

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Carechoice Malahide
Centre ID:	OSV-0005205
Centre address:	Mayne River Street, Northern Cross, Malahide Road, Dublin 17.
Telephone number:	01 847 5093
Email address:	paul.kingston@carechoice.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sabatino Limited
Provider Nominee:	Paul Kingston
Lead inspector:	Sheila McKeivitt
Support inspector(s):	Shane Walsh
Type of inspection	Announced
Number of residents on the date of inspection:	85
Number of vacancies on the date of inspection:	6

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 announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 06 September 2016 09:30 To: 06 September 2016 18:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	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 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of an announced inspection. The purpose of this inspection was to monitor on-going compliance with the Health Act 2007 (Care and Welfare of Residents in Designated centres for Older People) Regulations 2013. In addition, the provider had submitted an application to vary condition 7 of the certificate of registration; to increase the maximum bed capacity from 91 to 165 beds. The provider's application was received on the 30 May 2016. Inspectors conducted an unannounced inspection of the centre on 01 June 2016, the first inspection since the centre had started to admit residents in November 2015. Inspectors found seven of the ten outcomes reviewed were found to be moderately non-compliant. The outcomes on governance and management, safeguarding and safety, health and social care needs, food and nutrition, the complaints procedure and health and safety and staffing were found to be moderately non-compliant. For this reason, the centres application to vary was on hold, the provider was given a three month timeframe to come into compliance with the Health Act 2007 (Care and Welfare of Residents in Designated centres for Older People) Regulations 2013.

As part of the inspection, two inspectors met with residents, visitors and staff

members. Inspectors observed practices and reviewed documentation such as care plans, accidents and incident forms, medical records, policies and procedures, and staff files.

There were 85 residents residing in the centre at the time of inspection and there were 6 vacancies. The recently appointed person in charge had been deemed fit to hold the post by the Health Information and Quality Authority on 25 August 2016. The inspectors met with the provider nominee during the inspection, one of the two assistant directors of nursing and two of the clinical nurse managers. Overall inspectors were satisfied that the centres level of compliance had improved significantly since the last inspection. Eight of the nine outcomes found to be in non compliance during the last inspection were now in compliance. An addition outcome, outcome 12 which relates to premises was reviewed on this inspection in response to the application to vary. The third and fourth floor of the centre were inspected.

Evidence of good practice was found across all outcomes. The outcomes on governance and management, safeguarding and safety, medication management, health and social care needs, food and nutrition, the complaints procedure, food and nutrition, end-of-life and staffing were found to be compliant.

The two outcomes found to be in moderate non compliance were those relating to the premises and health and safety and risk. There were no assisted baths accessible to the 37 residents' on either of the third or fourth floors inspected. There was no wash hand basin in the clinical room or in the cleaners room in either of the two floors. Inspectors found that although fire drills had been practiced with staff, all the night staff rostered on duty had not attended these drills.

The action plan at the end of the report identifies those areas where improvements were required in order to comply with the regulations. The two actions are the responsibility of the registered provider to address.

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 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:

The action identified on the previous inspection report stated:

The auditing system in place was not appropriate to ensure effective monitoring of the service being provided.

Findings:

The person in charge had set up a revised audit schedule. Responsibility had been given to the assistant directors of nursing, clinical nurse managers and physiotherapist to conduct these audits. The schedule included the auditing of care planning, use of restraint, medication management, falls and complaints. A sample were reviewed; all had a complete analysis completed with required actions identified and a named the responsible person to implement the actions. They also included evidence that the identified actions had been addressed by the named responsible person usually the auditor. The results of these audits were fed back to staff at multidisciplinary staff meetings, staff meetings and falls prevention team meetings. The minutes of all these audits were also displayed on the staff notice board in the staff rest room. These areas of practice were re-audited each month and this re-auditing had shown an improvement in the quality of care being delivered. For example: the falls auditing process implemented had shown a dramatic reduction in falls from July to August after the thirteen point action plan identified in July's audit had been implemented.

Inspectors were satisfied the action had been addressed in full.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place

and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

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

Findings:

The action identified on the previous inspection report stated:

The care plans in place relating to the management of responsive behaviours were not consistently sufficiently comprehensive to guide care in that there was not sufficient information included regarding triggers and interventions to manage responsive behaviours. Care plans did not provide an appropriate overall management strategy including the use of non-pharmacological interventions to ensure that psychotropic p.r.n. medicines (a medicine only taken as the need arises) were not being used in a restrictive manner.

Staff training records reviewed by the inspectors indicated that a significant number of staff had not received training on elder abuse.

Inspectors were satisfied that both had been addressed in full.

Findings:

Inspectors reviewed a sample of care plans of those identified by the person in charge as having behaviour that challenges. A sample of care plans were reviewed. Those reviewed identified triggers of the individuals behaviours, de-escalation techniques and named the psychotropic p.r.n. medicines (a medicine only taken as the need arises) to be administered in the event that the resident was not settling post the use of non-pharmacological interventions. Where two p.r.n. medicines were prescribed the care plan identified which one should be administered first. Residents' who had displayed behaviours that challenged had a detailed ABC chart completed which identified the sequence of events. The care plans contained all the relevant details required to provide individualised care to residents'.

Training records provided to inspectors reflected that staff named on the staff roster had up-to-date training in the prevention, detection and management of abuse. A number of staff spoken with were clear on the procedure to follow.

Inspectors were satisfied that both actions had been addressed in full.

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):

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

Findings:

The action identified on the previous inspection report stated:

Fire drill practice was not adequate to provide assurances that all staff had rehearsed the evacuation of a compartment under simulated night time conditions, in response to identified scenarios, and that any issues arising during these fire drills was recorded with action plans to address any identified issues to ensure a compartment could be evacuated in a timely manner.

Findings:

Training records provided to inspectors showed that all staff now had mandatory fire training in place. Inspectors reviewed documentation of the two fire drills which had been conducted in the centre since the last inspection. The records of these drills was comprehensive; reflecting response times, actions taken and staff in attendance. However, night staff were fixed. One had taken place at 14:30hrs the other at 19:00hrs. Inspectors were informed that the fire drill which took place at 19:00hrs was simulated as a night time drill, however, only a small number of staff rostered to work nights had taken part. Inspectors cross referenced staff on duty on two nights in early September with the names of those who had been in attendance at these fire drills. They found that of the ten staff rostered on night duty only one had taken part in a stimulated fire drill.

This action had not been addressed to the satisfaction of inspectors.

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 actions identified on the previous inspection report stated:

Medicines prescribed for administration at 8.30am were administered outside the prescribed time frame, over two and a half hours later on one floor and up to three and a half hours later on another floor. The medicines were being recorded as administered at 8:30am. The length of time taken to administer the medicines meant that there was the potential for medicines to be administered without the required time interval between subsequent doses.

The following issues did not conform with appropriate medicines management practice:

- A number of residents required their medicines to be crushed prior to administration and there was a system in place to indicate the authorisation to crush each individual medicine on the prescription sheet. However it was not always clear which medicines were authorised for crushing and for some residents the prescription sheet indicated that crushing was necessary but nursing staff reported that the resident did not require their medicines to be crushed.
- The prescribed frequency of administration was not clearly indicated on the prescription sheet for all medicines and in some cases only the times for administration were ticked (the prescription did not consistently indicate if the medicine was to be administered once daily or twice daily)
- The maximum daily dosage for p.r.n. medicine (a medicine only taken as the need arises) was not consistently indicated on the prescription sheet.
- There were no indications on all p.r.n. medicine (a medicine only taken as the need arises) medicines to indicate the circumstances in which these medicines were to be administered to ensure consistent administration practice by staff.

Findings:

Medicines administration times had been changed. Inspectors observed staff nurses administering medication to residents' within one hour of the prescription time. For example, a staff nurse was observed administering medicines prescribed to be administered at 13:30hrs being administered at 13:40hrs. This was evidence of improved practice. The staff nurse wore a red apron requesting not to be disturbed when administering medicines.

Inspectors reviewed a sample of medication charts and found that all residents' receiving crushed medications had each individual medication prescribed to be administered in this format. Prescription charts reviewed now contained the frequency medications were to be administered, the maximum daily dosage and indications for use for all p.r.n. medicines (medicines only taken as the need arises).

Inspectors were satisfied that all actions had been addressed in full.

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):

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

Findings:

The actions identified on the previous inspection report stated:

Care plans were not always in place for all residents' needs. Care plans were not consistently updated with all recommendations following review by an allied healthcare professional.

Records of activities of daily living including assistance and provision of personal hygiene were not being recorded contemporaneously to provide assurance that the appropriate care was being provided.

Findings:

Inspectors reviewed a sample of residents' nursing care documents. They found that each identified need had a care plan outlining the care required by the resident to meet that need. For example, residents' a high risk of malnutrition had a care plan in place reflecting this need. The care plans reviewed were updated in a timely manner with the recommendations made by members of the multidisciplinary team members.

Records maintained by staff of activities of daily living now included details of assistance with personal hygiene. These records were being maintained in a much more timely manner after care had been provided.

Inspectors were satisfied that both actions had been addressed in full.

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):

No actions were required from the previous inspection.

Findings:

Inspectors inspected the additional bedrooms and communal space located on the third and fourth floor of the centre in response to the providers application to vary condition seven of the certificate of registration this was to increase the maximum bed numbers from 91 to 165.

The third and fourth floor each consisted of 29 single and four twin en suite bedrooms, two living rooms, a dining room and an activity rooms. They also contained two large assisted toilets located in close proximity to the communal rooms. Each floor also contains one nurses' station and a large assisted shower room and a sluice room. Inspectors were informed that residents' would have access to a shower trolley. However, observed that there was no assisted bath in either the third or fourth floor. Therefore, residents had to go to the first floor to have a bath as there was only one bath in the centre to meet the needs of 165 residents'. This did not reflect the requirements outlined in schedule 6. The cleaners room on both floors did not contain a wash hand basin and therefore did not adhere by standard 2.7. Inspectors were informed that there was no wash hand basin in any of the cleaner rooms within the centre. The clinical rooms on each floor did not contain wash hand basins. Although this was where staff prepared sub cutaneous and intramuscular medications prior to administration. Hence, best practice in infection control was not being promoted.

The single en suite bedrooms in the centre ranged in size from 14 square metres to 23.9 square metres, while the twin bedrooms en suite rooms ranged in size from 25 to 28 square metres. The single bedrooms contained low low beds, a bed side locker, a wardrobe with a lockable drawer, two chairs and a wall mounted television. The twin rooms were similarly furnished for each resident with curtain rails in place to provide privacy when required.

The provider told inspectors the communal space available per resident will be 5.5 square metres. Dining, living and activity rooms were furnished with tables, chairs and televisions. The server areas in a number of the dining areas were fitted with appropriate fixture and fittings.

There was a call bell system in operation throughout the centre, with call bells in all bedrooms, bathrooms, en suite bathrooms and communal rooms accessible by residents. The provider nominee confirmed that all call bells were fully functional, and the sample checked by inspectors during the inspection were all operating. Window restrictors were in place on all windows. There were covers in place on radiators in the bedrooms, and en suites were fitted with grab rails. There were also grab rails along all corridors, and in assisted toilets.

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):

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

Findings:

The actions identified on the previous inspection report stated:

The complaints process was on display in the reception area of the centre but not in a prominent position.

The management of complaints in the centre was not consistent to ensure records of all complaints were maintained.

There was not a nominated named person available in the centre to ensure all complaints were appropriately responded to with the specified records maintained.

Findings:

Inspectors saw the complaints process was on display in the reception area of the centre, and information on complaints was included in the residents' guide which was provided to each resident on admission to the centre. The complaints process was now on display at the entrance to the lift on each floor where all residents' and staff could view it.

Complaints on file were reviewed. Inspectors saw that the records kept in relation to each complaint was clear and concise. They included details of the investigation, action taken the outcome and level of satisfaction of the complainant. Each complaint had been signed, dated and closed by the person in charge.

A person had been nominated to oversee the complaints process. Inspectors were informed that this would be done once every four months. She had not carried out this review to date.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

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

Findings:

The actions identified on the previous inspection report stated:

Inspectors reviewed a number of resident files and noted that there was no comprehensive assessment of residents' end-of-life wishes or documented discussion of end of life preferences.

Findings:

At the time of the inspection there were no residents receiving end-of-life care.

Inspectors reviewed a number of residents' files and noted residents now had their end of life wishes recorded or in the process of being recorded. Inspectors were informed that all residents' had been asked to discuss their end-of-life wishes. Where the resident was assessed as not having capacity their relatives had been written to and invited to come in to speak to staff. Some had end of life care plans in place and those reviewed by the inspectors were personalised and sufficiently detailed to ensure that the provision of care would meet their individual needs and wishes in a way that fully respected their dignity and autonomy. Those who did not have their preferences recorded to date had a rationale in place as to why this was not recorded at the time of inspection.

Inspectors were satisfied that this action had been addressed in full.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

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

Findings:

The actions identified on the previous inspection report stated:

The system in place to ensure all staff were aware of the recommendations of allied healthcare professional including dietitians was not adequate to ensure that recommendations such as fortification of food was implemented in a consistent manner.

Findings:

Inspectors observed lunch being served in two of the dining rooms. A menu was in place on each dining room table. The menu reflected the choice of food available. Inspectors

saw the choice reflected that being offered and served. Pictures of the choice of meals were also displayed on a notice board in each dining room.

Catering and health care staff spoken with had a good knowledge of those on special diets, those requiring their food to be fortified and those requiring an alteration in consistency. The catering assistant serving the lunch had a list reflecting this information as did the care staff. However, they knew the residents' needs without referring to these documents. This information reflected that recorded in the residents' assessments and care plans.

Inspectors were satisfied this action was implemented in full.

Judgment:
Compliant

Outcome 18: Suitable Staffing

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

Theme:
Workforce

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

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

Findings:

The actions identified on the previous inspection report stated:

Staffing levels in the centre were not appropriate having regard for the needs of the residents and the fact that the centre was a new centre, with new staff, new residents and admitting up to four residents per week.

The system in place to ensure all newly recruited members of staff received all appropriate training particularly mandatory training was not adequate.

Findings:

Staffing levels in the centre were now appropriate having regard for the needs of the residents. On the ground floor there was a staff nurse and five health care assistants caring for 15 residents'. On night duty one staff nurse and two health care assistants cared for the 15 residents' up until midnight after midnight there was one staff nurse and one health care assistant On the first floor there were two staff nurses, seven health care assistants inclusive of one in training caring for 35 residents'. On the second floor

there were two staff nurses, eight health care assistants inclusive of one in training caring for 35 residents'. On night duty there was one staff nurse and three health care assistants allocated to work on each of these floors. In addition, there was a clinical nurse manager on duty each night. She was supernumery, as were the clinical nurse managers, assistant directors of nursing and person in charge on duty during the day.

Inspector were informed that a nurse was going to be appointed to solely to conduct admissions when the condition to vary condition 7 of the certificate of registration was completed.

The person in charge had commenced team nursing on each floor. Staff spoken with said this was working well. An induction programme for staff had been implemented. Housekeeping and health care assistants had a three day induction, staff nurses had a five day induction. They completed mandatory training where at all possible at this time and this was reflected in the fact that the sample of staff cross referenced had manual handling training in place.

Inspectors were satisfied that both these actions had been addressed in full.

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:

Sheila McKevitt
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:	Carechoice Malahide
Centre ID:	OSV-0005205
Date of inspection:	06/09/2016
Date of response:	23/09/2016

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:

Fire drill practice was not adequate to provide assurances that all night staff had rehearsed the evacuation of a compartment under simulated night time conditions.

1. 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

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

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:

At the time of Inspection all Staff had received mandatory fire training by a suitably qualified external provider. Two evacuation drills had taken place in advance of the Inspection, both being a simulated night time scenario. This is in complete compliance with the HIQA published document 'Fire Precautions in Designated Centres for Older People'. On the advice of the Inspector we are conducting additional simulated Night Time drills with night staff. These are taking place on 19th & 21st September

Proposed Timescale: 21/09/2016

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 third floor where 37 residents' were to be cared for did not have access to an assisted bath, as outlined in schedule 6.

The fourth floor where 37 residents' were to be cared for did not have access to an assisted bath, as outlined in schedule 6.

There was no wash hand basin located in any of the cleaners rooms in the centre, as in line with standard 2.7.

There was no wash hand basin located in any of the clinical rooms in the centre.

2. Action Required:

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

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

In relation to the lack of provision of baths on floors 3 & 4, all bedrooms in the home have full ensuite facilities.

According to Schedule 6 it states 'Baths, showers and toilets of a sufficient number and standard suitable to meet the needs of residents' and Standard 2.7.6 states ' In all residential services there is a ratio of one assisted bath (or assisted shower, provided this meets residents' needs) to eight residents. Where suitably adapted en-suite bathing and or shower facilities are provided in residents rooms, these rooms can be excluded from this calculation.'

We have one Assisted bath on our 1st floor and plan on installing another on the 3rd floor. As per email sent to Authority, I can confirm this bath has been ordered and will be installed no later than 31st October 2016.

We believe this more than meets the needs of our residents and will constantly review same, and if on our assessment the need arises to install further baths we commit to

same.

Following the Inspection we reviewed the Store/treatment rooms and the following is the revised layout per floor. The treatment room now becomes Equipment store and the two store rooms will be revised for one to accommodate a cleaners store and the second will become a Clinical store. Both will have a hand wash basin. All Wash hand basins in both Clinical Store and cleaners store are now installed.

Proposed Timescale: 23rd September 2016(Wash Hand Basins) 31st October 2016 (Assisted Bath)

Proposed Timescale: 31/10/2016