and a fire retardant smoking apron for any resident who wished to use it. Throughout the building the inspectors found that harmful materials were securely stored. There was a missing person profile on each resident's file.

All staff had recently attended fire safety and evacuation training and staff who spoke with the inspectors were clear on the actions to take in the event of a fire.

An inspector viewed the risk management policy and risk register and found that it was informative, centre specific and included the specific risks as required by the Regulations.

The provider had introduced measures to reduce the risk of infection in the centre:

- a new infection control policy had recently been developed.
- shortly after the inspection, the provider confirmed that a mechanical bed pan washer had been purchased and installed.
- additional staff had been recruited and assigned to housekeeping duties only, eliminating the need for staff to switch between care and housekeeping roles.

A high standard of hygiene was maintained in the centre and there were wash hand basins and supplies of hand sanitising gels available throughout the building for staff, residents and visitors to use.

Judgment:

Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

Medication management, including the medication management policy, was identified as an area for improvement during previous inspections. On this inspection the inspectors that the person in charge and staff had taken measures to suitably address this deficit and to ensure that residents were protected by safe medication management policies and practices. Since the last inspection the medication management system had been suitably improved to ensure there were safe processes for the administration, storage and disposal of medication. The person in charge showed the inspectors a new medication administration recording system which was due to be introduced within the coming month.

Since the last inspection staff had received training in medication management and demonstrated a good knowledge of medication administration practices while talking to inspectors.

However, the recording of medication errors had not been suitably addressed. Staff said that there had not been any recent medication error, although, in the course of the inspection, an inspector noted an administration of medication error which had not been recorded. The medication policy was in the process of being reviewed and updated by the person in charge. The recording of medication errors and the medication policy are actioned in outcome 5.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's 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

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

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

Findings:

There had been improvement to the assessment, planning and delivery of health care since the last inspection.

There was a new care planning system in place and all nursing staff had received training in the implementation of this system. New care files had been developed for all residents. Comprehensive assessments and a range of additional risk assessments had been carried out and were recorded in the sample of files viewed by the inspectors. Staff had developed care plans based on the risks and care needs identified. The files viewed were organised and information was readily accessible. There were measures in place to provide suitable care to residents in areas such as wound care, nutrition, falls and epilepsy management. Policies had been developed to guide staff in these areas of care and the provider had systems in place to train staff in evidence based nursing care. Staff who spoke with the inspectors were knowledgeable about the care required by residents.

Some issues which impacted on the health care of residents were identified, such as the recording of health care interventions, restraint assessment and provision of suitable meals for residents requiring special diets. These are discussed in outcomes 5, 7 and 15.

Residents had access to GP and a range of other health care services. Records of medical visits and health care consultations were written up in the residents' notes.

Judgment:

Compliant

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

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

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

Findings:

Practice in relation to complaints management had required some improvement at the last inspection and the inspectors found that this had been suitably addressed.

The inspectors viewed the complaints ledger and found that that there had been a low number of complaints recently. There was evidence that complaints had been suitably investigated and that the complainant had been kept updated during the process. The complainant's level of satisfaction with the outcome was also recorded.

Judgment:

Compliant

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

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

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

Findings:

The nutritional needs of residents were not being consistently well met during the previous inspection. On this inspection, the inspectors found that this had been partially addressed although further improvement was required in some areas. Residents' nutritional needs had been assessed, referrals to health care professionals had been made, recommendations of dieticians and speech and language therapists had been recorded and the person in charge had developed an information sheet highlighting each resident's nutritional need and status.

Having reviewed care plans, observed mealtimes and discussed nutritional requirements with staff, the inspectors found that residents' dietary requirements were generally being provided in line with their assessed needs and the recommendations of dietetic and speech and language therapists. Guidance for the provision of special diets and modified consistency foods had been supplied to catering staff and suitable meals were generally being provided for residents. However, some meals were not provided to residents in line with these guidelines, although this was being addressed at the time of inspection. The person in charge had identified a need for further training in the preparation of modified consistency meals and a speech and language had come to the centre on the day of inspection to deliver this training to staff. Residents were appropriately seated and staff assisted residents in a respectful manner at mealtimes.

The provision of suitable alternatives to residents with special dietary needs had been considered. The chef explained that she made cakes and desserts with sugar substitutes to provide more choice to residents with diabetes.

The inspectors reviewed a sample of records and found that each resident had nutritional assessment, using a recognised assessment tool, carried out on admission and at three-monthly intervals thereafter or more frequently if required. Residents' weights were routinely monitored and recorded.

Judgment:

Non Compliant - Moderate

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's 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. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

Outcome 16 was not fully examined on this inspection but privacy screening arrangements in shared bedrooms was reviewed.

Most residents occupied single rooms, although there were a small number of two-bedded rooms in the centre. Since the last inspection the provider had installed additional screening curtains to increase the privacy of residents in shared rooms. The screens could be extended to fully enclose each bed. However, the placing of the curtains did not provide sufficient space in the screened area for the use of assistive equipment such as hoists. The provider confirmed that these beds would be reserved for residents who did not require the use of such assistive equipment and this is stated in the statement of purpose.

Judgment:

Compliant

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

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

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

Findings:

Outcome 17 was not fully inspected on this inspection but the management of laundry was reviewed.

Residents' laundry was carried out in the centre and improvement had been made to the

identification of items of clothing to ensure that residents' own clothes were returned to them. The person in charge had assigned one staff member to laundry duties. She had checked all residents clothing to ensure that it was suitably labelled and had replaced labels as required to ensure that they were legible. There had been no recent complaints to suggest that clothing had been misplaced while laundering.

Judgment:

Compliant

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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

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

Findings:

During the last inspection the staffing level and skill mix at certain times was inadequate to meet the needs of residents and staff members were not suitably supervised. During this inspection the inspectors found that this had been improved. Since the last inspection there had been a change in the organisational structure which included a change in person in charge and the employment of two clinical nurse managers to assist the person in charge in clinical governance. In addition, further nurses, care staff, an activity co-ordinator and designated cleaning staff had been appointed.

There were normally two nurses on duty during the day and evening and one nurse at night, in addition to the person in charge who worked on weekdays. Two clinical nurse managers, had also recently been appointed from within the existing staff complement . Their hours were being finalised, but the provider and person in charge confirmed that it was intended that the clinical nurse managers would, in addition to working nursing care shifts, be involved in management duties such as auditing, supervision and training.

It was noted, however, that the allocation and organisation of staff duties was not sufficient to supervise residents and meet their social and other holistic needs. At some times inspectors observed residents sitting for long periods without supervision, social or leisure involvement and company.

Since the last inspection the provider had arranged for staff to attend an intensive schedule of varied training and the training matrix indicated that further training was planned. The person in charge stated that staff were being and would be appropriately supervised to ensure that outcomes from training was suitably implemented and reflected in the care delivered to residents.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Jackie Warren
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Aras Chois Fharraige
Centre ID:	OSV-0000382
Date of inspection:	28/11/2014
Date of response:	29/01/2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Some policies were not finalised and required further review.

Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them

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

in accordance with best practice.

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

All policies were rewritten and in place as of the 19th December 2014. They are now undergoing further revision and will be reviewed and amended in line with centre specific practices with finalisation of all policies scheduled by end March 2015

Proposed Timescale: 31/03/2015

Theme:

Governance, Leadership and Management

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

Some care planning documentation was not being consistently completed or dated and some medication errors were not being documented.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

The transfer of resident information into the new care plan format was completed by end November 2014. The new care plan framework incorporates a review requirement to ensure an up to date record of the care delivered to the individual resident. Following inspection and to address concerns raised, all care plans were reviewed by the 19th December 2014 to ensure that they were complete and dated.

In accordance with the requirement to review care plans at a minimum every four months we have now commenced a full review of all care plans in conjunction with resident or family to ensure the record of care delivered is current and relevant. This process is currently ongoing and due for completion by end March.

Proposed Timescale: 31/03/2015

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

Assessments for the use of tilted chairs were not sufficient to identify all potential risks.

Care plans had not been developed for the care and supervision of some residents who used bed rails.

Suitable care plans for the management of behaviours that challenge had not been developed as required.

Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Hydro Tilt Chairs – An assessment using a risk matrix is being used to complement the hydro tilt chair assessment currently in use. This will aid in identifying all potential risks to the residents using these chairs.

Bedrails – Specific goals of care have been developed to properly bring together the actions already being taken in caring for residents using bedrails.

Behaviours that Challenge – A policy on behavioural symptoms has been developed. When the need is identified a Behavioural Chart will be commenced to aid in identifying causes and contributory factors to the Challenging Behaviour. As per the policy, the nursing team will endeavour to problem solve by ongoing observation and document their findings in the behaviour chart/care plan. Failing a resolution by the nursing team to improving/managing the behaviour the GP will be informed and his recommendation sought. If the GP decides further specialist input is required then a decision to refer the resident on to the community psychiatry service or the psychiatry of later life services will be considered. Family will be consulted and kept fully updated on whatever course of action is recommended.

Proposed Timescale: 31/12/2014

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:

Some meals were not provided to residents in line with the recommendations of the speech and language therapist.

Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

All the resident's individual dietary requirements have been reviewed. Actions and supervision are now in place dissemination of this information to all staff.

Proposed Timescale: 31/12/2014

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Staff members were not appropriately supervised.

Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

A dedicated team is allocated daily to each floor. The team is led by a Registered Nurse during day shifts to ensure adequate supervision of the upstairs and downstairs areas. A monitoring and recording system has been put in place to ensure residents checked at hourly intervals on the night shift under the supervision of the Registered Nurse.

Proposed Timescale: 31/12/2014