

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Oaklands Nursing Home
Centre ID:	OSV-0000260
Centre address:	Derry, Listowel, Kerry.
Telephone number:	068 21173
Email address:	info@oaklandsnh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bolden (Nursing) Limited
Provider Nominee:	Michael O'Donoghue
Lead inspector:	Caroline Connelly
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	6

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.

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 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

From:	To:
31 May 2016 15:30	31 May 2016 19:40
01 June 2016 08:45	01 June 2016 17:10

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Non Compliant - Moderate	Compliant
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Substantially Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

During this inspection the inspector focused on the care of residents with a dementia in the centre. The inspection also considered progress on some findings following the last inspection carried out on in March 2014 and to monitor progress on the actions required arising from that inspection. The inspector met with residents, relatives, and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The centre did not have a dementia specific unit however, at the time of inspection there were 16 of the 45 residents residing in the centre with a formal diagnosis of dementia. With seven further residents suspected of having dementia. The inspector observed that many of the residents required a good level of assistance and monitoring due to the complexity of their individual needs but also observed that many residents functioned at high levels of independence. Overall, the inspector found the person in charge and staff team were very committed to providing a high quality service for residents with dementia. However during the inspection the inspector was informed that the person in charge had resigned from her post and was due to finish in the centre in the next number of weeks and the deputy person in charge had also resigned their post and had left the centre. HIQA had not received notification from the provider in relation to this or in relation to who would be acting up in the absence of the person in charge. The inspector informed the provider at the feedback meeting that this must be addressed as a matter of urgency.

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. There were two staff allocated to the function of activity co-ordinators on a part time basis who fulfilled a role in meeting the social needs of residents and the inspector observed that staff generally connected with residents as individuals. The inspector found that residents appeared to be very well cared for and residents and visitors generally gave positive feedback regarding all aspects of life and care in the centre. However a number of relatives were concerned in relation to the staffing levels and also the fact that the person in charge was leaving and that the centre was losing a number of senior nursing staff.

The person in charge and provider had carried out on-going improvements to create an environment where residents with dementia could flourish. The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. In the last number of months the centre had placed an emphasis on the premises to make it dementia friendly. Bedrooms were seen to be very personalised. The inspector found the residents were enabled to move around as they wished. Signs and pictures had been used in the centre to support residents to be orientated to where they were. The centre had invested in colour appropriate clocks and toilet seats in bedrooms for residents with dementia and there were items of interest seen along the corridors such as knitting, crochet and

arts and crafts. Murals and wall decorations were seen throughout the premises and residents and relatives complimented the improvements and the more homely atmosphere in the centre.

The person in charge had submitted a completed self assessment tool on dementia care to the Authority with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self assessment tool, but a number of improvements had been implemented since the completion of the assessment tool and the findings and judgments of the inspector were more favourable than the initial provider's judgments. The inspector found that improvements required on the inspection in March 2014 had generally been implemented. These are discussed throughout the report and the Action Plan at the end of this report identifies areas where improvements are required to comply 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.

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: 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:

This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 45 residents in the centre on the day of this inspection, 16 residents had a formal diagnosis of dementia and seven residents with a level of cognitive impairment.

Residents had a choice of General Practitioner (GP) and most residents continued to have their medical care needs met by the GP they had prior to their admission to the centre. Residents also had access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, podiatry and ophthalmology services. Residents in the centre also had access to the specialist mental health services. With regular visits from community mental health nurses and outpatient appointments facilitated to see psychiatrists as required. The inspector saw that treatment plans were put in place for residents who displayed behavioural symptoms of dementia. There was evidence that these were followed through by the staff in the centre.

The inspector focused on the experience of residents with dementia in the centre on this inspection and tracked the journey of four residents with dementia and also reviewed specific aspects of care such as nutrition, social care and end of life care in relation to other residents.

The inspectors saw that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Each resident's needs were determined by comprehensive assessment with care plans developed based on identified needs. Care plans were updated in line with residents changing needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia.

The inspector saw that residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of a variety of validated tools to assess each resident's risk of deterioration. For example, risk of malnutrition, falls, level

of cognitive impairment and pressure related skin injury among others. There was evidence that non-verbal residents experiencing pain had a pain assessment completed using a validated assessment tool. Pain charts in use reflected appropriate pain management procedures. Each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There were care plans in place that detailed the interventions necessary by staff to meet residents' assessed healthcare needs. They contained the required information to guide the care and were regularly reviewed and updated to reflect residents' changing needs. There was evidence that residents and their family, where appropriate participated in care plan reviews. The inspector found that the care plans guided care and were person centred and individualised. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

Nursing staff told the inspector that a detailed hospital transfer letter was completed when a resident was transferred to hospital. Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. Nursing staff advised the inspector that there were no residents with pressure sores or major wounds at the time of inspection. Staff had access to support from the tissue viability nurse if required.

There were systems in place to ensure residents' nutritional needs were met, and that they residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. There was evidence of an assessment of residents dietary requirements completed by the chef kept in residents' notes and in the kitchen. Mealtimes in the dining room and in the second dining area were observed by the inspector to be a social occasion. Staff sat with residents while providing encouragement or assistance with their meal. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspectors confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls.

The inspector reviewed a sample of residents' medicine prescription records and they were maintained in a tidy and organised manner, they were clearly labelled, they had photographic identification of each resident and they were legible. There was evidence that residents' medicine prescriptions were reviewed at least every three months by a medical practitioner as well as a pharmacist.

There was a centre-specific written medication management policy and procedures for the ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out of date medicines. Review of records and observation of practices indicated nursing staff were adhering to professional guidelines and regulatory requirements in regard to storage and administration of medicines.

Judgment:

Compliant

Outcome 02: Safeguarding and Safety

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 reviewed the centre's policy on suspected or actual abuse which had been updated following the previous inspection and was now found to be comprehensive. Staff training records were reviewed and the inspector saw evidence that staff had received up to date mandatory training on detection and prevention of elder abuse. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report incidents to. The inspector was satisfied that there were general measures in place to safeguard residents and protect them from abuse. However during the inspection some information was received by the inspector in relation to allegations of abuse that had not been previously been identified to the person in charge. This is now under fully investigation and an update is required by HIQA.

The centre generally did not maintained day to day expenses for residents and the inspector saw evidence that complete financial records were maintained for fees. Residents received invoices for care and required extras, but residents and families generally managed their own day to day monies.

A policy on managing responsive behaviours was in place. The inspector saw training records and staff confirmed that they had received training in responsive behaviours and specialist dementia training in 2015. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. The support of the community psychiatry service was availed of as appropriate to residents needs as was discussed under outcome 1. The records of residents who presented with responsive behaviours were reviewed by the inspector who found that these were managed in a very dignified and person centred way by the staff using effective de-escalation methods.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. There were 13 residents using bedrails which was a twenty five per-cent reduction in bedrails in use since the last quarter. Alternative to restraints were put in place such as low beds and alarm/sensor mats. The inspector noted that signed consent in relation to the use of restraint had been obtained from residents, where possible. Review of use of restraints was on-going. Families were involved in the assessment procedure and gave feedback regarding the process. The inspector saw that regular checks of all residents were being completed and documented.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

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:

On the previous inspection the inspector noted the screening curtains in some twin rooms did not protect the residents privacy and dignity on this inspection it was noted that new screening curtains were in place to protect the privacy and dignity of all residents.

Residents' religious preferences are facilitated through regular visits by clergy to the centre with mass held once a week and administration of sacrament of the sick.

Residents were facilitated to exercise their civil, political and religious rights. Inspectors were told that residents were enabled to vote in national referenda and elections as the centre registered to enable polling. Inspectors observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal room. Inspectors observed that some residents were spending time in their own rooms, watching television, or taking a nap.

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms.

Screening was provided in twin bedrooms to protect the residents privacy. Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans. Residents were treated with respect. Inspectors heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser

visited regularly and some residents told the inspectors how they enjoyed availing of the service.

Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspectors that they were always made welcome and that there were plenty areas in the centre to visit in private if they wished to. They said that if they any concerns they could identify them to the person in charge and were assured they would be resolved. Resident and relative surveys were undertaken annually feedback from these was found to be positive.

Residents had access to the daily newspaper and residents were observed enjoying the paper. Residents had access to radio, television, and information on local events There was an active residents' committee which met regularly. Photographs of the committee members were displayed in the entrance hall. Minutes from these meetings demonstrated that there was good attendances at the meetings and a variety of topics were discussed. One resident spoke of their involvement in the committee to the inspector and said they found it a useful forum to have their say in the running of the centre. There was evidence that residents with dementia were consulted with and actively participated in the committee.

There were two staff allocated to the function of activity co-ordinators on a part time basis who fulfilled a role in meeting the social needs of residents and the inspector observed that staff generally connected with residents as individuals. There was a varied and interesting programme of activities available to residents which included art therapy, flower arranging, bingo, music, sing-songs, exercise fit for life sessions religious activities and other more individualised activities. Residents and relatives told the inspectors how much they enjoyed the activities. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during the afternoon. These observations took place in the communal room. Overall, observations of the quality of interactions between residents and staff in the communal area for a selected period of time indicated that the majority of interactions were of a positive nature with good interactions seen between staff and residents. Inspectors noted that the staff tried to create an atmosphere of relaxation by playing background music appropriate to the age and era of residents.

Judgment:
Compliant

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:

A written complaints policy was available in the centre and the inspector saw that the complaints procedure was hung in a prominent place at the entrance to the centre. The complaints procedure identified a complaints appeals process through the assistant person in charge and thereafter to the person in charge. However the procedure did not identify a named complaints officer and it did not identify the person nominated by the provider to ensure all complaints are appropriately responded to. Therefore it did not fully meet the requirements of regulation.

The inspector reviewed the complaints log and found the complaints process was in place to ensure the complaints of residents, their families or next of kin including those with dementia were listened to and acted upon. The process included an appeals procedure. Residents and relatives all said that they had easy access to the nurses and the person in charge who to whom they could openly report any concerns and were assured issues would be dealt with. The person in charge stated that she monitored complaints or any issues raised by being readily available and regularly speaking to residents, visitors and staff. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded as required by the regulations. There was evidence that analysis of complaints was undertaken and written corrective action plans were assigned based off the findings of reviewing complaints.

Judgment:

Substantially Compliant

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

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

Findings:

Residents and relatives generally spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good

communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents' needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling and safeguarding vulnerable persons. Other training provided included management of responsive behaviours, restraint procedures, dementia specific training, infection control, end of life, continence promotion, food and nutrition hydration and the management of dysphagia. Nursing staff confirmed they had also attended clinical training including blood- letting and wound care. The inspectors saw that other training courses had been booked and were scheduled for the coming months.

Duty rosters were maintained for all staff and during the two days of inspection the number and skill-mix of staff working was observed to be appropriate to meet the needs of the current residents. Relatives spoken to said that at times there appeared to be a shortage of staff and expressed concern over the high turnover of senior nursing staff. The provider is requested to keep his staffing levels under review to ensure he has adequate staff with the right skills to meet the needs of the residents. The person in charge and deputy person in charge were due to leave the centre in the next number of weeks and a replacement for them had not been identified which will leave the centre short of nursing staff.

On the previous inspection the recruitment policy did not state all of the documents that need to be maintained for staff or the process for authenticating validity of references. On this inspection the policy had been updated and was found to include all required information and was found to be comprehensive. A sample of staff files was reviewed and those examined were compliant with the Regulations and contained all the items listed in Schedule 2. Current registration with regulatory professional bodies was in place for all nurses. Staff files demonstrated that staff appraisals were undertaken.

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:

Oakland's Nursing Home is a single-storey building that was purpose-built and opened in 1991. The premises had been substantially renovated and extended since it was first built and now provides accommodation for up to 51 residents in a mixture of 25 single and 13 twin en-suite bedrooms. The centre is located in a rural location approximately four miles outside of the town of Listowel.

The inspector noted there was a homely atmosphere and the décor was warm and comfortable. There were two enclosed secure courtyard areas one located off the main day room and also could be accessed from the corridor and the second seating area was also accessed through the corridor. There were seating areas and pathways for residents to walk on with garden furniture, bird nests, raised flower beds and potted plants. The inspector saw residents outside enjoying the garden areas on both days of inspection and residents told the inspector how much they enjoyed getting outside. Communal accommodation included a large sitting room with separate dining space. A second sitting room used for quiet space and to receive visitors, a large dining room and an oratory/prayer room.

Residents' bedrooms were discreetly but highly personalized with memorabilia and residents had good access to televisions, radios, papers, magazines and a well stocked in-house library. Access to and from the centre was secure. The physical environment was designed in a way that was consistent with the design principles of dementia-specific care. Signage and cues were used to assist with perceptual difficulties and orient residents. For example, toilets, bedroom doors, lounges and dining rooms had pictures and signage used to assist residents to locate facilities independently. There were newly acquired red clocks and toilet seats in the rooms of residents with dementia or cognitive impairment and the staff reported a resident who rarely spoke acknowledged the time from the new clock. The corridors were wide and bright and allowed for freedom of movement. The person in charge had put seating areas along the corridors with focal points of interest near them. There was adequate lighting and ventilation and an appropriate heating system in place in the centre. On the days of the inspection, the centre was clean, bright and in a good state of décor and the provider said they have an on-going programme of repainting and decoration.

The inspector saw that residents had access to equipment that promoted their independence and comfort. There were contracts in place to service equipment such as the hoists, call-bell system and on-going repairs to beds and special mattresses and up-to-date service records were available for all equipment on the day of the inspection.

There were hand-washing facilities available in each bedroom, along the corridor and in clinical areas and hand gel dispensers for staff and visitors to the centre. Infection prevention and control guidelines were in place and staff were observed to take the opportunities to perform hand hygiene.

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:

Caroline Connelly
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:	Oaklands Nursing Home
Centre ID:	OSV-0000260
Date of inspection:	31/05/2016
Date of response:	06/07/2016

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 04: Complaints procedures

Theme:

Person-centred care and support

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

The complaints procedure did not identify a named complaints officer and it did not identify the person nominated by the provider to ensure all complaints are appropriately responded to.

1. Action Required:

Under Regulation 34(1)(c) you are required to: Nominate a person who is not involved

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

in the matter of the subject of the complaint to deal with complaints.

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

We previously had an advocate, and are in the process of replacing her. Our new Director of Nursing has been nominated to ensure that all complaints are being responded to in an appropriate manner.

Proposed Timescale: 31/08/2016

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Relatives expressed concern re shortage of staff at times and on the high turnover of nursing staff.

The person in charge and deputy person in charge were due to leave the centre in the next number of weeks and a replacement for them had not been identified which will leave the centre short of nursing staff.

2. Action Required:

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

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

We have appointed a new Director of Nursing, two senior staff nurses have accepted the post of Clinical Nurse Managers, who will work opposite each other ensuring continued supervisory presence in the Home.

Proposed Timescale: 11/07/2016