

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mountbellew Nursing Home
Centre ID:	OSV-0000362
Centre address:	Mountbellew, Galway.
Telephone number:	090 9679735
Email address:	phil_murphy@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mountbellew Nursing Home Limited
Provider Nominee:	Philomena Murphy
Lead inspector:	PJ Wynne
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	35
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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 January 2016 08:45 To: 20 January 2016 19:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 13: Complaints procedures	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report set out the findings of an unannounced monitoring inspection. This inspection took place over two day. Notifications of incidents received since the last inspection was also considered and reviewed on this visit.

The physical environment meets the needs of residents. The centre was clean, warm and well decorated with a calm atmosphere. Residents were complimentary of staff and satisfied with care services provided. The staff supported residents to maintain their independence where possible.

There was good evidence of medical reviews shortly after admission, to review medication and when a resident became unwell.

The inspector judged there was an adequate complement of nursing and care staff with the proper skills and experience. Staff had access to ongoing education and a range of training was provided during the past year.

A total of 11 Outcomes were inspected. The inspector judged two Outcomes as moderately non compliant. These included Health, Safety and Risk Management and Health and Social Care Needs. Seven Outcomes were judged as compliant with the Regulations and a further two as substantially in compliance with the Regulations.

The areas of moderate non compliance primarily related to;

A newly admitted resident did not have a comprehensive assessment completed with care plans developed within the timeframe required by the Regulations.

The timeframe between the review of some assessments exceeded a period of six months.

Aspects of the health and safety statement were not centre specific in particular the fire policy.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) 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:

The Statement of Purpose was updated following registration and contained the conditions of registration and expiry date.

The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the Regulations.

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):

No actions were required from the previous inspection.

Findings:

The provider has ensured sufficient resources to ensure the delivery of care in accordance with the Statement of Purpose. There was a defined management structure in place with which staff were familiar. The governance arrangements in place are

suitable to ensure the service provided is safe, appropriate and consistent.

The management team have a visible presence at all levels throughout the centre. The registered provider is actively involved in the centre and she is well known to residents and their families.

There was evidence of quality improvement strategies and monitoring of the services. The inspector reviewed audits completed by the person in charge. A comprehensive audit of residents nutritional needs was undertaken by an external healthcare professional. Changes were being planned to the menu to reflect the outcome of the audit. An audit of restraint management (the use of bedrails and lap belts) was undertaken recently. Significant progress in promoting a restraint free environment has been achieved. At the time of this inspection there were just five residents with two bedrails raised and no lap strap were being used.

However, the audit program requires review to ensure a defined set of criteria are reviewed regularly and systemically. The last audit of accidents or falls by residents was at the end 2013. Similarly an audit of medication was not completed in the past two years. The medication audit reviewed the storage and maintenance of medication records and included a competency assessment of nurses administering medication. However, this was only completed with two of the nurse employed.

The procedures to complete audits requires review to inform learning and ensure enhanced outcomes for residents. Audits of care plans and weight checks were not undertaken to ensure consistency in work practices.

Judgment:
Substantially 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 has not changed since the last inspection. The person in charge fulfils the criteria required by the Regulations in terms of qualifications and experience. She is a registered nurse and holds a full-time post.

The person in charge has maintained her professional development and attended mandatory training required by the Regulations. The person in charge is a qualified

trainer for adult protection.

She has maintained her clinical skills up to date. Since the last inspection she has obtained a special purpose award in gerontology. The person in charge is currently undertaking a Leadership and Management course.

She was well known by residents. She had good knowledge of residents care needs and could describe in an informed way where residents had specific needs and how staff ensured that their care needs were met appropriately.

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):

Findings:

The inspector found that there were systems in place to maintain complete and accurate records. Records were stored securely and easily retrievable.

Written operational policies, which were centre specific, were in place to inform practice and provide guidance to staff.

A sample of four staff files were examined to assess the documentation available, in respect of persons employed. All the information required by Schedule 2 of the Regulations was available in the staff files reviewed.

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):

Findings:

There were effective and up to date safeguarding policies and procedures in place. Risks to individuals were managed to ensure that people had their freedom supported and respected. There were sufficient numbers of suitably qualified staff on each shift to promote residents independence.

Staff training, supervisions and appraisals were completed. Staff had the knowledge, skills and experience they needed to carry out their roles effectively. The inspector observed and saw that residents were treated well, with safety at the forefront of care and support provided appropriately.

All staff spoken with were able to explain the different types of abuse, signs to look out for and how to report any concerns. Staff identified a senior manager as the person to whom they would report a suspected concern. The inspector viewed records confirming there was an ongoing program of refresher training in protection of vulnerable adults.

No notifiable adult protection incidents which are a statutory reporting requirement to the Authority have been reported since the last inspection.

There is a policy on the management of behaviour that is challenging. Staff spoken with were very familiar with resident's behaviours and could describe particular residents' daily routines very well to the inspector. Staff have participated in training in caring for people with dementia and behaviours that challenge over the past three years.

There was a policy on restraint management (the use of bedrails and lap belts) in place. A restraint free environment was being promoted. At the time of this inspection there were five residents with their bedrails raised. Signed consent was obtained by the resident or their representative. A risk assessment was completed prior to using bedrails and regularly reviewed. Signed consent was obtained. There was evidence of multi disciplinary involvement in the decision making process. A restraint/enabler register was maintained. This recorded the times bedrails were raised and taken down. All residents were checked periodically throughout the night.

Judgment:

Compliant

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and***

Theme:

Safe care and support

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

Findings:

The governance arrangements to manage risk situations were specified. The risk management policy contained the procedures required by the regulation 26 and schedule 5 to guide staff. Responsibility for health and safety procedures and an organisational safety structure was included in the risk management policy and health and safety statement.

However, aspects of the health and safety statement were not centre specific, and in particular, the fire policy. This requires review to reflect the size and layout of the centre and the evacuation procedures to include residents accommodated on the first floor.

There were arrangements in place for appropriate maintenance of fire safety systems such as the fire detection and alarm system. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed. The needs of the residents had been assessed in the event of an evacuation of the centre. Personal emergency evacuation plans were developed for residents detailing both their day and night evacuation requirements.

There was an ongoing program of refresher training in fire safety evacuation. Records indicated fire drill practices were completed. The drill records only recorded the date of the drill and the names of staff who took part. The fire drill records did not record the scenario/type of simulated practice, to include the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

The procedures to undertake and record internal fire safety checks require review. The records did not demonstrate accurately what equipment was being checked and how it safety was ensured. It was not clear if fire extinguisher were checked to ensure they were in place and intact, the fire panel and automatic door closer were operational.

The building, bedrooms and bathrooms were visually clean and very well maintained. There were two sluice rooms provided, one on each floor of the building. A sufficient number of cleaning staff were rostered each day of the week. Colour coded cleaning equipment and cloths were provided to clean bedrooms and communal areas.

There were arrangements in place for recording and investigating untoward incidents and accidents. The inspector noted that falls and near misses were well described. In the sample of accident report forms reviewed vital signs for residents were checked and recorded. Neurological observations were recorded where a resident sustained an

unwitnessed fall or a suspected head injury. A post fall review was completed. A strategy to minimise the risk of further accident is developed and filed in residents' clinical risk records. However, the details of a fall by a resident in December were not recorded in the accident/incident log.

The training records showed that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to staff to meet residents' needs. There were four hoists provided. Moving and handling risk assessments were completed for each resident. The type of hoist was specified where required. However, the sling size required by the residents was not specified in all assessment reviewed. While staff could explain the different colours of slings they were uncertain which size was associated with each colour.

There was a contract in place to ensure hoists and other equipment to include electric beds and air mattresses used by residents was serviced and checked by qualified personnel to ensure they were functioning safely.

There were a small number of residents who smoked. A smoking risk assessment was completed. However, it did not detail if the resident was safe to smoke independently or outline the level of assistance and supervision required in a plan of care.

There were a small number of bed rails where the bed rails were independently attached to the bed. Safety checks to ensure the correct dimensional positioning of the bed rails were not undertaken. This is required regularly with these types of bed rails to ensure safe dimensional limit requirements and positioning to minimise the risk of entrapment.

Hand testing indicate the temperatures of radiators or dispensing hot water did not pose a risk of burns or scalds. Restrictors were fitted to upstairs windows. Access to work service areas to include the kitchen and sluice room was secured in the interest of safety to residents and visitors.

Judgment:
Non Compliant - Moderate

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):

Findings:
There was a management policy in place which provided guidance to staff to manage

aspects of medication from ordering, prescribing, storing and administration.

Each resident's medication was dispensed from a blister pack individual packs. These were delivered by the pharmacy and contained a monthly supply of each resident's medication. The drugs on arrival are checked against the prescription sheets in the signed kardex to ensure all medication orders received were correct for each resident.

The inspector reviewed a sample of drugs charts. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medication. The prescription sheets reviewed were legible in all cases. The maximum amount for PRN medication was indicated. The GP's signature was in place where medication was discontinued.

Drugs were being routinely crushed for some resident at the time of this inspection. Each drug was prescribed individually as suitable for crushing.

The medication administration sheets viewed were signed by the nurse following administration of medication to the resident and recorded the name of the drug and time of administration. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet.

Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked a selection of the balances and found them to be correct.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

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

Theme:
Effective care and support

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

Findings:
There were 35 residents in the centre during the inspection. There were six residents with maximum care needs. Nineteen residents were assessed as highly dependent.

Seven had medium dependency care needs. Three residents were considered as low dependency. Many residents were noted to have a range of healthcare issues and the majority had more than one medical condition.

Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration, for example vulnerability to falls, dependency levels, nutritional care, the risk of developing pressure sores and continence needs.

The inspector reviewed three resident's care plans in detail and certain aspects within other plans of care. In the majority of care plans reviewed there were plans of care developed for all care needs identified. Risk assessments were regularly revised.

However, there was inconsistency in practice. The inspector identified a recently admitted resident did not have a comprehensive assessment completed with care plans developed within the timeframe required by the Regulations. At the time of inspection the resident was in the centre six weeks.

In most of the care plans a preadmission assessment was completed to ensure the centre could meet the needs of a prospective resident. A comprehensive assessment was completed on admission and regularly revised. However, in the sample of care plans reviewed there was evidence risk assessments and care plans were not always updated at the required minimum four monthly intervals. The timeframe between the review of some assessments exceeded a period of six months.

There was a good emphasis on personal care and ensuring personal wishes and needs were met. Staff were knowledgeable of residents preferred daily routine, their likes and dislikes.

Residents had access to general practitioner (GP) services. There was good evidence of medical reviews shortly after admission, to review medication and when a resident became unwell. Access to allied health professionals to include physiotherapy, speech and language therapist and dietetic services were available.

Where residents had specialist care needs such as mental health problems there was evidence in medical files of good links with the mental health services. The psychiatry team visit the centre as required to review residents. Medication was reviewed to ensure optimum therapeutic values.

There were no residents with pressure wounds at the time of this inspection. A number of residents were provided with air mattresses.

While specialist chairs were provided one resident was noted to have inadequate support. There was no evidence of seating assessments or specialist advice being obtained from an occupational therapist. The person in charge confirmed to the inspector a recommendation from an external health professional would be obtained and suitable seating provided.

Each resident had a plan of care for end-of -life. The care plans contained good detail of personal or spiritual wishes. Resident's preferences with regard to transfer to hospital if

of a therapeutic benefit were documented.

Nutritional screening was carried out using an evidence-based screening tool. There were four residents on a pureed diet. Three residents prescribed supplements on review by the dietician. There was a good dietary intake observed by the inspector at mealtimes by the residents. There was a good choice of a variety of nutritious wholesome food provided.

The policy of the centre is all residents are to be weighed at a minimum on a monthly basis. However, there were gaps in the records as a small number of residents were not weighed consecutively each month. One resident did not have any weight checks recorded for a four month period.

Judgment:

Non Compliant - Moderate

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):

Findings:

No complaints were being investigated at the time of inspection. A complaints log was in place which contained the facility to record all relevant information about complaints.

Aspects of the complaints procedure require review. A single designated individual was not nominated with overall responsibility to investigate complaints with the staff nurse on duty, the person in charge and provider all identified in the procedure.

The independent appeals process if the complainant was not satisfied with the outcome of their complaint was not fully meeting the requirements of the regulations. The independent appeals procedures referred residents/complainants to an individual who was not part of the centre's management team.

There were no time-frames identified within the complaints procedures to acknowledge a complaint, investigate and respond with an outcome to the issue raised.

Judgment:

Substantially 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):

Findings:

Residents were supported to have sufficient amounts to eat and drink to maintain a balanced diet. There was a high level of independence observed amongst the resident profile. Thirty two residents attended the dining room for lunch and 29 for evening tea. Of the 32 residents present for lunch the majority fed themselves independently. Only four required assistance to eat their meals. It was noted the provision of a plate guard would further enhance one residents' ability to eat more independently.

Staff promoted residents mobility. Care staff encouraged residents to walk for exercise to the dining and provided the appropriate level of assistance. Residents who spoke with the inspector complimented the food and the staff. A relative described how reassured she was about her mother's care and "staff were quick to keep her informed" and ensured she had "regular GP visits".

Nutritional screening was carried out using an evidence-based screening tool. There were four residents on a pureed diet. Three residents were prescribed supplements on review by the dietician. There was a good dietary intake observed by the inspector at mealtimes by the residents. There was a good choice of a variety of nutritious, wholesome food provided.

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):

Findings:

There was an adequate complement of nursing and care staff with the proper skills and experience to meet the assessed needs of residents at the time of this inspection taking account of the purpose and size of the designated centre.

There was a detailed policy for the recruitment, selection and vetting of staff. It was reflected in practice. Staff confirmed to the inspector they undertook an interview and were requested to submit names of referees and complete Garda Siochana vetting.

Staff training was facilitated and updates were completed by staff. The inspector evidenced that in addition to mandatory training required by the regulations staff had attended training on wound care, medication management, end of life care and person centred dementia care.

Staff received regular supervisions appraisals which were documented in their files. Staff told the inspector that they felt well supported by the registered provider and person in charge.

Judgment:

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:

PJ Wynne
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:	Mountbellew Nursing Home
Centre ID:	OSV-0000362
Date of inspection:	20/01/2016
Date of response:	04/03/2016

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:

The procedures to complete audits requires review to inform learning and ensure enhanced outcomes for residents. Audits of care plans and weight checks were not undertaken to ensure consistency in work practices.

The audit program requires review to ensure a defined set of criteria are reviewed regularly and systemically.

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

1. 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 have modified our Audit Programme to include Care Plans and weight checks. These will be reviewed on a six monthly basis.

Proposed Timescale: 04/03/2016

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:

Aspects of the health and safety statement were not centre specific in particular the fire policy. This requires review to reflect the size and layout of the centre and the evacuation procedures to include residents accommodated on the first floor.

2. Action Required:

Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

We have comprised a complete new comprehensive Fire Policy which reflects the size and layout of the centre which includes the evacuation procedures.

Proposed Timescale: 04/03/2016

Theme:

Safe care and support

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

The details of a fall by a resident in December were not recorded in the accident/incident log.

The sling size required by the residents was not specified in all assessment reviewed. While staff could explain the different colours of slings they were uncertain which size was associated with each colour.

Smoking risk assessments did not detail if the resident was safe to smoke independently or outline the level of assistance and supervision required in a plan of

care.

There were a small number of bedrails were the bedrails were independently attached to the bed. Safety checks to ensure the correct dimensional positioning of the bedrails were not undertaken.

3. 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:

We will ensure that our falls policy is rigidly followed in the event of a Resident falling.

Our Hoist and Sling assessments now include the specified sling to be used in each Resident.

Our smoking Risk assessments now outline the level of assistance and supervision they require when smoking.

The Bedrails that are independently attached to the bed are now bolted in position and safety checks are undertaken and documented on a weekly basis.

Proposed Timescale: 04/03/2016

Theme:

Safe care and support

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

The fire drill records did not record the scenario/type of simulated practice, to include the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario.

There was no documented evaluation of learning from fire drills completed to help staff understand what worked well or identify any improvements required.

4. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

We have now undertaken Fire drills to include simulated practice and scenarios throughout the Nursing Home. These drills audit the time taken to respond to the alarm, location of the fire and the evacuation of a compartment.

The outcome of these fire drills is communicated to all members of staff.

Proposed Timescale: 04/03/2016

Theme:

Safe care and support

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

The procedures to undertake and record internal fire safety checks require review. The records did not demonstrate accurately what equipment was being checked and how it safety was ensured.

5. Action Required:

Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Our previous records of Fire safety checks included the equipment that was being checked on a weekly basis; however we have completed a more comprehensive check list.

Proposed Timescale: 04/03/2016

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:

A recently admitted resident did not have a comprehensive assessment completed with care plans developed within the timeframe required by the Regulations.

6. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

We will ensure that any new Resident admitted will have a comprehensive assessment and Care Plan completed within forty eight hours.

Proposed Timescale: 04/03/2016

Theme:

Effective care and support

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

There was evidence risk assessments and care plans were not always updated at the required minimum four monthly intervals.

7. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

We will ensure that all Residents clinical Risk Assessments and Care Plans will be updated at least four monthly.

Proposed Timescale: 04/03/2016

Theme:

Effective care and support

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

There were gaps in the records as a small number of residents were not weighed consecutively each month. One resident did not have any weight checks recorded for a four month period.

8. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

We have introduced a regime for all Residents to be weighed on a monthly basis

Proposed Timescale: 04/03/2016

Theme:

Effective care and support

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

One resident was noted to have inadequate seating support with no evidence of seating assessments or specialist advice being obtained from an occupational therapist.

9. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

A seating assessment has been completed by an occupational therapist and recommendations have been followed.

Proposed Timescale: 04/03/2016

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:

A single designated individual was not nominated with overall responsibility to investigate complaints with the staff nurse on duty, the person in charge and provider all identified.

10. Action Required:

Under Regulation 34(1)(c) you are required to: Nominate a person who is not involved in the matter of the subject of the complaint to deal with complaints.

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

We have modified our Complaints Policy to include all criteria of the regulations.

Proposed Timescale: 04/03/2016

Theme:

Person-centred care and support

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

The independent appeals process if the complainant was not satisfied with the outcome of their complaint was not fully meeting the requirements of the regulations.

11. Action Required:

Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

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

The complaints policy details the timeframe of the management of the complaint and the appeals process

Proposed Timescale: 04/03/2016

