

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Nursing Unit Abbeyleix
Centre ID:	OSV-0000527
Centre address:	Ballinakill Road, Abbeyleix, Laois.
Telephone number:	057 873 1204
Email address:	marym.lawlor@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Julie Pryce
Support inspector(s):	Conor Dennehy
Type of inspection	Announced
Number of residents on the date of inspection:	18
Number of vacancies on the date of inspection:	2

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, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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:
03 February 2015 10:00	03 February 2015 18:30
04 February 2015 08:00	04 February 2015 14:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was conducted in response to an application from the provider to renew registration. As part of the inspection, the inspector and the supporting regulatory officer met with residents, relatives and staff members. They observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. Questionnaires submitted by residents and relatives were reviewed as part of the inspection.

The inspector found the health needs of residents were met to a good standard. The nursing care was provided by staff who were familiar with the care needs of residents and was guided by policies and practices which were regularly reviewed.

Residents had good access to the services of a general practitioner (GP) and, a range of allied health services. The quality of residents' lives was enhanced with availability of a variety of activities during the day, with clear evidence of their involvement in the running of the centre.

Some areas for improvement were identified, mainly in relation to record keeping, and these matters are further discussed in the report and in the action plan at the end of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 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:

Governance, Leadership and Management

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

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

Findings:

The statement of purpose contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose accurately reflected the service provided in the designated centre.

Judgment:

Compliant

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:

There was a clear management structure in place that all staff were aware of, and some processes in place to support communication throughout this structure. For example, regular staff meetings were held, and 6 weekly management team meetings were held. However the recording of the minutes of these meetings was sporadic, and there was

little evidence of the monitoring of any agreed actions.

Various audits had been conducted, including health and safety audits and audits of care plans. However there was no evidence of the monitoring of required actions identified in these audits. During the course of the inspection the Person in Charge introduced a template to ensure the monitoring of actions.

The registered provider had ensured that there were sufficient resources to ensure the effective delivery of care to residents.

Judgment:

Substantially Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. 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:

Governance, Leadership and Management

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

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

Findings:

Contracts of care were now in place for respite residents which outlined the services to be provided and included details of any additional fees for services

A residents' guide was in place which met all the requirements of the regulations.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was a registered general nurse and had the relevant necessary experience. There was clear evidence of her continuing professional development and of her supporting staff to keep up to date. She was aware of her responsibilities under the regulations and showed clear leadership to staff.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there were systems in place to maintain complete and accurate records. All the policies required under Schedule 5 were in place, were centre-specific and in sufficient detail to provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies.

Inspectors found that medical records and other records relating to residents and staff were maintained in a secure manner. The resident's guide had been drawn up in line with the requirements of the Regulations.

However, a record of the food provided to all residents was not maintained. The Person in Charge undertook to introduce this immediately. In addition, the implementation of care as outlined in care plans was not always recorded.

Judgment:

Substantially Compliant

***Outcome 06: 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.***

<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The provider and the person in charge were aware of the requirements in relation to notifying the authority of periods of absence of the person in charge, and there were satisfactory deputising arrangements in place in the event of such an absence.</p>
<p>Judgment: Compliant</p>

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.

<p>Theme: Safe care and support</p>
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<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: The inspector found that measures were in place to protect residents and to respond appropriately to any allegations of abuse. All staff had been trained in the protection of vulnerable adults were knowledgeable in relation to the types, signs and management of any allegations of abuse.</p> <p>Residents finances were examined during the inspection and the safeguarding systems were found to be robust.</p> <p>The inspector found any restrictive practices in place, such as bedrails or bed alarms, they had been appropriately risk assessed, and the plans for their use included appropriate members of the multi-disciplinary team, and the resident where possible.</p> <p>Plans of care relating to the management of challenging behaviour were not detailed enough to guide practice, as discussed further under Outcome 11.</p>

<p>Judgment: Compliant</p>

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

Findings:
There had been some improvements in the structures and process in relation to risk management since the last inspection. A risk register was in place, risk management walkabouts had taken place and the risk management policy had been reviewed. However, this policy still did not include all the requirements of the regulations, for example, the measures and action in place to control specific risk including accidental injury.

Individual risk assessments relating to residents were in place, including the use of stairs, the management of falls and the management of any restrictive interventions. In addition, there was a missing person profile and a personal evacuation plan in place for each resident.

The inspector found that systems were in place for the prevention and detection of fire and the management of emergencies, including a satisfactory emergency plan. All fire safety equipment had been regularly tested. The training records showed that there was regular fire safety training for the staff and regular fire drills were conducted. However, the records of these fire drills were not maintained in sufficient detail as to facilitate learning from the drills. All staff engaged by the inspector demonstrated an awareness of the procedures required in relation to the prevention and detection of fires, and of the management of emergencies.

Practices and structures in relation to infection control were adequate for the most part, however, some staff still required training in hand hygiene, as further discussed under outcome 18.

Judgment:
Substantially 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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found that there were structures and processes in place in relation to the safe management of medications. There was a centre-specific medication management policy in place which gave appropriate guidance to staff in relation to permanent residents. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centres policies and professional guidelines for the most part. However prescriptions for as required (PRN) medications did not always specify the conditions under which the medication was to be administered, and the inspector was concerned that this may lead to subjective decision making.</p> <p>Some improvements were required in the management of medications for respite users. For example, no account was kept of the amount of medication which was received from home when a resident availed of short term respite care. This was not in accordance with the centre's policy, and the inspector was concerned that discrepancies would not be detected</p>
<p>Judgment: Substantially Compliant</p>

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

<p>Theme: Safe care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.</p>
<p>Judgment: Compliant</p>

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):

Findings:

The inspector found that residents received a good standard of nursing care from staff who were familiar with their health care needs. Residents had access to various members of the multi disciplinary team in accordance with their assessed needs, including general practitioner (GP), pharmacist and speech and language therapist.

Contemporary assessments were in place for all residents, and plans of care were in place in relation to healthcare and social needs for the most part. These care plans were based on the assessed needs of residents, for example in relation to colostomy care, the management of epilepsy and wound care, contained sufficient detail as to guide care delivery and were regularly evaluated. A three monthly review of care plans took place and was clearly documented. Any acute conditions reviewed by the inspector had detailed plans of care in place.

However, the plans of care in relation to the management of behaviour that challenges did not contain sufficient detail as to guide staff. In a sample of care plans there was an assessed need in relation to behaviour which required intervention. There was no description of the behaviours which required these interventions, and the inspector was concerned as to how the effectiveness of any strategy could be ascertained.

Implementation of care plans was recorded for the most part, for example there was recording in place for wound care, including photographic recording of the progress. However, the recording of implementation was missing from some of the care plans, for example, in relation to the two hourly turning for one resident in relation to pressure area care, and this is further discussed under Outcome 5. In addition, one of the care plans reviewed by the inspector required the monitoring of fluid intake, but there was no evidence of the recording of this intervention.

The inspector found a good standard of care in relation to the social and activation needs of residents. There was a dedicated activities co-ordinator, and both individual and group activities were planned in accordance with the assessed needs of residents.

Judgment:

Substantially Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

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

Findings:

The designated centre is situated on the ground floor of a two storey building, there are 8 two bedded rooms and 4 single rooms. The two bedded rooms are spacious, and screens are in place between beds to assist in ensuring privacy for residents. Rooms are currently being fitted with matching curtains and screens, and this process is almost complete. there were sufficient numbers and locations of bathrooms and WCs to meet the needs of residents.

There is a pleasant living room which is laid out in smaller seating areas and areas for activities. It has been decorated in a homely fashion and has a pleasant view from a large windowed area.

In addition there is a dining area and an enclosed outside area for residents' use. The inspector spoke to several residents during the course of the inspections, and all expressed satisfaction in the designated centre.

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:

There was an appropriate complaints procedure in place which included all the requirements of the regulations and was clearly displayed in the designated centre. A complaints register was maintained which outlined any actions taken in response to complaints, and included information relating to the satisfaction of the complainant.

Judgment:
Compliant

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

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that adequate plans were in place to manage any residents who reached the end of life. While there was nobody currently at this stage of life, plans were in place which incorporated each person's wishes. There was a room kept aside which was intended for the use of relatives should any resident reach the end of life.

Any advance directives were clearly documented and this information was readily available to guide staff. There was a policy in sufficient detail as to guide staff, and an audit tool in relation to the monitoring of end of life care.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were provided with meals that were wholesome and in accordance with their assessed needs. The inspector spent time with residents in the dining rooms at meal times and they found residents were discreetly and respectfully assisted with their meals where required. All residents engaged by the inspector expressed their satisfaction with the meals and snacks.

Nutritional care plans were in place for all residents with particular needs. The catering staff were knowledgeable in relation to any special dietary requirements and preferences of residents, and updated information was made available to them.

The inspector visited the kitchen and found it was well laid out and stocked with a good supply of food. It was clear that a variety of snacks and drinks were available to residents throughout the day. Choice was offered to residents both on the previous day, and at the time of the meal.

While the nutritional intake of any resident at risk was monitored, there was no general record kept of the food provided, as discussed under Outcome 5.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident's privacy and dignity was respected. Staff were observed to interact with residents in pleasant and respectful manner, referring to them by their preferred name. It was clear that staff were familiar with the way in which each resident preferred interactions. There was a communication assessment care plan in place for each resident and practice observed by the inspector reflected these.

Residents were involved in the organisation of the centre, a residents' committee meeting was held monthly during which various issues were discussed and documented. There was evidence of the input of both residents and their families in the personal plans, and resident satisfaction surveys were regularly conducted.

Visits were welcomed and facilitated, and there were areas in the centre for residents to receive visitors. Residents had access to an advocacy service through an external agency.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident had access to, and retained control of their personal possessions. Adequate storage was available to each person, and a contemporary record of possessions was maintained. Appropriate arrangements for the laundering of residents' clothing and linen were in place.

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):

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

Findings:

The inspector was satisfied that the staff numbers and skills mix were appropriate to meet the assessed needs of the residents. Staff members engaged by the inspectors were knowledgeable in relation to the assessed needs of the residents.

Staff training was up to date in all of the areas of significance to the assessed needs of the residents.

While the Person in Charge reported that any shortfall in performance of staff members would be addressed as it arose, there was no formal system of staff appraisal or performance development in place.

Judgment:
Substantially Compliant

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:

Julie Pryce
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:	Community Nursing Unit Abbeyleix
Centre ID:	OSV-0000527
Date of inspection:	03/02/2015
Date of response:	15/05/2015

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

There was insufficient evidence of the monitoring of agreed actions from audits and meetings in order to ensure consistent and effective delivery of services.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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

monitored.

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

Our documentation now reflects the monitoring of agreed actions from audits and meetings.

Proposed Timescale: 15/05/2015

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:

A record of treatment given was not always available as required in Schedule 3 of the regulations.

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 implementation of care as outlined in the care plan is now recorded in all care plans eg all residents that require two hourly turning have documentation confirming same.

Proposed Timescale: 15/05/2015

Theme:

Governance, Leadership and Management

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

A sufficient record of the food provided to residents was not maintained.

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:

A record of the food provided to all residents is now fully maintained.

Proposed Timescale: 15/05/2015

Outcome 08: 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 measures and actions in place to control accidental injury to residents, visitors or staff.

Action Required:

Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The risk management policy now has the measures and actions in place for accidental injury.

Proposed Timescale: 15/05/2015

Theme:

Safe care and support

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

The measures and actions in place to control aggression and violence were not adequately provided for.

Action Required:

Under Regulation 26(1)(c)(iv) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.

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

The measures and actions required to control aggression and violence are set out in our policy.

Proposed Timescale: 15/05/2015

Outcome 09: Medication Management

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Directions were not detailed enough to ensure appropriate administration.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

The prescription for PRN medications now specifies the conditions in which the medications are to be taken

Proposed Timescale: 15/05/2015

Theme:

Safe care and support

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

Management of medications for respite residents were inadequate.

Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

A record is kept of the amount of medication each resident brings in with them on admission and takes home on discharge.

Proposed Timescale: 15/05/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Not all aspects of healthcare were included in the plan.

Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

The care plan now describes the behaviour of the resident which requires specific interventions.

Proposed Timescale: 15/05/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

There was no formal system of staff supervision in place.

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:

We now have a policy on Training, Supervision and Structural feedback for Staff. This is now in the process of being rolled out to staff.

Proposed Timescale: 30/09/2015