Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Holy Family Nursing Home
Centre ID:	OSV-0000349
Centre address:	Magheramore, Killimor, Ballinasloe, Galway.
Telephone number:	090 967 6044
Email address:	patrickfahey@eircom.net
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Holy Family Nursing Home Partnership
Provider Nominee:	Brian Fahey
Lead inspector:	Marie Matthews
Support inspector(s):	Gearoid Harrahill
Type of inspection	Announced
Number of residents on the date of inspection:	31
Number of vacancies on the date of inspection:	4

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.

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).

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 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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
05 September 2017 10:30	05 September 2017 19:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA) to renew registration of the designated centre.

The centre is located in a rural area near the village of Killimor near Ballinasloe in County Galway. It accommodates 35 residents requiring long-term care, or who have respite, convalescent or palliative care needs .

The inspectors met with the provider and the person in charge who displayed a good knowledge of the Authority's Standards and regulatory requirements. An appropriate management structure was in place to ensure the service provided was safe. A number of questionnaires from residents and relatives were received prior to the inspection and the inspector spoke to residents during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. The inspector reviewed progress on the action plan from the previous monitoring inspection carried out in August 2016. All of these actions were

addressed.

The person in charge was aware of her responsibilities under the regulations. She was accessible to residents, relatives and staff and had a good knowledge of each of the residents care needs.

Documentation such as care plans, medical records, policies and procedures and staff personnel files were reviewed by inspectors and there was evidence that residents received a good standard of care and that their individual care needs were met. There was good access to general practitioners, pharmacists and allied health professionals.

There were policies and procedures available to guide staff on issues such as risk and safeguarding and residents spoken with said they felt safe in the centre.

The premises, fittings and equipment were clean, well maintained and decorated however inspectors identified that better use could be made of the communal space available. Other improvements identified were in relation to fire safety training and the management of finances for residents for whom the provided acted as an agent. Care planning was also identified as requiring review so that guidance to direct care was easy to follow.

The action plan at the end of this report identifies these and other areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 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:
There was a clearly defined management structure with identifiable lines of authority and accountability as outlined in the statement of purpose. The centre is a family run business run by three partners. All three partners were present during the inspection. One of the partners, who is the provider representative, attended the feedback meeting following the inspection and demonstrated a positive attitude to compliance.

The provider, the person in charge and a senior nurse comprised the management team. The facilitated the inspection and had the required documentation ready. All policies and records required under the Regulations were maintained in a secure manner so as to allow ease of retrieval. They worked together to ensure the service provided to residents was safe. They had regular management meetings and minutes were recorded and available to inspectors.

Monitoring systems were established to ensure safe care and good clinical governance. Weekly audits were completed of restraint use and infections. Wound care, pain, behaviours associated with dementia, falls, medication, catheter care, nutrition and diabetes care were some of the areas audited monthly. The person in charge had completed a report on the quality and safety of care as required by the regulations. This was reviewed by the inspectors who saw that it reported on the various clinical areas and identified where improvements were required. It also included a list of all the social and recreational activities that took place during the year. The information was presented in a clear unambiguous manner and had been made available to residents and relatives.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The person in charge had not changed since the last inspection. She is a registered nurse with the required experience in the area of nursing older people. She has worked in the centre for 13 years and works full-time. Arrangements were in place for another nurse to deputise for her in her absence.

The person in charge demonstrated good clinical knowledge and maintained her clinical skills by attended training in a range of areas to ensure she could meet the specific needs of the residents. Training completed included wound care, nutrition, care planning, dementia and percutaneous endoscopic gastrostomy.

The person in charge demonstrated a good knowledge of the Regulations, the Authority's Standards and of her statutory responsibilities. She was familiar with the residents assessed needs and conditions. The residents spoken with described her as hands on and helpful.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
The residents who spoke with the inspector said they felt safe and were happy living in

the centre. Inspectors saw that measures were in place to protect residents from being harmed or suffering abuse. The centre had a policy on safeguarding which provided guidance on recognising and responding to identify suspicions or instances of abuse. The policy had been updated to reflect the reporting arrangements in the Health Services Executive (HSE) national policy on safeguarding of vulnerable adults. Inspectors spoke with staff members during the course of the inspection who knew what constitutes abuse and what to do and who to report a suspicion or disclosure of abuse to. Inspectors saw from a review of the training records that all staff had completed training in safeguarding.

There was a policy on the management of restraint which was based on national policy. A restraint register was in place and the person in charge said that she tried to promote a restraint free environment. 11 residents had a restraint in situ. All of these were bedrails. The inspectors saw that a risk assessment had been completed for each resident to determine if it was the safest option before using the restraint and the assessment indicated the other less restrictive options considered to prevent a fall from bed such as low entry beds, grab rails and sensory alarms for the bed and the floor.

There was a policy available to guide staff on the management of responsive behaviours associated with dementia (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Inspectors saw that the centres training programme included training for staff on dementia and responsive behaviours. Staff who spoke with the inspectors were knowledgeable regarding how to respond to the residents who presented with responsive behaviours and described various interventions that helped such as redirection and engaging with the residents. A record was kept of any incidents that occurred and this was used to identify what may have triggered the incident and any patterns and help the staff to understand the behaviour. Residents with responsive behaviours had been regularly reviewed by their GP or by psychiatric services.

There were systems in place to safeguard resident's finances. The provider held some petty cash on behalf of the some residents in a secure location. A log was kept for each resident of all transactions and inspectors saw that these were signed by two staff. Inspectors checked the records for two residents against the money stored and found them to be accurate.

Financial records were reviewed for sample of residents for whom the provider acted as a pension agent. Improvements were identified with the arrangements for receiving pensions to ensure the residents' monies were safeguarded and to comply with financial regulations. The resident's pension was being transferred to the centre's current account. Deductions were then made by the provider for the residents' fees and the remaining balance was added to the resident's petty cash. An electronic log was maintained which clearly detailed all transactions and no money was retained in the providers account for any of these residents. However the current arrangement required review as it does not afford the resident the maximum protection.

Judgment:
Substantially Compliant

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

Theme:
Safe care and support

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

Findings:
The centre had an up to date health and safety statement and risk register which was specific to the service. The centre had appropriate fire safety equipment and was free of major environmental risks. Regular in-house checks and tests were recorded for fire safety systems and evacuation routes, and certificates of external servicing and maintenance for emergency lighting, extinguishers and the alarm system were documented. Fire drills took place regularly in the centre, and reports of these noted the procedure followed by staff and duration taken to complete the evacuation from the chosen fire zones. For each fire zone, a personal emergency evacuation plan was in place for resident's assistance and equipment required to evacuate. While staff spoken to were knowledgeable of what to do in the event of a fire, the centre's policy was to hold formal fire safety training on an annual basis and nine members of staff had not completed training in over a year and five staff had not completed this training since commencing work in the centre. Most of these staff members, however, had participated in a fire evacuation practice drill within the past twelve months which incorporated a demonstration of fire fighting equipment. At the time of inspection, a date for the next fire safety training session to address these gaps had yet to be confirmed.

The majority of staff had been trained in infection prevention and control, and domestic staff members spoken to were clear on their procedures fro keeping the centre clean and how these routines would change in the event of an infection or outbreak event. Good infection control practices such as separate mop heads for each room, separate colour coordinated cleaning materials for bathrooms and bedrooms were in place. Water samples were routinely tested for bacteria such as Legionella.

Safe practice was observed in relation to falls prevention. Mobility assessments and falls risk assessments were completed by the physiotherapist who visited the centre and care plans were in place to minimise risk The care plans detailed the level of assistance and supervision each resident required. A risk assessment was also completed for all residents who smoke. There were arrangements in place for recording and investigating untoward incidents and accidents. A description of each fall by a resident was maintained and neurological observations were recorded where a resident sustained a fall un-witnessed or when observed to hit their head on falling to determine if a head injury had been sustained and/or the level of consciousness affected.

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):
No actions were required from the previous inspection.

Findings:
Written operational policies and procedures were in place to provide guidance on the ordering, prescribing, storing and administration of medicines to residents. All policies had been reviewed in February 2016 and included the procedure for handling and disposal of out-of-date medicine.

The inspectors reviewed a sample of residents' medication prescription sheets and found that medications were administered in line with the prescription and the recording sheet was signed by nurses. Medication was supplied by a local pharmacy in blister packs. The blister packs contained a description and a picture of each medication. Blister packs were kept in a medication trolley which was stored securely when not in use. The temperature of the fridge for storing medication was checked and recorded on a daily basis.
One of the inspectors observed a member of nursing staff administering medication. The nurse referred to the prescription and the photograph of the resident to ensure that the correct dosage of the medicine was given at the prescribed time. A signature bank of all nurses administering medication was available.

All unused or out of date medications were collected and stored separately in a locked cupboard in the nurses' station and arrangements were in place for their removal from the centre.

The procedures for storing medication that required strict control measures (MDAs) were also reviewed. The medication was stored securely and the inspector saw from the register maintained that it was counted by two nurses at the change of each shift.

Systems were also in place to check all medication when it was delivered to the centre and the pharmacist completed a medication audit every three months. The person in charge said that the pharmacist also met with residents as part of the medication audit. Issues audited included storage of medication, labelling, record keeping, over the counter medication, refrigeration and the management of MDAs. The inspector saw that findings of these audits were then communicated to the residents General Practitioner (GP).

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:
There were 30 residents accommodated on the day of the inspection and a one resident was in hospital. Eleven of the residents were assessed as having maximum care needs, ten had high care needs, six had medium care needs and 4 were assessed as having low care needs. 14 residents had a formal diagnosis of dementia and others had some element of cognitive decline. The residents had a mixture of age related medical conditions.

The inspector reviewed a sample of residents care notes and medical files and found that they were appropriately monitored and received appropriate care to enable them to remain well. Seven General Practitioners attended the centre and the person in charge confirmed that residents could retain their own GP or chose from one of the other GPs who attended the centre. There was evidence that residents were regularly reviewed by their (GP) in the care files reviewed and were appropriately referred and assessed by support services such as physiotherapy, occupational therapy, speech and language therapy and occupational therapy where required. Any recommendations made by specialists were included in the residents care records and staff were alerted to the changes. There was also good access to a geriatrician and psychiatry of older age services in the area also evident.

The person in charge said she visited residents prior to admission in order to determine their care needs and a range of assessment tools were used following admission to determine residents' care needs and to assess their vulnerability to the risk of falls, developing pressure wounds, weight loss, and moving and handling requirements.

The inspectors reviewed a sample of care files for residents with identified risks such as weight loss, behaviours associated with dementia, epilepsy or impaired swallow. Arrangements to meet the residents' care needs were set out in individual care plans. Those reviewed were person centred and contained a good level of detail to guide the staff in the care required. Inspectors saw that the assessments and care plans were

reviewed every four months and where changes in the residents care needs were identified their care plan was reviewed. However in some instances daily changes in the residents care were recorded in the care plans which were more relevant in the residents' daily notes as their presence made the care plan cumbersome and more difficult to decipher what the current care advice was. For example one care plan for falls prevention had 73 steps identified in her care plan, many of which were no longer relevant to the residents care.

Consultation with residents or their families in care plan reviews was evident and the residents and relatives spoken with confirmed they were kept up to date in all aspects of their loved ones care.

The inspector reviewed the care plan of a resident with dementia which included information to guide staff on the residents' interest, how they liked to be addressed, the clothes they liked to wear and the family members they recognised. It also contained information on the social activities enjoyed by the resident and those that the resident could still participate in. There was regular input by psychiatry of later life evident in the care plans reviewed.

Judgment:
Substantially Compliant

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 centre's complaints policy was available to residents and identified the procedure for receiving complaints and the timelines within which the matter shall be investigated. The person designated to manage complaints was identified in this procedure as well as the contacts details for independent appeal and review.

A complaints log was reviewed which recorded written and verbal complaints, including the details of the matter, the actions taken by the provider and the outcome of the investigation. Correspondence related to the investigated was documented and the satisfaction of the complainant with the outcome of the matter was recorded. Notes on learning for the provider as a result of the complaint were identified.

Judgment:
Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
The centre had a fulltime activities coordinator. On admission, each resident had a "Key to Me" completed by the activities coordinator which outlined the person's likes and dislikes, history, career, hobbies and interests, and this was used to inform a care plan around recreation and activities. Activities for the week were clearly posted for residents to see, and while there was a schedule, there was flexibility and secondary options added if required, for example when flower arranging was taking place those who were not interested in this activity were offered an alternative that interested them more. Inspectors saw that the activities coordinator kept a record for each activity of the resident who enjoyed it and the level of assistance they required to participate in it. Records were maintained of the activities each resident attended every day, or if the resident chose not to was unable to attend. Activity interest and participation was reviewed every three months by the activities coordinator and person in charge and these records were used to assess if alternatives could be offered or where diminishing capacity affected the residents' ability to participate at the same level as before. The activity coordinator was also looking into new options for externally provided activities such as pet therapy.

Inspectors observed that although there was a second sitting room available this was not in use and the residents spent the majority of their time in the centres main sitting room. The provider and staff confirmed that the second room was rarely used, except by visiting relatives. Therapeutic activities for residents with dementia who benefit from a low stimuli environment were also carried out in the main sitting room. The provider was asked to review the use of communal space to give residents choice as to where they spent their day and the ability to sit in a quieter environment if they preferred.

Resident forum meetings were held regularly and those who could not attend were met with in individual interviews. Inspectors reviewed the minutes of these meetings and while there was a section for short suggestions and feedback on events, laundry or mealtimes, the main format of the meeting consisted of asking the same 30 general questions each session on their level of satisfaction with aspects such as the staff, food quality, or activities. The person in charge then used the minutes to determine if

residents were satisfied with all aspects of care. This format of the meetings was more of a monthly satisfaction survey than a forum for discussion and did free flow discussion or for variety based on the time of year or current events in the centre and community. There was also no standard section of the agenda which discussed progress or actions taken on foot of suggestions and feedback from residents.

Religious practices formed an important aspect of life in the centre and mass was celebrated weekly by a local priest and the anniversaries of deceased residents were also remembered at religious service which took place in the centre. Residents were also observed saying the rosary in the afternoon.

Judgment:
Substantially Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
The numbers and skill mix of staff were appropriate to the assessed needs of residents. Inspectors reviewed the staff roster. The person in charge said that the assessed needs and dependency of each resident was what determined the staffing levels. There was always at least one nurse on duty in the centre in a 24 hour period. The normal allocation of staff on duty was one nurse and seven care assistants in the morning in addition to the person in charge. The number of care assistants reduced to six in the afternoon, and five in the evening. At night there was one nurse and two care assistants on duty. Residents and relatives spoken with said that the staff were attentive and responded to residents needs promptly. Inspectors observed good interactions observed between staff and residents who chatted with each other in a relaxed manner. The staff spoken with were knowledgeable of residents' individual needs.

Education and training was provided to staff to enable them to provide evidence based care to residents. Training records were reviewed by inspectors included training in clinical areas such wound care, gastronomy and Peg care, restraint management, dementia and responsive behaviours, venepuncture, and end of life care.

There a safe and robust recruitment process in place. A sample of staff files reviewed contained the information required in schedule 2 of the regulations. The provider confirmed that all staff were vetted by An Garda Siochana before commencing employment . Evidence of this was present in the sample of staff files reviewed by inspectors.

All nurses had up-to-date personal identification numbers that confirmed registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) for 2016.

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:

Marie Matthews
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[1]

Centre name:	Holy Family Nursing Home
Centre ID:	OSV-0000349
Date of inspection:	05/09/2017
Date of response:	29/09/2017

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 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The arrangements in place for when the provider acts as an agent for residents' pensions required review to afford greater protection of those residents' finances.

1. Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Please state the actions you have taken or are planning to take:
We have consulted with our Bank and we will immediately set up a fiduciary independent bank account in respect of each resident we are asked to act as an agent for (currently 2 residents).

Proposed Timescale: 31/10/2017

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:
A number of staff had either not yet received formal fire safety training, or had not attended it in the past 12 months as per the centre's policy.

2. Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

Please state the actions you have taken or are planning to take:
Fire safety training for has been booked for 10th November 2017 for the staff concerned.

Proposed Timescale: 10/11/2017

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some care plans were confusing and it was difficult to decipher what the residents current care interventions were.

3. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

All care plans are currently being reviewed. The history log on falls/seizures/relevant incidents are being transferred to an event/incident folder for each resident and only current relevant information will be highlighted on each resident's care plan.

Proposed Timescale: 31/10/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A second large communal day room was not used so residents did not have a choice as to where they spent their time.

4. Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
The activities coordinator has carried out a group discussion with the residents and the feedback received was that the residents preferred to stay in dayroom 1 and only wished to go to dayroom 2 for family gatherings/events and activities.

We are currently planning the activities calendar and upon completion when the outsourced activities are in place on a weekly basis the residents will be given the choice to attend the activities in dayroom 2 or remain in dayroom 1.

Proposed Timescale: 11/10/2017

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The format of resident committee meetings required review to allow for more open and varied discussion.

5. Action Required:
Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

Please state the actions you have taken or are planning to take:
We will invite the next of kin (NOK) of residents with impaired cognitive status to the resident's meetings 2 weeks prior to the meeting date. We will ask the residents/NOK to discuss topics or questions of their choice that they may have and facilitate a more

free flowing / participative discussion.
Proposed Timescale: 31/10/2017