## Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Drakelands House Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000224</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Drakelands, Kilkenny.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>056 777 0925</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:info@drakelandshouse.com">info@drakelandshouse.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Drakelands Nursing Home Limited</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Breeda Desmond</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>69</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</td>
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</tbody>
</table>
About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>03 July 2018 10:00</td>
<td>03 July 2018 18:00</td>
</tr>
<tr>
<td>04 July 2018 08:00</td>
<td>04 July 2018 16:30</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td></td>
<td>Non Compliant - Moderate</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This report sets out the findings of a thematic inspection which focused on six specific outcomes of dementia care. In addition the inspection incorporated an additional outcome as issues were identified related to health and safety and risk management including infection prevention and control. There were no actions to follow up from the last inspection.

The centre did not have a dementia specific unit and at the time of the inspection there were 25 people living in the centre with a formal diagnosis of dementia. The inspector observed that some residents required a high level of support and attention due to their individual communication needs and dependencies. In general, the inspector observed that care was delivered in a kind engaging manner. While all care
staff had responsibility to help residents exhibiting aspects of responsive behaviours which were related to the behavioural and psychological symptoms of dementia (BPSD), observations demonstrated that some staff did not actively engage in a positive connective way to enhance peoples' quality of life.

The inspector observed that the provider/person in charge was committed to providing a quality service for all residents including people with a diagnosis of dementia. The provider/person in charge completed the self-assessment on dementia care and the judgments of the self-assessment and the inspection findings are stated in the table above. The self-assessment questionnaire had highlighted areas for further attention including supervision and staff training and the inspector concurred with this. This would facilitate improvements and further advance positive outcomes for residents.

The activities coordinator was recently appointed and was part-time in post at the time of inspection. She was in the process of further developing the activities programme in conjunction with residents and information gleaned from their activities care plans to ensure the activities programme facilitated all residents. The 'Meaningful Life' project was a new addition to care planning for residents, and family members helped to develop this to ensure staff knew who the person was and their life stories. The activities coordinator found this invaluable in developing the activities programme.

The inspector met with residents, relatives and staff. She reviewed the assessed care needs of residents and tracked the journey of a sample of residents with dementia within the service. Care practices and interactions between staff and residents who had dementia were observed using a validated observational tool. The inspector reviewed documentation such as care plans, policies relating to dementia care, medical and nursing records, staff files and residents' finances.

The inspector found that residents’ healthcare needs were met. Residents had access to general practitioners (GPs) and support services such as psychiatry, physiotherapy, speech and language therapists and community health services were also available. Good oversight was demonstrated relating to medication management.

The design and layout of the centre met its stated purpose and it was comfortable, pleasant and homely; residents had unrestricted access throughout to walkabout and provided a safe environment for residents with dementia. While there was some signage to orientate residents, additional signage would enhance the setting and allay the possibility of disorientation and confusion.

Issues identified relating to health and safety and risk management included the necessity for better oversight of the weekly non-clinical assessments carried out, so issues would be identified and remedied in a timely manner. While there were systems in place regarding management of infection prevention and control, effective oversight of practice was necessary to minimise the risk of cross infection and ensure the dignity of residents.
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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

**Theme:** Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
In general, the inspector observed good, kind care and interactions with residents and visitors. The inspector tracked the journey of residents with dementia and also reviewed specific documentation of care such as nutrition, medication management, end-of-life care and management of responsive behaviours. There were systems in place to optimise communication between residents and families, the acute hospital and the centre. There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, that relevant information and appropriate information was readily available and shared between services, and this was observed on inspection.

Pre-admission assessments were completed for each resident. Documentary evidence showed that residents and their families were involved in discussions regarding planning care and assessing care needs. Assessments were carried out on admission of all residents, including those people with a diagnosis of dementia. Validated assessment tools were used to support assessments; care plans were person-centred and contained valuable personable narrative to inform care. The 'Meaningful Life' document along with the resident's profile gave very detailed information including resuscitation and end of life care decisions to facilitate the wishes of residents. There was a synopsis sheet to record the resident's history of infection; the diagnosis; the symptoms the resident presented with; the antibiotic prescribed; resident's response to treatment. This was an easy reference table for staff and GPs to see at a glance the resident's history of infection, treatment and effectiveness of treatment.

Consent forms and discussion forms were updated during the inspection to reflect practice guidelines and legislation.

Meals and mealtimes including breakfast, snack time, lunch and tea were observed. Residents had choice for all meals and meals were pleasantly presented. People gave positive feedback regarding their food and it was a recurring item in the residents meetings. Residents were provided with appropriate assistance with their meals. Mealtime was observed to be a social occasion, and some residents preferred to dine alone and their wishes were facilitated.

Following review of healthcare records and residents' feedback, residents had timely
access to health care services including psychiatry, physiotherapy, speech and language, dental, ophthalmology, chiropody and the community intervention team to enable early discharge from the acute care setting. Residents availed of the Alzheimer's society services in the village day centre and a routine report of residents' participation in activities was relayed to the nursing home from the day service.

The inspector reviewed practices and documentation relating to medicines management in the centre. There was a thorough medications management system in place to minimise risk and safeguard residents. The pharmacist attended the centre on a three monthly basis to review prescriptions charts and completed a full audit every six months, and the GP reviewed residents' medication on a monthly basis.

There were written policies and procedures relating to matters as set out in Schedule 5 of the regulations which referenced up to date legislation. They were being updated at the time of inspection in line with regulatory requirements.

**Judgment:** Compliant

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**Outcome 02: Safeguarding and Safety**

**Theme:** Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Policies were in place for safeguarding vulnerable adults including information relating to responsive behaviours and restrictive practice. They included assessment tools, behavioural support charts and restraint recording charts and these formed part of residents' initial assessments and on-going assessments.

The person in charge/provider was well known to residents and residents reported that they could raise any concerns or issues. In general, practices observed by the inspector demonstrated respect and kindness. Training records indicated that all staff had up-to-date training related to protection, and staff spoken with demonstrated their knowledge regarding recognising and reporting anything untoward. Residents stated they had no reservation in reporting such things. Observations during the inspection demonstrated that staff knew and understood residents and engaged with residents to allay anxieties and provide assurances.

A risk assessment was completed prior to using bedrails. Signed consent was obtained from the resident and there was documentary evidence to show that the nurse discussed restraint with relatives in the event that the resident was unable to discuss it or give consent. At the time of inspection there were 31 residents with bedrails in place. There was evidence of trialling alternatives prior to using bedrails such as low low beds. Records were maintained of checks when restraints were in place.
Residents had free access throughout the centre which promoted their independence and facilitated all residents, including people with a diagnosis of dementia, to amble freely around. Secure courtyards and garden areas were freely accessible and could be access from several vantage points around the centre.

Residents' finances (both pensions and petty cash) were examined. Previously, only one signature was evidenced for transactions, nonetheless, the responsibility of maintaining residents' finances was taken over by the administrator and she had commenced the practice of dual signatures in line with best practice guidelines. This practice would safeguard both the resident and staff member.

Judgment: Compliant

**Outcome 03: Residents' Rights, Dignity and Consultation**

**Theme:** Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
While the contacts of care had the date of agreement of admission, contracts were amended on inspection to include the date of signing the contract in accordance with the regulations. Additional fees to be charged were listed in the contracts.

There were no restrictive visiting arrangements. Residents' privacy was respected, including receiving visitors in private. The inspector observed guests visiting in the lounges, residents' bedroom and relaxing in the seating area both inside and in the external gardens and decking area. Family members visited at lunch time to assist their relative with their meal and be involved in their care and this was welcomed. Visitors gave positive feedback to the inspector regarding care, welfare, attention and kindness of staff.

The residents' meetings were held approximately every three months and were chaired by an independent person. Minutes of meetings demonstrated that it was well attended and residents were vocal in their feedback. Issues raised were documented and followed up in subsequent meetings.

The activities coordinator outlined that she had just completed a course 'Support Me to be Who I Am' and outlined that this introduced her to 'imagination gym' and other topics to develop the activities programme to enhance the quality of life for residents. Records were maintained of residents' participation in activation and their care plans updated, and nursing staff were advised when there were changes to residents. While many residents were involved in group activity sessions, others chose to stay in their bedrooms and the activities coordinator called to their bedrooms to undertake one-to-one therapy.
The inspector used a validated observational tool to rate and record at five minute intervals the quality of interactions between staff and residents in the centre. The observational tool was the quality of interaction schedule (QUIS). These observations took place in day rooms and the dining room. Each observation lasted 30 minutes. Most interactions observed were positive and kind, where staff positively engaged with residents and adapted their approach to reflect the individuality of each resident. However, the inspector observed that there were occasions when staff did not avail of opportunities to socially engage with residents.

Staff demonstrated good practice and positive engagement with residents with communication needs and residents exhibiting aspects of responsive behaviours which were related to the behavioural and psychological symptoms of dementia (BPSD).

Personal protective equipment such as disposable gloves, aprons and masks, and red alginate laundry disposable bags were seen on handrails throughout the centre. There was a lot of personal signage displayed on wardrobes, headrests of beds and on mirrors as well as check reminders to staff regarding examining ski-sheets for evacuation on bedroom doors. These all infringed people’s dignity. While these were all removed before the end of the inspection, these were practices that had become normalised and didn’t support the positive ethos and culture espoused in the statement of purpose or the policies relating to residents’ rights and dignity.

The curtains surrounding beds in one twin bedroom could not afford the privacy of one resident and this was remedied on inspection.

**Judgment:** Non Compliant - Moderate

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**Outcome 04: Complaints procedures**

**Theme:** Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The complaints log was securely maintained in the office of the provider/person in charge. Issues were dealt with in a timely manner. Residents stated they could raise issues with staff and that staff were helpful with their concerns.

The complaints procedure formed part of the admissions protocol whereby staff explained to new residents and their families the rights of residents to raise issues and how they would be dealt with in a timely manner and peoples access to independent advocacy if they wished. There was signage throughout informing residents and relatives of how to access advocacy services.

**Judgment:** Compliant
**Outcome 05: Suitable Staffing**

**Theme:** Workforce

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

No actions were required from the previous inspection.

**Findings:**

In general, adequate resources were in place with the appropriate skill mix to meet the assessed needs of residents. The activities coordinator was recently appointed and was part-time in post. Cognisant of the size, layout and dependency of residents, the provider/person in charge agreed that residents would greatly benefit if the post of activities coordinator was full-time and this was assured for 7th August 2018.

On-going professional training was encouraged and facilitated, for example, three members of staff were near completion of their leadership course; the activities person had applied to do two courses relating to dementia-specific activation. Dementia training was scheduled for 24th July 2018; infection prevention and control including hand hygiene was scheduled to start 5th July 2018. While records demonstrated that manual handling training was up to date, poor practices observed suggested that this training needed to be brought forward.

Formal staff meetings occurred twice a year; 'tool box' talks were convened most days in the afternoon to discuss any issue that arose and to inform staff of new professional guidelines, research and other such topics.

The provider/person in charge worked fulltime. The inspector observed that residents and relatives were familiar with the provider/person in charge and conversed freely with her. The deputy person in charge was full time employed; she worked part-time as assistant director of nursing and part-time on nursing duties. There was a fulltime clinical nurse manager in post to support the management team. The assistant operations manager supported the risk management team and provided in-house training for topics such as infection prevention and control, hand hygiene, and manual handling and lifting. They were all involved in the audit programme as part of risk management.

The inspector observed that appropriate supervision of staff would enhance the quality of life for residents as issues could be readily identified and remedied immediately, for example, assisting residents with transferring and mobilisation.

A sample of staff files were reviewed and were found to be compliant. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for staff including three new staff members. There were no volunteers attending the centre.

**Judgment:** Non Compliant - Moderate
### Outcome 06: Safe and Suitable Premises

**Theme:** Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
This was an expansive two-storey building with lift and stairs access to the upstairs. It comprised two wings - the Linden wing and the Laurel wing. Residents' accommodation comprised single and twin bedrooms, some with en-suite shower and toilet facilities and the remainder with handwash facilities. There were shower and bath facilities and assisted toilet facilities throughout. Dining rooms, day rooms and quiet rooms were located on both floors; there were tea and coffee making facilities in the bar area of one day room for people to make beverages; there was a small prayer room on the ground floor for quiet reflection; the hairdresser's salon was also located on the ground floor. There was a family room with shower and toilet facilities for family members to avail. Staff facilities comprised staff rooms and changing rooms with shower facilities.

There was a sizeable enclosed courtyard with walkways, shrubberies and a new fountain with seating areas and residents were seen to enjoy lounging in the sunshine here. The protected smoking area was discreetly located within the courtyard. There were additional mature gardens and decking area at the front of the centre and visitors brought their relatives out and walked about or sat in the shade. Upstairs, the large area surrounding the dining room was a secure sun lounge with full-height glass panelling for protection; it was decorated with rattan-style lounge furniture and palm trees to create a holiday vibe.

Four sluice rooms were situated in each wing on both floors, and housekeeping had separate cleaning storage rooms. The design and layout of the centre was suitable for its stated purpose and appeared to meet the needs of residents.

Residents had access to adequate private storage space including secure storage. Bedrooms were personalised in accordance with individual preferences. Hand rails and grab-rails were available throughout. Overall, the premises was homely, warm and bright and pleasantly decorated.

**Judgment:** Compliant

### Outcome 07: Health and Safety and Risk Management

**Theme:** Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
Issues identified relating to health and safety and risk management included the necessity for better oversight of the weekly non-clinical assessments carried out, so issues would be identified and remedied in a timely manner. While there were systems in place regarding management of infection prevention and control, effective oversight of practice was necessary to minimise the risk of cross infection and ensure the dignity of residents. Concerns included:

a) drawers in treatment rooms and a medication fridge unlocked enabling unauthorised access
b) urinals not stored in line with infection control best practice guidelines
c) hand wash sinks in sluice rooms not identified as such
d) boxes of disposable gloves, plastic aprons, red alginate laundry bags placed on hand rails
e) dustbins throughout were not in compliance with infection prevention and control best practice professional guidelines
f) hand hygiene gels in containers labelled handwash may lead to confusion.

Inadequate shelving and storage in a cleaning room was identified at the start of the inspection and remedied during the inspection. One fire door did not close effectively and the protective seals were peeling away on another door and these were remedied before the end of the inspection.

The safety statement was being updated at the time of inspection.

Judgment: Non Compliant - Moderate

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:
Breeda Desmond
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 report

<table>
<thead>
<tr>
<th>Centre name:</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000224</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>03 - 04/07/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>06/08/2018</td>
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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 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Personal protective equipment such as disposable gloves, aprons and masks, and red alginate laundry disposable bags were seen on handrails throughout the centre. There was a lot of personal signage displayed on wardrobes, headrests of beds and on mirrors as well as check reminders to staff regarding examining ski-sheets for evacuation on bedroom doors. These all infringed people's dignity. While these were all removed before the end of the inspection, these were practices that had become normalised and didn't support the positive ethos and culture espoused in the statement of purpose or

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

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

**Please state the actions you have taken or are planning to take:**
The Personal Signage displayed in the Resident’s Bedroom included a Swallowing Care Plan (copy attached) and these are displayed for the safety and care of the Resident as Relatives and Visitors have given Residents with a swallowing difficulty inappropriate food and drink at a high risk of the Resident choking.

The Abridged Communication Care Plan (see attached for Resident who has no sight) is a tool to assist all persons communicating with the Resident. The full Communication Care Plan (also attached) is maintained in the Resident’s Care Plan and the Abridged version is a modified version for persons to see at a glance. We do not believe this infringes the person’s dignity but rather enhances their quality of life and safety and is good practice.

**Proposed Timescale:** 06/08/2018

### Outcome 05: Suitable Staffing

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
While records demonstrated that manual handling training was up to date, poor practices observed suggested that this training needed to be brought forward.

2. **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:**
Manual Handling Training – there were a number of new staff members on duty during the Dementia Thematic Inspection who had received Manual Handling Training but were not fully familiar with Residents’ requirements in transferring and mobilising. Re-training has commenced and all staff will be re-trained by 30.09.2018

**Proposed Timescale:** 30/09/2018

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The inspector observed that appropriate supervision of staff would enhance the quality
of life for residents as issues could be readily identified and remedied immediately, for example, assisting residents with transferring and mobilisation.

3. **Action Required:**
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

**Please state the actions you have taken or are planning to take:**
Senior Staff have been allocated to mentor and supervise junior staff and to work with our in-house trainer in implementing best practice.

Timescale: Immediate

**Proposed Timescale:** 06/08/2018

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**Outcome 07: Health and Safety and Risk Management**

**Theme:**
Safe care and support

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

a) drawers in treatment rooms and a medication fridge unlocked enabling unauthorised access
b) boxes of disposable gloves, plastic aprons, red alginate laundry bags placed on hand rails.

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

**Please state the actions you have taken or are planning to take:**
a) The Treatment Room door has a coded lock and we are sourcing a keypad lock for the fridge (containing nutritious drinks supplements). Locks have been fitted to the Dressings Cupboard.

b) Personal Protective Equipment has been removed and placed in drawers in the Resident’s Bedrooms.

**Proposed Timescale:** 07/09/2018

**Theme:**
Safe care and support

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

a) urinals not stored in line with infection control best practice guidelines
b) hand wash sinks in sluice rooms not identified as such
c) dustbins throughout were not in compliance with infection prevention and control best practice professional guidelines
d) hand hygiene gels in containers labelled handwash may lead to confusion.

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

Please state the actions you have taken or are planning to take:
   a & b) - Permanent Signage has been ordered for the Sluice Room detailing the four corner stones of the Sluice Room.
   c) Stainless Steel Pedal Bins have been ordered for all hand-hygiene designated areas.
   d) The labels on the hand gel come from the manufacturers’ stating “Alcohol Hand-wash Gel” and the antibacterial hand-wash soap states “Antibacterial Hand Wash” – we are in discussion with our suppliers regarding labelling.

Proposed Timescale: 17/09/2018

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Issues identified relating to health and safety and risk management included the necessity for better oversight of the weekly non-clinical assessments carried out, so issues would be identified and remedied in a timely manner. For example, one fire door did not close effectively and the protective seals were peeling away on another door.

6. Action Required:
Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

Please state the actions you have taken or are planning to take:
The Directors and Management are very committed to Fire Safety and take regular advice from our Fire Safety & Building Engineer. The entire building has been re-audited. The door required a small adjustment to the arm closure and the protective fire seal corrected. Our Fire Policy request all Staff to ensure all fire doors are closed by pulling or pushing when responding to a fire and/or evacuating zone to zone.

Proposed Timescale: Completed.

Proposed Timescale: 06/08/2018