

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Castlecomer District Hospital
Centre ID:	OSV-0000544
Centre address:	Castlecomer, Kilkenny.
Telephone number:	056 444 1246
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Patricia McEvoy
Lead inspector:	Ide Cronin
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	7

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 following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 26 July 2016 09:20 To: 26 July 2016 16:00

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	Compliant
Outcome 04: Suitable Person in Charge	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	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection, the inspector met with residents and staff members. The purpose of this inspection was to monitor on going compliance with 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.

This inspection was also undertaken as the Registered Provider has not complied with the conditions of registration issued with regard to completion of the refurbishments as outlined to the Health Information and Quality Authority (HIQA) to make the premises suitable for purpose. The project was due to be completed by 31 March 2016.

HIQA acknowledge that phase one had been completed and the inspector was informed that phase two would be finished by mid September 2016. HIQA acknowledge that the provider nominee had initially submitted an application to vary conditions of registration but subsequently had withdrawn the application as funding

was no longer available to complete the project.

However, on the day of inspection the inspector observed that the building works were in progress and the male wing of the centre was closed off. The total bed capacity when the project is completed is 18 beds which includes convalescence, respite care and palliative care. The project includes five single rooms with two en suites. There will be eight female multi occupancy beds with access to two showers and three toilets and five male multi occupancy beds with access to one shower and toilet plus two separate toilets with wash hand basins.

This inspection found that there were robust and effective governance systems in place, safeguarding systems were evident and risk management procedures were satisfactory. The person in charge, clinical nurse managers and staff demonstrated a comprehensive knowledge of residents' needs. Overall, the healthcare needs of residents were well met and residents had good access to general practitioner (GP) services and to allied health professionals.

A total of ten outcomes were inspected. The inspector judged eight outcomes as compliant and two as moderate non compliance with the Regulations. 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):

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

Findings:

As part of the inspection process the inspector reviewed the statement of purpose and found that it consisted of a statement of the aims, objectives and ethos of the designated centre and a statement as to the facilities and services which are to be provided for residents. It also contained all of the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment:

Compliant

Outcome 02: Governance and Management

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

Theme:

Governance, Leadership and Management

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

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

Findings:

There was a clearly defined management structure that identifies the lines of authority and accountability. The person in charge was supported by two clinical nurse managers

and she reports to the manager for older people services in the area who in turn is accountable to the provider.

Effective management systems and sufficient resources were in place to ensure the delivery of care that met appropriate standards of quality and safety. The quality of care and experience of the residents was reviewed regularly through an audit programme known as quality care nursing metrics that reviewed varied aspects of the service at intervals. The areas reviewed each month included the use of bed rails, health and safety, falls, accidents and incidents. Areas that were reviewed at other times included nutrition, medication and hygiene standards.

The senior clinical nurse manager discussed improvements that were identified with staff and an action plan to improve compliance was outlined. The inspectors saw that in addition to their governance roles at unit level the clinical nurse managers had lead roles for specialist areas that included continence management, falls and adult protection and were responsible for ensuring adherence to evidence based quality practice. A further initiative which had been developed was known as quality and safety walk rounds which assisted in informing risk management practices.

Consultation with residents/relatives in relation to the existing systems of monitoring quality of care was available. An annual review of the quality and safety of care delivered to residents had taken place. The inspector saw that a quality improvement plan for 2016 had been developed as a result of the annual review for 2015. This included health promotion projects to enhance well being, review of nursing roster and training on new national policies. Resident satisfaction surveys were completed in December 2015, the results of which indicated high satisfaction with the service provided.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

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

Findings:

On the previous inspection it was found that inspectors were not satisfied that the arrangements outlined were sufficient to ensure effective governance operational management and administration of both designated centres. On this inspection, the inspector found that there was a clearly defined management structure that identified

the lines of authority and accountability at a senior level within the centre. This included the person in charge and two clinical nurse managers.

The person in charge had changed since the previous inspection. The person in charge is also the person in charge for another centre operated and managed by the HSE 37 kilometres away. The person in charge told the inspector that she is on site once per week. She links with the nurse manager on a daily basis as is satisfied with the governance arrangements as the senior clinical nurse manager is supernumerary and another clinical nurse manager works on a clinical level directing care of residents.

The fitness of the person in charge had been assessed through interview prior to this inspection. The person in charge demonstrated sufficient clinical knowledge to ensure suitable and safe care to residents. She demonstrated sufficient knowledge of the legislation and her statutory responsibilities according to the Regulations.

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):
No actions were required from the previous inspection.

Findings:
Measures to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place in accordance with Health Service Executive (HSE) procedures. The Trust in Care procedures and the Safeguarding Vulnerable Persons at Risk of Abuse documents were available and accessible to staff. All staff had received training on recognising and responding to elder abuse. The clinical nurse manager was the dedicated officer under the HSE Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedures (2014).

The centre had a policy on the use of restraint to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails were underpinned by an assessment and were reviewed. On this inspection 36.3% of residents were using bed rails and 18.1% were using bed rails as enablers. There was evidence that discussion had taken place with the resident, his/her representatives and in instances where these measures were requested the staff

provided information on alternative options such as low to floor beds. Staff could outline a range of hazards and were clear that any restraint was used as a measure of last resort and only considered when less restrictive interventions had not achieved the desired outcome to keep the resident safe.

There was a policy outlining procedures to guide staff on the management of residents' personal property and possessions. Residents' finances were managed in line with the HSE, private property accounts procedures and subject to audit. There was a policy on management of behavioural symptoms associated with dementia. Some staff had received training in dementia care which included two dementia champions on site. The clinical nurse manager told the inspector that there was good access to mental health services and the community psychiatric nurse would regularly come to the centre for advice and support.

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:

The provider had put systems in place to promote and protect the safety of residents, staff and visitors to the centre. The inspector was satisfied that risks were generally well managed. Issues identified on the previous inspection had been completed.

There was an up-to-date health and safety statement which was due for renewal in June 2017. A comprehensive risk management policy that included the areas described in regulation 26(1) had been developed. There was information on general hazard identification and a risk register that outlined general and clinical risk areas. The inspector observed that the risk register was also informed by risk assessments from the clinical area. The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedure to follow in the event of an emergency.

On site risks are identified through reporting, risk assessments, complaint logs and quality and safety walk rounds. There was a good outline of the risks presented and the control measures in place. 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 meet residents' needs. Each resident's moving and handling needs were identified and outlined in an assessment.

The inspector saw that all incidents are audited on a three monthly basis. There was evidence that incidents were being reviewed and appropriate actions taken to remedy identified defects. In the last quarter there were:

Two medication management incidents
six falls
four pressure ulcers.

In response to the falls, a falls algorithm had been developed which was due for completion by mid August 2016. The centre participated in a regional infection prevention and control nursing forum. The inspector saw that the infection prevention and control nurse had launched an education programme for implementation of best practice for the use of care bundles on urinary catheters. Personal protective equipment, such as gloves and aprons, and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control. Staff had completed hand hygiene training. Regular hand hygiene audits were conducted as observed by the inspector. Overall satisfactory procedures consistent with the standards published by HIQA were in place for the prevention and control of healthcare associated infection.

The inspector viewed the fire records which showed that fire equipment and emergency lighting had been regularly serviced. The fire alarm had been serviced quarterly. Inspectors found that all internal fire exits were clear and unobstructed during the inspection. However, on the day of inspection the inspector observed that an emergency exit door was open and the general public were using it to exit the building which is not in line with best practice.

There was a fire safety register in place which had daily inspection of means of escape. The fire policies and strategy indicated that it had not been reviewed since 2011 which is not in accordance with best practice in fire safety. There were notices for residents and staff on "what to do in the case of a fire" throughout the building. The inspector viewed records which showed that fire training was provided to staff on an on going basis. However, records viewed by the inspector indicated that simulated fire drills to reflect a day or night time situation when staffing levels are reduced had not been undertaken since August 2015.

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):

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

Findings:

The inspector was satisfied that each resident was protected by the designated centre's policies and procedures for medication management. The inspector saw that practice was supported by a comprehensive medication management policy. The inspector reviewed a sample of medication administration charts. All items had been individually prescribed and signed by the doctor. There was photographic identification on the sample of charts examined.

Medication prescribed on an "as required" p.r.n basis was identified clearly and the maximum dose to be administered in a 24 hour period was outlined. Medication that had to be administered in crushed format was appropriately prescribed where this applied. The inspector saw that medication management audits were being carried out on a regular basis. The last audit had been completed in January 2016 which gave an overall compliance rate of 91.2%. All staff nurses involved in the administration of medications had undertaken medication management training.

The inspector saw that medications were reviewed on a three monthly basis by the medical officer. Pharmacy was delivered twice per week from the local hospital and there was a procedure in place for medication required outside of the delivery arrangements. The clinical nurse manager said that the pharmacist visits the centre and is always available by phone.

The management of controlled drugs was in line with legislative requirements. There was appropriate secure storage available and the supply was checked and a record maintained by two nurses, one from each shift as required. Medications requiring refrigeration were appropriately stored and the fridge temperature was monitored daily.

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):

No actions were required from the previous inspection.

Findings:

In the sample of healthcare files observed by the inspector there was evidence of good communication from the hospital referring the resident for admission to the centre. There were up to date discharge letters from a medical and nursing perspective. This information was used to inform the assessment of the resident on admission. There was evidence that each resident was also assessed on admission for issues like nutrition, dependency levels, risk of falling and moving/handling. In the sample of care plans seen the assessments on admission informed the care planning process. These assessments were generally repeated on a three-monthly basis or sooner if the residents' condition had required it. Daily nursing notes were being recorded in line with professional guidelines.

There was a policy on end of life care which addressed all physical, emotional, spiritual and social needs of residents at end of life and promotes respect and dignity for dying residents. The inspector saw that caring for residents at end of life was an integral part of this service. The practice was informed by the centre's policy on end of life care which in turn was informed by national policy such as hospice friendly initiatives. Staff had received training in end of life care. The inspector saw that more than one single room was available now for end of life care due to phase one of the project being completed. An end of life audit completed in September 2015 showed an improvement in relation to assessment and care planning. End of life debriefing for staff was carried out on a three monthly basis through the use of workshops.

The clinical nurse managers and staff demonstrated an in-depth knowledge of the residents and their needs and this was reflected in the care plans. There was evidence of resident/ relative involvement in the resident's care and in care planning. Overall, the inspector was satisfied that facilities were in place so that each resident's well-being and welfare was maintained by an adequate standard of evidence-based care and appropriate medical and allied health care.

There were opportunities for residents to partake in activities. Healthcare assistants directed the activities on a daily basis which was informed by what the residents wanted to do on the day. The inspector saw that two staff members had attended activation training and one staff member had completed imagination gym a sensory based activity. There was an activities programme displayed which included music, bingo and cards.

Judgment:
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):

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

Findings:

Accommodation was provided for 18 residents. As found during the previous inspection in January 2015 the configuration of these premises posed significant challenges to the provider in meeting the requirements of the 2013 Regulations in relation to the availability of bedrooms of a suitable size and layout for the needs of the residents.

The accommodation was previously divided into two sections, one male and one female. While the male ward was divided into "bays", accommodation was provided in what was essentially an open plan room with seven beds. All the beds on the male ward were on a walk-through corridor with privacy being afforded by a curtain. The female ward was contained in "bays" in one large room with ten beds. There was also a single palliative care room which could be used for either gender.

However, on this inspection the inspector observed progress had been made in relation to the premises. Phase one of the refurbishment project had been completed. The front entrance hall had been reconfigured and soft seating was in place. The resource room had become a single room thus facilitating palliative care requirements and improved infection control measures. The smoking room had also been reassigned as a single room. The inspector observed that on the female ward the overall bed spacing had been reconfigured and reduced which enhanced privacy and dignity for residents.

The male wing of the centre was closed off on this inspection as works were in progress. The total bed capacity when the project is completed will remain at a bed capacity of 18 which includes convalescence, respite care and palliative care. The project includes development of five single rooms with two en suites, two bed rooms sharing one toilet and wash hand basin. There will be eight female multi occupancy beds with access to two showers and three toilets and five male multi occupancy beds with access to one shower and toilet plus two separate toilets with wash hand basins.

There was an enclosed garden area available and used by residents.

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

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: There was a local policy and procedure in place to ensure complaints were monitored and responded to. Formal complaint procedures and appeals details were outlined in the HSE complaints policy 'your service your say'. The inspector found evidence of good complaints management.</p> <p>At the time of inspection no written complaints had been made, but there were systems in place to record them fully if there were. The clinical nurse manager told the inspector that any complaint received would be thoroughly investigated and the outcome would be discussed with the resident. This would also include if the resident was satisfied with the outcome or not. There was a suggestion box available as observed by the inspector.</p>
<p>Judgment: Compliant</p>

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

<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: The inspector found that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents. Resident dependency was assessed using a recognised dependency scale and the staffing rotas were adjusted accordingly. The inspector found that there were procedures in place for constant supervision of residents in communal areas. The inspector reviewed the staff rota and found that there is enough staff on duty seven days per week to meet the specific needs of residents outlined in the statement of purpose while taking into account the size and layout of the centre and the rate of planned admissions.</p>
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Staff confirmed to inspectors that they had been facilitated in accessing continuing professional education by the provider. There was a training programme in place and all staff had received mandatory training as required by the Regulations. Training records viewed by the inspector indicated that training had been received on infection control, falls prevention and management, dementia training, palliative care and activities care planning.

Residents were observed to have good relationships with staff and were comfortable and relaxed when staff approached them. The inspector found that staff were knowledgeable about residents' individual needs and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported by the management team.

The inspector saw records of regular meetings between management and staff at which operational and clinical issues were discussed. The inspector saw that copies of the Regulations and the standards had been made available to them. Staff were aware of the policies and procedures of the centre. There was evidence of staff appraisals being carried out.

Recruitment was not carried out at a local level. There was a national HSE policy for the recruitment, selection and Garda Síochána vetting of staff. However, the senior clinical nurse manager outlined that the human resource function was coordinated from the acute general hospital with all personnel files being centrally stored there. As the staff files remain off site the inspector could not randomly sample staff files.

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:

Ide Cronin
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:	Castlecomer District Hospital
Centre ID:	OSV-0000544
Date of inspection:	26/07/2016
Date of response:	02/09/2016

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 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 inspector observed that an emergency exit door was open and the general public were using it to exit the building which is not in line with best practice.

1. 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

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

the designated centre.

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

On the day of the inspection a notice was placed on the door immediately advising the public that door was for emergency exit only.

Staff have been advised at staff meeting re same following feedback from inspection on 3 August 2016 and also on 23 August 2016 Improvements have been noted.

Proposed Timescale: 02/09/2016

Theme:

Safe care and support

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

Simulated fire drills had not been undertaken to reflect a day or night time situation when staffing levels are reduced since August 2015.

2. 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:

Type 2 and 3 training which was already scheduled for the 12 and 19 September 2016 will also include evacuation drill.

Proposed Timescale: 02/09/2016

Theme:

Safe care and support

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

The fire policies and strategy indicated that it had not been reviewed since 2011.

3. 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:

Fire policy and strategy document has been superseded by a more up to date fire orders policy document approved January 2014 due for renewal 2019 developed by fire committee. Policy has been replaced and an in date policy circulated to staff and ward

Type 2 and 3 training which was already scheduled for the 12 and 19 September 2016 will also include evacuation drill.

Proposed Timescale: 02/09/2016

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:

The configuration of the premises posed significant challenges to the provider in meeting the requirements of the Regulations in relation to the availability of bedrooms of a suitable size and layout for the needs of the residents.

4. 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:

Phase 2 of the current works is partially completed with multi occupancy room (five beds) reopened on the 15 August 2016. Rest of works will be completed and reopened week commencing 12 September 2016.

Proposed Timescale: 12/09/2016