

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Kenmare Nursing Home 'Tir na nOg'
Centre ID:	OSV-0000239
Centre address:	Killaha East, Kenmare, Kerry.
Telephone number:	064 664 1315
Email address:	nursinghome@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Tim Harrington
Provider Nominee:	Tim Harrington
Lead inspector:	John Greaney
Support inspector(s):	Vincent Kearns
Type of inspection	Announced
Number of residents on the date of inspection:	22
Number of vacancies on the date of inspection:	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 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:
17 November 2014 09:20	17 November 2014 18:30
18 November 2014 09:00	18 November 2014 16:45

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

Kenmare Nursing Home 'Tir na nOg' is a 22 bedded nursing home situated approximately two kilometres from Kenmare town.

During this inspection, which was a renewal of registration inspection, the inspectors met with a number of residents, relatives and staff members. The inspectors observed practices and reviewed records such as nursing care plans, medical records, accident and incident logs, policies and procedures and a sample of personnel files.

Overall the findings of this inspection indicated that staff members were

knowledgeable of residents individual needs and provided care to a good standard. There was good access to GP services, including out-of-hours and residents were referred for review by allied health/specialist services when indicated.

Some improvements were required, most notably in the design and layout of the premises. Three of the twin bedrooms and two of the single bedrooms were not adequate in size to facilitate the free movement of staff or equipment, for example, to reposition residents, assist with personal hygiene or to assist them out of bed. Additionally, three of the single bedrooms were internal rooms and did not have a window view of the exterior. The action plan submitted by the provider in relation to the premises and specifically the response to the actions under Regulation 17 (1), 17 (2), 09 (3) (b) and 11 (2) (b) did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish the response to these actions and is considering further regulatory action in relation to this issue.

Other deficiencies identified in relation to the premises included the absence of a sluice room, inadequate communal space, inadequate storage for equipment and residents did not have lockable storage in their bedrooms.

Additional areas that required improvements included:

- the statement of purpose
- records of visitors
- risk management
- infection prevention and control practices
- medication management
- care planning
- complaints policy
- mealtimes
- consultation with residents
- staff training
- personnel records.

The Action Plan at the end of the report identifies what improvements are needed to meet the requirements of 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.

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):

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that accurately described the service provided in the centre. The statement of purpose contained most of the items specified in Schedule 1 of the regulations, however, it did not contain the date of the most recent review, the age range and gender of residents to be accommodated in the centre or the arrangements for the management of the centre in the absence of the person in charge.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

Housekeeping staff, care assistants, administration staff and staff nurses reported to the person in charge, who in turn reported to the provider nominee. The manager of the centre acted on behalf of the provider nominee and was present in the centre on a daily

basis.

A significant number of audits were undertaken on issues such as the skin condition of residents, infection control precautions, challenging behaviour, mealtimes, residents' weights and the physical environment. Improvements, however were required as issues identified for improvement during the audit process were not always addressed. For example, an audit of hand hygiene practices identified the need for foot operated waste bins, however, not all waste bins were foot operated, such as in the staff toilet. The audit did not identify that the taps on most of the wash hand basins did not comply with the prevention and control of healthcare associated infection guidance. Additionally an audit of medication management identified the need for an audit of medication administration practices but this had not been completed. The audit process did not include consultation with residents and/or their relatives.

Judgment:

Non Compliant - Minor

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):

No actions were required from the previous inspection.

Findings:

There was a residents guide available to residents that contained most of the items specified in the regulations, however, it did not contain the terms and conditions relating to residency in the centre or the procedure respecting complaints.

Each resident or their representative had been issued with a written contract of care that was signed by or on behalf of the residents. The contract included details of the services to be provided and the fees to be charged, however, the fees for all additional services such as the cost of physiotherapy, chiropody or hairdressing were specified in some, but not all, contracts.

Judgment:

Non Compliant - Minor

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):

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

Findings:

The centre was managed by a registered nurse who worked full time and had the required experience in the area of nursing of the older person. Throughout the days of the inspection the person in charge demonstrated that he had adequate clinical knowledge and adequate knowledge of the legislation and of his statutory responsibilities.

The person in charge was engaged in the day to day governance and operational management of the centre. Throughout the inspection the person in charge was seen to interact with residents and it was evident that residents were familiar with him. The inspector was satisfied that the centre was managed by a suitably qualified and experienced manager.

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:

As part of the registration renewal application the provider submitted evidence of insurance against accidents and injury to residents, staff and visitors. The centre maintained the records listed in Schedule 2, and 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Most of the records listed Schedule 4 of the regulations were available, however, records of visitors to the centre were not always maintained.

Evidence that the centre was in compliance with relevant planning and fire safety legislation was signed by a suitably qualified person and submitted to the Authority.

There were written operational policies as required by Schedule 5 of the regulations and all had been reviewed within the last two years.

Judgment:

Non Compliant - Minor

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The Authority received the appropriate notification when the person in charge was absent for a period in excess of 28 days.

Judgment:

Compliant

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):

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

Findings:

There was a policy in place on the prevention, detection and response to abuse, most recently reviewed in July 2014. Staff members spoken with by the inspectors were knowledgeable of what constituted abuse and what to do in the event of suspicions or

allegations of abuse. Most, but not all, staff members had received up-to-date training on the recognition and prevention of abuse. Management demonstrated adequate knowledge of what to do when an allegation of abuse was made and the appropriate support mechanisms to be put in place for the resident. Residents spoken with by the inspector stated that they felt safe and were complimentary of the care provided.

There was a policy in place for managing behaviours that challenge. Based on discussions with staff and a review of residents' records staff had the knowledge and skills to appropriately respond to and manage incidents of challenging behaviour. Most, but not all, staff had received training on the management of challenging behaviour. There was a policy on the management of restraint and there were risk assessments and records of safety checks when restraint was used.

The inspector viewed a sample of residents' finances and was satisfied that there were adequate systems in place to safeguard residents' money. However, while there was a duplicate receipt book for recording lodgements made on behalf of residents, receipts were not available for all transactions.

Judgment:

Non Compliant - Minor

***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 was a safety statement and a letter from an external health and safety organisation indicating that it had been reviewed, however, it was not signed or dated. There was a risk management policy and associated risk register outlining risks and the control measures in place to mitigate the risks identified. However, the risk management policy did not adequately outline the measures and actions in place to control the risks of abuse; the unexplained absence of a resident; accidental injury to residents, visitors or staff; aggression and violence; or self-harm as specified in the regulations. There was an accident and incident log and a staff accident record book. While there was evidence of a review and learning from some accidents and incidents on an individual basis, there was no overall review of accidents and incidents to identify trends as an opportunity for learning and feedback to staff to minimise the risk of re-occurrence.

Records indicated that residents were risk assessed on an individual basis for risks such as absconion, access to windows with unrestricted opening, use of a mobility aid and

wheelchair use. However, improvements were required as a number of risk assessments did not quantify the level of risk or the control measures in place to mitigate against the risk identified. Additionally, the risk assessment for one resident contained an error that made it unsuitable for use as a risk assessment tool. Most windows did not have restrictors in place to prevent them from opening completely and even though residents were risk assessed for access to these windows, the risk assessment did not adequately account for access to these windows by residents that wandered and were at risk of absconsion.

There was an emergency plan that addressed emergencies such as fire, electricity outage, water outage and the safe placement of residents in the event of a prolonged evacuation. Most, but not all, staff had received up-to-date training in manual handling.

Inspectors were not satisfied that there were adequate measures in place for the prevention and control of healthcare associated infections. For example:

- there was no dedicated sluice room or adequate sluicing facilities to support the decontamination and disinfection of items such as urinals and commode pans
- a clinical waste bin was stored in one of the bathrooms where it was accessible by residents which could pose a risk to residents with a cognitive impairment
- a significant number of wash hand basins had domestic type taps which did not support good hand hygiene practices
- there was an inadequate system in place for the management of laundry to support the separation of clean and dirty linen
- there was mould on some ceilings.

The inspectors reviewed the fire safety register that indicated there were appropriate systems in place for the maintenance of fire safety equipment, fire alarm and emergency lighting. Most, but not all, staff had received up-to-date training on fire safety, however, further training was scheduled to take place a number of weeks following the date of this inspection. Staff members spoken with by inspectors were knowledgeable of what to do in the event of a fire, however, even though there were personal emergency evacuation plans completed for all residents, not all staff were aware of their existence. One of the fire exits was controlled by a key and the key was stored by the door. However, the key was used by some staff when exiting the premises for short periods and they would take the key with them, therefore this door could not then be used by residents or visitors in the event of an emergency. Records indicated that fire drills were held approximately every six months.

Judgment:

Non Compliant - Major

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:

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Medications were stored appropriately, including medications requiring refrigeration, and the fridge temperature was monitored and recorded. There was a system in place for reconciling medications delivered from the pharmacy with prescription records.

Inspectors reviewed a sample of prescription and medication administration records (MAR) and found that improvements were required. For example, there was not always a signature associated with each individual medicine prescribed. Additionally, based on a review of one prescription and administration record, it was not possible to ascertain with certainty what dosage of drug was administered due to the manner in which the prescription was written and the way it was recorded on the MAR. Improvements were also required in the design of the MAR to allow sufficient space for recording all medicines administered. The maximum dosage allowed was not always recorded on the prescription sheet for all PRN (as required) medications.

Medications governed under the misuse of drugs act (MDA) Schedule 2 were stored appropriately and were counted at the end of each shift and the count was verified by two nurses' signatures. There were adequate procedures in the process for the return of unused/out-of-date medicines.

As already discussed in Outcome 2, improvements were required in the process for reviewing and monitoring safe medication management practices as the need for an audit of the drug round was identified but not addressed.

Judgment:

Non Compliant - Moderate

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.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Notifications were submitted to the Authority with specified timeframes, however, based on a review of records, not all deaths were notified as required.

Judgment:

Non Compliant - Moderate

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:

Overall the inspector was satisfied that residents' health care needs were met to a good standard through appropriate medical and nursing care. Residents received a comprehensive assessment on admission and at regular intervals thereafter using recognised evidence-based tools. Care plans were developed based on these assessments, and significant progress had been made in personalising these plans. However, improvements were required in care planning to ensure that all issues relevant to the care of residents based on their assessment were included. For example, the care plan for a resident with heart failure did not set out in adequate detail the process for ongoing monitoring of the resident's condition. A review of wound care plans indicated that a wound assessment chart was used, however, the assessment sometimes included subjective terminology such as "seems improved". Additionally, there was not a wound care plan setting out the protocol for dressing changes.

Residents were regularly reviewed by their general practitioner (GP) and there was also evidence of access to out-of-hours GP services, when required. There was evidence of referral and review by allied health/specialist services, such as speech and language therapy, dietetics, physiotherapy, and chiropody. There were adequate processes in place to ensure that when a resident was admitted, transferred or discharged to and from the centre, that appropriate information about their care and treatment was shared between providers.

Judgment:

Non Compliant - Minor

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):

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

Findings:

Kenmare Nursing Home 'Tir na nOg' is a 22 bedded nursing home situated approximately two kilometres from Kenmare town. Bedroom accommodation comprises 6 single and eight twin bedrooms. Communal space comprises a sitting room, situated at the front of the building with pleasant views of the surrounding countryside, and a conservatory to the rear of the building, which is used as the dining room.

Sanitary facilities comprises two toilets, each one containing a wash-hand basin; three shower rooms, each one containing an assisted shower, toilet and wash-hand basin; two of the twin bedrooms were en suite with a toilet and wash-hand basin; and there was also a staff toilet.

Significant improvements were required in relation to the design and layout of the premises, which were identified on previous inspections but have not yet been addressed. Three of the twin bedrooms are not adequate in size to facilitate the free movement of staff or equipment, for example, to reposition residents, assist with personal hygiene or to assist them out of bed. The beds in these rooms were arranged perpendicular to each other so that the head of one bed was in close proximity with the side of the other bed. This did not support the privacy and dignity of residents sharing these rooms. It was also difficult for residents and staff to access wash hand basins and wardrobes in these rooms and it would not be possible for residents with a mobility aid. There were no chairs for use by residents in these rooms and inadequate room for chairs.

Three of the single bedrooms were internal rooms and did not have a window view of the exterior. The windows in two of the bedrooms overlooked the dining room and the window of the other room overlooked the entrance hallway. There was an adhesive film attached to these windows creating a mirror effect from the dining room, however, the rooms were dark with no access to natural light. Two of these bedrooms were not adequate in size to facilitate free movement of staff and equipment, as the beds were positioned against the wall and extended to the full length of the bedroom. The bed in one of the rooms was positioned against a radiator a posed a risk of burns to the resident.

Other issues identified in relation to the premises include:

- there was no sluice room or suitable sluicing facilities
- there was inadequate communal space, separate from residents' bedrooms, for

residents to meet with visitors in private

- there was inadequate storage facilities for equipment, resulting in hoists and wheelchairs being stored in shower rooms and bedrooms
- residents did not have access to lockable storage for personal possessions
- curtains did not extend all the way around some beds to support privacy
- a number of curtains were disposable, which did not contribute to a homely environment
- there was mould on the ceiling of some bathrooms

The centre appeared to be clean throughout. Residents had access to appropriate equipment such as hoists, wheelchairs and speciality beds and mattresses. Maintenance records were available demonstrating a programme of preventive maintenance. Handrails were provided in bath, shower and toilet areas and handrails were provided on corridors.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

There were policies and procedures in place outlining the process for managing complaints and a notice outlining the procedure for managing complaints was on display in the centre. Improvements, however were required in relation to identifying who was responsible for dealing with complaints, the independent appeals process and the person responsible for ensuring that adequate records are maintained and that all complaints are adequately addressed.

The inspectors reviewed the complaints log and records outlined the action taken in response to a complaint, the outcome of the complaints process and whether or not the resident was satisfied with the outcome of the complaints process. Residents spoken with by the inspectors stated that they would have no hesitancy in making a complaint if they had any concerns.

Judgment:

Non Compliant - Minor

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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:
There was a policy in place providing guidance on the care of residents approaching end of life, most recently reviewed in July 2014.

A process of addressing end of life preferences of residents had commenced and this was documented in care plans. The inspectors reviewed the record of a deceased resident and was satisfied that nursing care was provided to a good standard. Residents were regularly reviewed by their GP and more frequently as they approached end of life. There was evidence of referral and review by palliative care services.

As there were only six single rooms and two of these were inadequate in size, residents did not always have access to a single room at end of life. Relatives were facilitated to be remain with residents overnight at end of life, however, there were no overnight facilities. There was no policy in place governing the use of a syringe driver (a mechanism for administering medications continuously and/or intermittently via a syringe). Residents cultural and spiritual needs were addressed.

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:

There was a policy in place on monitoring and documenting residents' nutritional status, most recently reviewed in March 2014. Residents received a nutritional assessment on admission and at regular intervals thereafter using a recognised evidence-based assessment tool. Residents were weighed monthly and there was evidence of action in response to any changes in weight.

Residents were referred for review by dietitians and speech and language therapists, where appropriate. There were appropriate systems in place for communicating modified or special diets to catering staff and staff members spoken with were knowledgeable of residents' nutritional needs and requirements.

Breakfast commenced at 06:30hrs each morning and all residents had their breakfast in their bedrooms. Even though some residents expressed a preference for an early breakfast, there was no evidence to support that the timing of breakfast was based on the needs and preferences of residents. Some residents spoken with by inspectors confirmed that they were awoken for breakfast, however, they returned to sleep afterwards. Inspectors requested the provider to review the practice of waking residents for breakfast at 6.30am.

The menu was varied, food appeared to be nutritious and residents were offered a choice at mealtimes. Residents requiring assistance were assisted in a dignified and respectful manner by staff. Residents had access to fresh drinking water and snacks were offered between meals and in the evening. A number of residents also confirmed that they usually had a hot whiskey at bedtime.

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:
There was no evidence of consultation with residents through residents' meetings and/or residents/relatives questionnaires, however, a meeting had been scheduled to take place a number of weeks following the date of this inspection.

As stated previously in this report there were inadequate facilities to allow residents to meet with visitors in private. Residents' religious preferences were ascertained and facilitated. Residents had access to radio, television and newspapers and voting in local and national elections was facilitated.

As already discussed in Outcome 15, there was no evidence to support that the timing of breakfast was based on the needs and preferences of residents.

The privacy and dignity of residents was respected during care provision, insofar as the premises would allow, however, due to the inadequate size of three of the twin bedrooms and the close proximity of beds to each other, privacy was significantly compromised. Staff members were seen to interact with residents in a respectful manner. Staff were familiar with the various communication needs of residents. There was a programme of activities including exercise classes, music, bingo, skittles and ball games.

Judgment:

Non Compliant - Moderate

***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:

There was a policy on residents' personal property and possessions and records of personal property were maintained. There were adequate storage facilities in residents bedrooms to store their personal possessions and clothing, however, there was no lockable storage.

There were laundry facilities and all bed linen and residents' clothing were laundered on site. There was an adequate system in place to support the return of clothing following laundering. However, as discussed in Outcome 8 there was an inadequate system in place for separating clean and dirty laundry.

Judgment:

Non Compliant - Minor

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:

Based on observations of the inspectors and a review of the roster there were adequate numbers of staff on duty to meet the needs of residents.

Records indicated that education and training was available to staff to support them in the provision of evidence-based care. Records indicated attendance at training on issues such as the management of challenging behaviour, food hygiene, the management of dysphagia (difficulty swallowing), dementia and medication management. However as discussed in the relevant outcomes of this report, not all staff had attended training on fire safety, manual handling and the prevention and detection of abuse.

Records demonstrated a process of appraisal had recently commenced. Current registration was available for nursing staff. A review of a sample of staff files indicated that not all of the requirements of Schedule 2 of the regulations were in place. For example, there was only one reference available for one staff member, there was unexplained gaps in employment history for another staff member and most of the requirements of Schedule 2 were not present for a third member of staff.

Judgment:

Non Compliant - Minor

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:

John Greaney
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:	Kenmare Nursing Home 'Tir na nOg'
Centre ID:	OSV-0000239
Date of inspection:	17/11/2014 & 15/11/2014
Date of response:	25/06/2015

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 01: Statement of Purpose

Theme:

Governance, Leadership and Management

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

The statement of purpose did not contain the date of the most recent review, the age range and gender of residents to be accommodated in the centre or the arrangements for the management of the centre in the absence of the person in charge.

Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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

the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

- We are adding age and gender to our statement of purpose
- The manager and nurse on duty will be available in the absence of the Person in Charge, if for a period of 28 days or more we will elect a suitable candidate to step in and inform HIQA of this.

Proposed Timescale: 16/01/2015

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:

Improvements were required in the process for reviewing the quality and safety of care to ensure that issues identified for improvement are addressed; that the audit tool is supported by an evidence base; and that residents/relatives are consulted as part of the process.

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 monitored.

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

- We are continuing with our audit process & identifying areas for improvement and making improvements accordingly.

Proposed Timescale: 28/02/2015

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

The residents guide did not contain the terms and conditions relating to residency in the centre.

Action Required:

Under Regulation 20(2)(b) you are required to: Prepare a guide in respect of the designated centre which includes the terms and conditions relating to residence in the

centre.

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

- We are amending our Residents Guide to include the terms and conditions as seen in our new contract of care to be given to residents January 2015

Proposed Timescale: 31/01/2015

Theme:

Governance, Leadership and Management

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

The residents guide did not contain the procedure respecting complaints.

Action Required:

Under Regulation 20(2)(c) you are required to: Prepare a guide in respect of the designated centre which includes the procedure respecting complaints.

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

- We are amending our Residents Guide to include our amended Complaints Procedure

Proposed Timescale: 22/12/2014

Theme:

Governance, Leadership and Management

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

The contract of care included details of the services to be provided and the fees to be charged, however, the fees for all additional services such as the cost of physiotherapy, chiropody or hairdressing were specified in some, but not all, contracts.

Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

- We have included into our 2015 contract of care costs for any additional services

Proposed Timescale: 31/01/2015

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:

There was a safety statement and a letter from an external health and safety organisation indicating that it had been reviewed, however, it was not signed or dated.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

- The Safety Statement has been dated and signed

Proposed Timescale: 22/12/2014

Theme:

Governance, Leadership and Management

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

Records of visitors to the centre were not always 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:

- We are sending a letter to our residents families requesting that they sign in and out when visiting our Nursing Home

Proposed Timescale: 31/01/2015

Theme:

Governance, Leadership and Management

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

Not all of the requirements of Schedule 2 of the regulations were in place for personnel records.

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:

- 1 reference was received by email so we have requested the signed original.
- The pin number for 1 nurse was misplaced so only had copy of active notification from An Bord Altranais waiting for replacement.
- 1 employee had gap in her CV when she had returned to Poland we have asked her to amend.

Proposed Timescale: 31/01/2015

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:

Not all staff had received up-to-date training on the prevention and detection of abuse.

Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

- Due to sickness and maternity leave 5 members of staff hadn't updated their Elder abuse training last year, we are waiting for a date from the trainer

Proposed Timescale: 28/02/2015

Theme:

Safe care and support

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

Receipts were not available for all transactions.

Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

- We will inform all families that all payments made by cash or cheque have to receive a receipt

Proposed Timescale: 17/11/2014

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 adequately outline the measures and actions in place to control the risks of abuse; the unexplained absence of a resident; accidental injury to residents, visitors or staff; aggression and violence; or self-harm as specified in the regulations.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

- A complete review of our risk assessments by HSS will be included in our new 2015 risk management policy

Proposed Timescale: 28/02/2015

Theme:

Safe care and support

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

While there was evidence of a review and learning from some accidents and incidents on an individual basis, there was no overall review of accidents and incidents to identify trends as an opportunity for learning and feedback to staff to minimise the risk of reoccurrence.

Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

- Incidents & accidents have been reviewed and outcomes such as training in falls risk has been successfully taken by all staff, further review & action will be carried out in an ongoing process, times of falls are being looked at and a solution will be put in place to minimise risk.

Proposed Timescale: 22/12/2014

Theme:

Safe care and support

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

A number of deficiencies were identified in relation to risk management, including:

- a number of risk assessments did not quantify the level of risk or the control measures in place to mitigate the risks identified
- the risk assessment for one resident contained an error that made it unsuitable for use as a risk assessment tool
- most windows did not have restrictors in place to prevent them from opening completely and even though residents were risk assessed for access to these windows, the risk assessment did not adequately account for access to these windows by residents that wandered and were at risk of absconsion.

Action Required:

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

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

- Residents risk assessments are being amended.
- All risk management tools are being reviewed
- All windows now have restrictors on them.

Proposed Timescale: 28/02/2015

Theme:

Safe care and support

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

Inspectors were not satisfied that there were adequate measures in place for the prevention and control of healthcare associated infections. For example:

- there was no dedicated sluice room or adequate sluicing facilities to support the decontamination and disinfection of items such as urinals and commode pans
- a clinical waste bin was stored in one of the bathrooms where it was accessible by residents which could pose a risk to residents with a cognitive impairment
- a significant number of wash hand basins had domestic type taps which did not support good hand hygiene practices
- there was an inadequate system in place for the management of laundry to support the separation of clean and dirty linen
- there was mould on some ceilings.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

- We are very aware of cross contamination as to date we have not had any incidences of such, we have applied for planning permission and will have a sluice room built to standards as soon as permission is received in the next couple of months at that time we will be able to give a completion date as we are unable to at the moment
- We are making an enclosure for our clinical waste bin until an inside sluice room is built.
- We are purchasing new lever taps for all hand basins.
- All soiled linen is currently & will always be placed in a red alginate bag for laundering separate to other laundry, a red bag will be used to transfer alginate bags to the laundry and the white bags will still be used to transfer other laundry.
- We are in the process of redecorating all walls and ceilings will be painted.

Proposed Timescale: 30/03/2015

Theme:

Safe care and support

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

Even though there were personal emergency evacuation plans completed for all residents, not all staff were aware of their existence.

One of the fire exits was controlled by a key and the key was stored by the door. However, the key was used by some staff when exiting the premises for short periods and they would take the key with them, therefore this door could not then be used by residents or visitors in the event of an emergency.

Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

- All staff will be re- informed of evacuation plans in residents care plans and will make sure all staff are knowledgeable. A summary of the Personal Emergency Evacuation Plan is posted with colour coded instructions in the hallway.
- All staff have been informed not to remove the key by fire exit to use their own door key

Proposed Timescale: 31/01/2015

Theme:

Safe care and support

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

Not all staff members had received up-to-date training in fire safety.

Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

- All members of staff will receive updated fire training

Proposed Timescale: 28/02/2015

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:

Improvements were required in medication management practices, such as:

- there was not always a signature associated with each individual medicine prescribed
- it was not always possible to ascertain with certainty what dosage of drug was administered due to the manner in which the prescription was written and the way it was recorded on the MAR
- the MAR did not allow sufficient space for recording all medicines administered
- the maximum dosage allowed was not always recorded for all PRN (as required) medications.

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:

- Residents GPs have been contacted regarding drug chart documentation. New drug charts will be completed
- Medication administration records have been altered with more space for the morning medications.

Proposed Timescale: 31/01/2015

Outcome 10: Notification of Incidents**Theme:**

Safe care and support

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

Notifications were submitted to the Authority with specified timeframes, however, based on a review of records, not all deaths were notified as required.

Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

- This was an oversight not sending the death notice with the other notifications last quarter

Proposed Timescale: 17/11/2014

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:

Wound assessment charts sometimes included subjective terminology such as "seems improved" and there was not a wound care plan setting out the protocol for dressing changes.

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:

- Our care plans have been undergoing a review and our wound dressing chart was kept showing type of dressing, size of wound, description of wound, and was recorded in care plan. A new care plan is being drawn up with more specific outcomes.

Proposed Timescale: 31/01/2015

Theme:

Effective care and support

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

Care plans did not always set out in adequate detail the process for ongoing monitoring of resident's condition.

Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

- We have reviewed areas such as weekly weights to be commenced on patients with CCF

Proposed Timescale: 22/12/2015

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:

Improvements were required in relation to the premises, including:

- three of the twin bedrooms were not adequate in size for two residents sharing
- three of the single bedrooms did not have a view of the exterior and did not have access to natural light
- two of the single bedrooms were not adequate in size

Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

The response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

We have placed a radiator cover over radiator.

Proposed Timescale: 22/12/2014

Theme:

Effective care and support

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

The premises did not conform to the matters set out in Schedule 6 of the regulations:

- there was no sluice room or suitable sluicing facilities

- there was inadequate communal space, separate from residents' bedrooms, for residents to meet with visitors in private
- there was inadequate storage facilities for equipment, resulting in hoists and wheelchairs being stored in shower rooms and bedrooms
- residents did not have access to lockable storage for personal possessions
- curtains did not extend all the way around some beds to support privacy
- a number of curtains were disposable, which did not contribute to a homely environment
- there was mould on the ceiling of some bathrooms

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

Proposed Timescale: 31/03/2015

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:

Improvements were required in relation to identifying who was responsible for dealing with complaints and the independent appeals process.

Action Required:

Under Regulation 34(1) you are required to: Provide an accessible and effective complaints procedure which includes an appeals procedure.

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

- Our complaints procedure has been amended showing more clearly our appeals procedure

Proposed Timescale: 22/12/2014

Theme:

Person-centred care and support

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

The complaints policy did not identify the person responsible for ensuring that adequate records are maintained and that all complaints are adequately addressed.

Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

- We have appointed a complaints officer who has been included in our complaints procedure and an outside advocacy has agreed to act as an advocate for any issues

Proposed Timescale: 22/12/2014

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

There was no evidence of consultation with residents through residents' meetings and/or residents/relatives questionnaires.

Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

- A resident meeting was held on 4th December and we will hold a meeting twice a year. All resident and familys know that they can come to us at any time to discuss any queries with us. We are compiling a satisfaction survey for residents / family members to complete.

Proposed Timescale: 31/01/2015

Theme:

Person-centred care and support

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

There was no evidence to support that the timing of breakfast was based on the needs and preferences of residents.

Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise

choice in so far as such exercise does not interfere with the rights of other residents.

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

- A survey was completed and residents have been given preferred breakfast times and breakfast now starts at 7am.

Proposed Timescale: 22/12/2014

Theme:

Person-centred care and support

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

Due to the inadequate size of three of the twin bedrooms and the close proximity of beds to each other, privacy was significantly compromised.

Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

The response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

Proposed Timescale:

Theme:

Person-centred care and support

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

There were inadequate facilities to allow residents to meet with visitors in private.

Action Required:

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

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

The response submitted by the provider to this action did not satisfactorily address the failings identified in this report. The Authority has taken the decision not to publish this response and is considering further regulatory action in relation to this issue.

Proposed Timescale:

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

There was no lockable storage in residents' bedrooms.

Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

- We will ask all residents to see if they require lockable storage in their room. Lockable storage will be given to those who request it.

Proposed Timescale: 31/03/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

Most, but not all, staff had received up-to-date training in manual handling.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

- Due to sickness and maternity leave 4 staff members had not updated their manual handling last year this will be arranged in the next few months

Proposed Timescale: 31/03/2015