

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Carthage Nursing Home
Centre ID:	OSV-0000021
Centre address:	Mucklagh, Tullamore, Offaly.
Telephone number:	057 935 2863
Email address:	info@carthagenursinghome.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Anvik Company Limited
Provider Nominee:	Catherine Murphy O'Connor
Lead inspector:	Sonia McCague
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	60
Number of vacancies on the date of inspection:	3

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: 21 July 2016 09:00 To: 21 July 2016 16:00

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

Outcome	Our Judgment
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

The purpose of this inspection was to follow up on the implementation of the action plan responses from the previous dementia thematic inspection which was carried out on 2 Feb 2016. Notifications submitted and solicited information received by the Health Information and Quality Authority (HIQA) since the last inspection in relation to the risks associated with fire safety plans including fire compartments of the building was also followed up.

A copy of the revised Statement of Purpose was available to reflect the reduction in overall resident occupancy by four. While the centre was registered for 67 residents, a maximum number of 63 residents can be accommodated in the centre following the reconfiguration of multi-occupancy bedrooms. On the day of the inspection there was one resident in hospital and three vacancies.

The person in charge, who is also the provider nominee, was on planned leave. The purpose and function of the inspection was outlined to the deputy and nurse in charge at the commencement of the inspection.

Overall, the inspector found progress was made by the provider in implementing the required actions and improvements identified on the last inspection. Twenty two of the 29 previous actions were satisfactorily addressed. However, further improvement was required in some areas in relation to care plans, records and the provision of staff training and meaningful activities for residents was again evident on this inspection.

At the feedback meeting at the end of the inspection, the findings were discussed with the nurse in charge and two other nurses on duty.

Matters requiring improvement are highlighted within the report and set out in an action plan at the end.

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 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):

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

Findings:

Improvements to ensure that the records set out in the Schedules were maintained and available for inspection had been implemented. The actions required from the previous inspection in relation to specific records were addressed.

The files of residents admitted under 'Fair deal' included the copy of the Common Summary Assessments (CSARS), which details assessments undertaken by professionals such as a geriatrician, a medical social worker and nurse.

Records were maintained in accordance with professional standards and guidelines as required.

A record of each medicine administered, signed and dated by the nurse was maintained in accordance with relevant professional guidelines as required.

A record of on-going medical assessment, treatment and care provided by a person's medical practitioner was available as required.

An assessment of cognition using a validated tool now formed part of the admission, follow up or review process as required.

A copy of correspondence to or from the designated centre relating to each resident including any referral to other services was maintained in the centre as required.

A record to detail the reason for the use restraint devices such as bedrails, the

alternative measures or interventions tried prior to use and its duration had been completed to demonstrate use was as a last resort. All incidents where restraint was used were notified to HIQA accordingly, as required.

The contracts of care records reviewed reflected the current arrangements in place and fees charged. Any additional charges were clearly defined in the written contract for agreement.

An action in this outcome regarding the records associated with fire drills in outlined in outcome 18.

Judgment:
Substantially 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:

Policies and procedures highlighted in the previous inspection had been reviewed with revisions made or planned.

A review of the safeguarding policy entitled elder abuse prevention, protection and response was undertaken and complete to ensure the National Policy 'Safeguarding Vulnerable Persons at risk of Abuse' (2014) was incorporated. The policy was renamed as 'Safeguarding Vulnerable Persons at Risk of Abuse' and staff had completed refresher training in Elder Abuse Awareness, Prevention and Protection.

A review of the restraint policy was undertaken and complete to ensure all practices and procedures were defined, included and clearly outlined to guide staff practice and safeguard residents. The use of a 'wandering tag' was not used in practice and referenced in the policy. The inspector was told that while the system was in place and this device was available, it was no longer in use by any resident. The device restricting the use of the lift between floors had also been removed to enable freedom of movement. A restraint register was maintained that showed the only form of restraint was the use of bedrails. A reduction in use was recorded.

A review of the policy entitled concerning behaviours and procedures in relation to the

management of behaviours that challenge was underway to guide staff practice, ensure adequate training and safeguard residents. Concerning and challenging behaviour training formed part of the programme of training for staff.

Improvements were made to promote a positive behavioural support approach to residents' with behaviours that challenged and or that negatively impacted on others.

A comprehensive assessment of residents' behaviours that challenged had been completed to inform care and support needs.

Staff were familiar with the antecedents, behaviours displayed and consequences of behaviours of residents and fully recognised the need to ensure a detailed care plan was in place to inform an individualised plan of care and aid evaluation of treatment or responses provided.

Judgment:
Compliant

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

Theme:
Safe care and support

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

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

Findings:

Improvements were put in place to address the risks previously reported and to ensure that there was a plan in place for responding to incidents likely to cause residents harm or injury or serious disruption to essential services or damage to property.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for the level of risk such as falls. A system was in place to highlight and communicate the risk rate to all staff.

Risk assessments for residents who smoked had been maintained which was supported by the care plan that identified their assessed needs, risks and required interventions necessary to maintain the resident's safety and well-being. This included control measures and supervision arrangements of residents in relation to their smoking agreements. Replacement of the furniture within the smoke room facility had occurred to mitigate identified risks.

Adequate arrangements for the review of fire precautions were in place and had been completed since the previous inspection. The compartment containing two corridors within the centre where up to 17 residents were previously accommodated had been

compartmentalised to reduce resident occupancy per compartment. A maximum of seven residents were accommodated in any identified fire compartment.

Arrangements were put in place to ensure fire safety management and fire drills were carried out by staff at suitable intervals. On the day of inspection staff spoke with were aware of the procedure to be followed in the case of fire and were informed of the total number of residents in the centre.

Residents' occupancy list and bedroom numbers reflected bedroom door numbers. This was a required action on the previous inspection to ensure timely access to and assistance by others when required to respond in the event of an emergency or unplanned evacuation of the centre. Arrangements were in place to ensure the resident occupancy list was updated following changes in room occupancy or transfer to hospital was described. The list received on that day of the inspection reflected resident occupancy.

Fire doors that were inappropriately held open by the fixed snib on the previous inspection had been addressed. Magnetic door release locks that were linked to the alarm system were seen in use in the areas examined. Snib devices to prevent fire doors to close as intended in the event of the fire alarm were not seen in use on this inspection.

Improvements were put in place to ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by HIQA were implemented by staff. The storage of resident's toothbrushes and disposable razors in communal accommodation had been segregated and were appropriately identifiable within shared bedrooms and in en-suites inspected.

Judgment:

Compliant

Outcome 09: Medication Management

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

Theme:

Safe care and support

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

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

Findings:

Improvements and actions required on the previous inspection had been implemented.

Residents were sufficiently protected by medication practices and procedures found.

Operational policies relating to the ordering, prescribing, storing and administration of

medicines to residents had been implemented in practices observed and by procedures described.

Arrangements in relation to prescribing, administration, recording and review of medication met with professional or regulatory requirements. Audits of residents' prescription kardexs were completed since the previous inspection to ensure compliance with the centre's medication management policy.

Arrangements within the audit system included a review of medicines prescribed as required (PRN) such as psychotropic medicines and the review of faxed prescriptions received from General practitioner (GP) to ensure they were transcribed by two nurses and subsequently signed by the resident's GP. In the sample of medicine records reviewed, all medicines had been administered in accordance with the directions of the prescriber, as required previously.

Medication management training was completed by nursing staff since the previous inspection.

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):

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

Findings:

Improvements and actions required from the previous inspection had been implemented.

Arrangements were in place to meet the health and nursing needs of residents. Access to allied healthcare professionals including psychiatry, physiotherapy, occupational therapy (OT), dietetic, speech and language, tissue viability, continence advisor, dental, ophthalmology and podiatry services were facilitated on a referral basis.

Resident assessments and care planning, access to healthcare, maintenance of records and policies governing practice had improved since the previous inspection. However,

further improvement in some aspects was required.

An assessment of the level of cognitive impairment of all residents admitted with a diagnosis of dementia using a validated assessment tool was maintained and recorded in the sample of files reviewed. Arrangements were in place to ensure the Common Summary Assessments (CSARS) is requested from the Health Service Executive (HSE) for all residents prior to admissions that are in receipt of NHSS. This information was to support our comprehensive assessment. Since the previous inspection the admission process included a cognitive assessment using a validated tool which was seen completed for a resident admitted since the previous inspection. An assessment of resident's cognitive functioning formed part of the care plan review on a three monthly basis for those who were diagnosed or suspected of having dementia.

The person in charge had put systems in place to ensure that needs of residents were assessed and reviewed by appropriate health care professionals, as required by the resident. Residents had been referred to external health care professionals based on their assessed needs. Arrangements were in place to discuss the changing needs of residents within the nursing team, with residents and or relatives and referrals were made via their G.P and or the nursing team. A copy of referrals made was kept in the resident's file, as required.

Systems were in place for care plans to be reviewed to reflect the changing needs of residents and improvement was noted in relation to a more comprehensive overview and assessment of the resident, upon professional, nursing and or medical review and assessment.

Care plans to address residents' identified needs were in place, however, further improvement was required to consolidate and ensure all care plans contained sufficient information to specify the actual problem and necessary care interventions required to support residents and guide staff. The recording arrangements following a care plan review required improvement to ensure changes that occurred prompted a revision or update of the actual care plan content to inform subsequent reviews.

Care plans to include a comprehensive assessment, identified risks and recommended treatments or medical reviews and or medicine adjustments had improved. The inspector was told that a medical assessment and review by the resident's G.P. was required prior to commencing or adjusting psychotropic medication. Audits on the use psychotropic medicines were carried out by the nurse in charge and maintained on a monthly basis. These records showed a reduction in as required medicine (PRN) use. This arrangement informed residents care plans that were also audited to ensure the rationale for medicines was documented and formed part of the evaluation of needs.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and more frequently when indicated. Referrals for review by a dietician and or speech and language therapist were prompted following assessment and reviews. However, the associated care plans had insufficient detail regarding residents' individual food preferences, and the recommendations of dieticians and or speech and language therapists where appropriate.

The inspector saw that a choice of meals was offered and fortified diets were available to residents as required. An audit of the menu was recently completed 19 July 2016 by a dietician who made recommendations to guide staff.

An improvement was found in the arrangements to record and demonstrate each resident and or their relative's involvement in care plans including end of life decisions. In the sample of care plans reviewed the wishes of residents were reflected.

Evidence that residents and or family, where appropriate, participated in the care plan review at intervals not exceeding four months was available. Formal care plan review meetings were scheduled on a three monthly basis. Each resident had an allocated primary nurse who had responsibility for the review of care plans with the resident and or identified relevant family member or other. The implementation of a care plan communication form was introduced and under development to capture the views of those involved.

Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

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

Findings:

Work to make the nursing home environment more dementia friendly having regard to the needs of the residents had been carried out as outlined within the provider's response following the previous inspection.

Improvement in the directional and or pictorial signage to or from each resident's room, wing and or communal area had improved in parts to promote orientation and direction. The colour scheme was enhanced and contrasting colours were used where appropriate.

Bedroom door numbers reflected resident bed numbers listed on the residents' occupancy record.

Access to the lift between floors was no longer restricted enabling free movement of residents within the centre and between floors.

Storage arrangements had improved and addressed to minimise impact on residents.

The inspector was told that the selection, offer and suitability of any bedroom including those located within the internal building were discussed between residents or relatives and staff prior to and during the admission process. The suitability of accommodation and equipment required to meet residents changing needs formed part of the overall care plan review.

The smoke room was seen in use at times throughout the inspection. While the extractor fan arrangements were unchanged, staff and or residents were mindful of the risk of smoke migrating into the communal corridor that was found on the previous inspection. As a result, smoke and the odour of cigarettes was less obvious than before in the corridors.

Scorched wooden furniture and receptacles for cigarette ends seen in use in the smoke room on the previous inspection had been replaced with more suitable furniture and receptacles.

Improvement was also noted in the following:

- Dust seen on an item stored on a high surface in one bedroom was addressed
- The wash hand basin removed from a communal toilet in use had been replaced to support residents' needs
- The sluice on the first floor was in working order

A programme of maintenance and repair was ongoing to address general wear and tear issues such as paintwork, rust on the radiator in the resident's room the light functioning in resident rooms.

The paint and decor was of the good standard throughout.

The provision of side tables in communal sitting rooms to support residents with tea cups, snacks and drinks had improved at snack times, although, each resident did not have access to one to support them throughout the day and to place drinks and or magazines on.

A review of the Statement of Purpose to reflect the reduction in occupancy in four bedrooms (from four to three residents) and the reconfiguration of bedrooms was completed since the previous inspection. A total number of 63 residents can be accommodated in the centre.

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):

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

Findings:

Arrangements for residents to be consulted with and participate in the organisation of the centre on a regular basis had improved.

A resident's forum for residents to meet and discuss issues in addition to smaller group meetings had occurred since the previous inspection. An opportunity for residents' relatives to meet staff and management and to be involved in the operation of the centre had also been established and was to continue.

In a sample of care plans reviewed the inspector found some improvement in the detail of residents' preferred activities, likes and dislikes or those most suitable or appropriate to meet the social well-being and personal needs of individuals. However, based on the observations during this inspection further improvement was required to ensure the availability and provision of meaningful activity to all residents with individual and identified needs was required.

Staff interactions with residents were respectful and engaging at times while mainly functional. The inspector was informed of the development of a staff support group aimed at improving a quality of life for residents identified who may be unsuitable to participate in group activity and providing meaningful activity on a one to one basis was set up since the previous inspection. However, the impact of this recent initiative was not fully evident in practice at this time. Further focus and provision of a meaningful activity programme for the larger group of residents seen on the ground floor throughout the morning and afternoon was required. At times the large communal areas and environment did not support therapeutic or quality interactions for structured periods to engage residents in meaningful activities in accordance with their interests or capacities. This requirement is restated.

During the inspection the inspector saw that residents were adequately supported to ensure their dignity and privacy was maintained at all times.

There were arrangements in place to support communication with and between residents. Notice boards, signage (written and pictorial) and communication aids along with the use of contrasting colours was available in the centre. Life stories and information or pictures significant to residents prior to admission formed part of the social care assessment. However, strategies, functional aids and other devices such as information technology and or computerised application and devices to support effective communication for residents including those with dementia required further development and exploration.

Training in communication was provided to some staff and planned for other staff in 2016 to assist them to support residents with communication difficulties. Access to speech and language therapy was available to identify the specific needs, means and methods most appropriate for communicating with residents.

Judgment:
Substantially Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

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

Findings:

The number and skill mix of care staff was appropriate to the needs of the residents, and the size and layout of the designated centre. However, as indicated in outcome 16, the need to develop and provide meaningful activity on an individual basis or within a range of smaller groups to ensure each residents quality of life considered on a daily basis required improvement in association with a review of activity staff resources.

Staffing levels and arrangements at night at improved since the previous inspection as further compartmentalised of the centre to reduce the number of residents within each compartment, as outlined in outcome 8. The maximum number of residents accommodated per compartment ranged from three to seven residents with the minimum of four trained staff on.

Simulated fire evacuation drills and training in fire safety and the revised layout were confirmed by staff. Fire safety training and simulated fire drills and evacuations was to continue on an ongoing basis. Records to demonstrate fire drills were carried out were maintained. Some improvement was required in relation to the content of information to be included such as the name of all staff in attendance and to identify those participating in each drill or observing. This is in the action plan of outcome 5.

Since the previous inspection staff had access to mandatory and relevant training with

further training to be completed by all staff in relevant areas appropriate to their role and responsibilities.

Training records maintained for staff showed that training in the following topics was provided since the previous inspection:

- fire safety and simulated fire evacuation drills
- safeguarding and elder abuse
- infection control
- moving and handling
- managing behaviour that is challenging
- medication management
- cardio pulmonary resuscitation and
- dementia care.

Further training to ensure the training gaps were addressed and to ensure all staff had up-to-date training and knowledge appropriate to their role was planned and to be evaluated in practice. Manual handling training was provided and described by staff. Practices observed by the inspector during this inspection were reflective of evidence best and safe practice

Training in communication was to be provided as indicated in the provider's response.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sonia McCague
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:	Carthage Nursing Home
Centre ID:	OSV-0000021
Date of inspection:	21/07/2016
Date of response:	17/08/2016

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 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:

Fire safety records did not contain all the required information. For example, the names of all staff in attendance and those participating in each drill or observing.

1. 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

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

the Chief Inspector.

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

Staff routinely sign their training record card upon completion of all in house training. Fire safety training records have been reviewed to include the names of all staff attending each training session and what each training session incorporated.

Proposed Timescale: Completed

Proposed Timescale: 17/08/2016

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:

Further improvement was required to consolidate and ensure all care plans contained sufficient information to specify the actual problem and necessary care interventions required to support residents and guide staff.

2. 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:

We will continue to work on improving our care plan documentation through

- Care Plan Training
- Monitoring/Auditing of care plans
- Consultation within nursing team

Proposed Timescale: 30/09/2016

Theme:

Effective care and support

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

The recording arrangements following a care plan review required improvement to ensure changes that occurred prompted a revision or update of the actual care plan content to inform subsequent reviews.

Some care plans had insufficient detail regarding residents' individual food preferences, and the recommendations of dieticians and or speech and language therapists where appropriate.

3. 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 continue to work on improving our care plan documentation through

- Care Plan Training
- Monitoring/Auditing of care plans
- Consultation within nursing team

Nursing staff have been informed to update resident care plan daily upon assessed changing needs and/or MDT review, documenting recommendations in the resident's care plan.

Resident preference in relation to food likes and dislikes has been updated.

Auditing of care plans by nursing management will ensure compliance.

Proposed Timescale: Completed

Proposed Timescale: 17/08/2016

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:

Further focus and provision of a meaningful activity programme for the larger group of residents seen on the ground floor throughout the morning and afternoon was required.

At times the large communal areas and environment did not support therapeutic or quality interactions for structured periods to engage residents in meaningful activities in accordance with their interests or capacities.

4. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

We are currently revising our activities programme in the central communal areas to incorporate a structured meaningful activity programme during the morning period.

We have a structured afternoon programme in place in this area.

Proposed Timescale: 26/08/2016

Theme:

Person-centred care and support

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

Strategies, functional aids and other devices such as information technology and or computerised application and devices to support effective communication for residents including those with dementia required further development and exploration.

5. Action Required:

Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

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

The area of information technology will be researched further.

At present our residents can access email and live communication through our office.

Proposed Timescale: 30/11/2016

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The need to develop and provide meaningful activity on an individual basis or within a range of smaller groups to ensure each residents quality of life considered on a daily basis required improvement in association with a review of activity staff resources.

6. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

We are currently revising our activities programme in the central communal areas to provide a more structured meaningful activity programme during the morning period.

This will incorporate smaller group activities and for those who cannot partake in group activity one to one meaningful therapy.

Extra resource hours have been allocated to our activities programme.

Proposed Timescale: 26/08/2016

Theme:

Workforce

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

in the following respect:

Further training to ensure the training gaps were addressed and to ensure all staff had up-to-date training and knowledge appropriate to their role was planned and to be evaluated in practice.

Training in communication was to be provided as indicated in the provider's response.

7. 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:

Communicating training has commenced. 80% of our staff have completed training and remaining staff will have completed same by 31/08/2016

Proposed Timescale: 31/08/2016