

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mill Race Nursing Home
Centre ID:	ORG-0000361
Centre address:	Bridge Street, Ballinasloe, Galway.
Telephone number:	090 964 6120
Email address:	millracenh@yahoo.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mill Race Nursing Home Limited
Provider Nominee:	Kieran Wallace
Person in charge:	Sian Rowe McCormack
Lead inspector:	Nan Savage
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	45
Number of vacancies on the date of inspection:	15

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 judgements about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a change in person in charge. 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:
22 April 2014 14:30	22 April 2014 19:30
23 April 2014 10:00	23 April 2014 18:00

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

Outcome 01: Statement of Purpose
Outcome 03: Suitable Person in Charge
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 13: Complaints procedures
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

Summary of findings from this inspection

As part of this monitoring inspection the inspector met with residents, staff members, the person in charge and general manager. Since the last inspection there had been a change in person in charge. The inspector observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures and staff files.

There were 45 residents living in the centre, 12 of whom were of maximum dependency, 11 high dependency, 11 medium dependency and 11 low dependency.

On this inspection, the inspector also followed up on the 23 required actions which were identified during the previous monitoring inspection in September 2013. These actions related to areas including residents' health and social care, staffing, aspects of medication management, risk management, staffing and recruitment practices. The inspector found that most actions were completed and the remaining actions that related to residents' care planning, activity provisions and accessibility to some residents' finances were in the process of being completed.

The quality and safety of care had significantly improved since the last inspection

and there was evidence of good practice in all areas of the service inspected.

The healthcare needs of residents were met and residents had good access to general practitioner (GP) services and to a variety of other health services. Residents had the opportunity to participate in recreational opportunities although further improvement was necessary to ensure appropriate activities were available to suit residents with more complex needs.

During the inspection, staffing arrangements were adequate to meet the needs of residents. Appropriate procedures were in place for the recruitment, selection and vetting of staff and the provider had made resources available for staff to attend training pertinent to their role.

The findings are discussed further in the report and improvements required are included in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The statement of purpose was kept under review and complied with the Regulations.

The inspector found that it accurately reflected the facilities and services provided and care was delivered in line with the aims and objectives as set out in the statement of purpose.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a change to the role of person in charge since the last inspection. Sian Rowe McCormack took up this position on 26 February 2014. The inspector found that the new arrangements for the post of person in charge met the requirements of the Regulations.

The inspector carried out an interview with the person in charge during this inspection where she demonstrated her clinical competency and a good understanding of her role

and responsibilities as outlined in the Regulations. The person in charge was a registered general nurse, had the relevant necessary experience and worked full-time in the centre. She also displayed commitment to improving the service for residents.

The person in charge had maintained her continued professional development and had attended courses in areas such as nutritional management, falls prevention and management, medication and end-of-life care.

Outcome 05: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The Authority had received notifications regarding the appointment of the current person in charge.

In response to the previous action plan, the provider, person in charge and general manager had put in place adequate arrangements for the management of the centre in the absence of the person in charge. During this inspection, the general manager and person in charge confirmed that these arrangements would be kept under review.

The person in charge was supported in her role by the manager and two clinical nurse managers (CNM's). The general manager who is also a registered nurse deputised in the absence of the person in charge. The manager participated fully in the inspection process and demonstrated good knowledge of the person in charge's role and responsibilities under the Regulations. The inspector also met with one of the CNM's who was appointed as a person participating in management of the centre in March 2014. This nurse was currently undergoing a mentoring programme with the person in charge and had maintained her professional development.

Outcome 06: 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.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found that measures had been taken to safeguard residents from being harmed and from suffering abuse.

There were policies and procedures on the prevention, detection and response to abuse that had been reviewed since the previous inspection. Staff spoken with outlined clearly what they would do if they suspected abuse. The inspector viewed training material which confirmed that staff had received education in this area since the last inspection.

Systems were in place to manage residents' finances and reasonable measures had been taken by the general manager on behalf of the provider to address a previous required action that related to the finances of some residents that were controlled by an external agency. Ongoing communications had continued to take place with this agency and some of these residents' monies were now readily accessible by designated staff in the centre. While arrangements were in place in the centre for the management of these residents' monies the residents did not have easy and immediate access to aspects of their financial details which were retained by the external agency.

The inspector examined the arrangements for the safekeeping of residents' monies and valuables and found that they were stored in a secure manner and balances spot checked tallied with records maintained.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe Care and Support

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The general manager on behalf of the provider and the person in charge had processes in place to promote and protect the safety of residents, staff and visitors to the centre although some improvement was required. The inspector noted that specific issues raised on the previous inspection had been addressed.

The provider had taken appropriate measures to promote the safety of residents in the event of fire. A comprehensive servicing programme remained in place. For example, fire extinguishers were most recently serviced in January 2014 and servicing of fire alarms had been completed in March 2014. The inspector reviewed records which showed that internal safety checks were completed including a daily inspection of the fire escapes and a weekly inspection of fire doors. Fire instructions remained prominently displayed throughout the centre.

There was a risk management framework in place which had been updated since the last inspection and included policies on risk management and organisational risk assessment, a health and safety statement and risk register. Formal arrangements and precautions were now established for specific risks identified in the Regulations including assault and the investigation and learning from serious incidents.

The inspector found that there had been an ongoing review of risk in the centre since the previous inspection and that there were a range of clinical and environmental risk assessments completed. Some additional risk assessments had been undertaken during March 2014 to reflect changes in the use of certain rooms since the last inspection and other risk assessments had been updated mostly during November 2013. However, some hazards had not been formally assessed including smoking in a resident's bedroom and the use of apron and glove dispensing wall-mounted units. The general manager and person in charge informed the inspector that these assessments would be undertaken as a matter of priority.

The emergency plan remained in place and was reviewed in March 2014. The plan clearly identified what to do in the event of emergencies such as loss of power, heat and water. The inspector saw that the plan had been revised to reflect recent changes in the organisation structure.

The inspector found that staff now used appropriate communication practices and manual handling techniques. Staff spoken with and training records reviewed by the inspector confirmed that staff had received adequate training in moving and handling.

The inspector noted a satisfactory standard of cleanliness in the centre and there were a range of measures and policies in place to control and prevent infection.

There continued to be a system in place to monitor visitors to the centre to ensure the safety of residents which included controlled access and the completion of a visitor's book. The inspector noted that the access codes had been recently changed to promote the safety of all residents.

Outcome 08: Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector found that medication management practices were safe and processes were in place to support and direct practice. Areas that had required improvement on the last inspection relating to some aspects of medication administration practices and the implementation of findings from previous medication audits were addressed.

The inspector reviewed a sample of residents' medical notes and found that residents' health needs were being monitored. Residents' medications were reviewed on a regular basis and an out-of-hours GP service was available to residents.

The inspector noted that residents' prescription and administration sheets now contained required information and the sample viewed were completed in line with professional guidelines.

Medications that required special control measures were appropriately managed and stored. Adequate refrigerated storage was in use for medications that required temperature control and the temperature of the refrigerator was monitored. The inspector noted that the medication trolleys were kept secure and the medication keys were kept by a designated nurse at all times.

Systems had been implemented to review medication management practices.

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Good practices were noted in relation to the recording and notification of incidents.

From the same of incident and accident forms reviewed by the inspector notifications had been submitted to the Chief Inspector by the persons in charge when required. The inspector found that details of the incident were well documented including actions taken. The person in charge had implemented a monitoring system for the purpose of reducing the likelihood of re-occurrence. The inspector saw examples where interventions had reduced the incidence of falls and supported residents' independence and mobility.

The person in charge and those who deputised in her absence were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Outcome 11: Health and Social Care Needs

Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The health needs of residents were met and a high standard of evidence-based nursing care was evident in a number of clinical areas. Appropriate medical and allied health care was provided. Required actions identified in the previous action plan that related to epilepsy care, catheter care and aspects of falls management had been addressed. In response to an action identified on the previous inspection measures had been taken to provide more regular opportunities for residents to participate in meaningful activities although the activity programme required further development for residents with higher dependency levels.

Residents had access to GP services and out-of-hours medical cover was provided. A range of allied health services was available including speech and language therapy (SALT), dietetic services and physiotherapy. Chiropody, dental and optical services were also provided. The inspector viewed residents' records and found that residents had been referred to these services and outcomes were documented in the residents' files.

The inspector reviewed the management of clinical issues including wound care, nutritional care and falls management and found they were well managed and guided by evidenced based policies.

Since the last inspection the general manager and person in charge had reviewed the centre's policy on restraint. Restraint reduction measures continued to be implemented in the centre with the result that bedrails had been successfully removed for some residents and appropriate alternative measures put in place. The inspector read residents' restraint reduction action plans which demonstrated that bedrails had been gradually removed after appropriate clinical assessment and consultation. Prior to implementing a restraint measure, a risk assessment was completed to determine the appropriateness of the restraint for the specific resident. However, the inspector noted that one resident had bedrails in place even though bedrails had been identified as not suitable. The person in charge confirmed that she would review this as a matter of priority. The inspector noted that where restraint was used, monitoring controls had been implemented.

Arrangements were in place to manage potential behaviour that challenges although some improvement was required to the associated care planning documentation. There was a policy which gave instructions to staff on how to manage behaviour that was challenging and staff described techniques they used in response to this behaviour. The inspector also read that there was input from psychiatric services, where required. Residents identified with potential behaviour that challenged had been assessed and an associated care plan implemented for the management of this behaviour. However, some interventions described by management and staff were not documented in the care plan.

From the sample of files reviewed the inspector saw that the arrangements to meet residents' assessed needs were set out in individual care plans with evidence of resident or relative involvement at development and review. Although significant improvement had been made in the documenting of residents assessments and care plans, further improvement was required to accurately reflect some staff practice and ensure continuity of care. While most assessments and care plans were reviewed three monthly

or as required to capture the changing needs of residents some had not been kept up to date. Also, some dates had not been accurately recorded and signatures were not consistently documented when required.

Residents' had opportunities to take part in meaningful activities although further improvement was required. The inspector noted that improvements had been made in activity provision which included the conversion of the second day room located on the ground floor into a meditation/sensory room. An activity coordinator was now rostered each day from Monday to Saturday and alternative arrangements were put in place in the absence of the activity coordinator. The inspector saw that residents enjoyed activities during the inspection including dancing and flower arranging. Since the last inspection social care assessments and a 'key to me' had been completed for residents which contained valuable information on residents' interests and life story. A programme of events was displayed and recent activities included pet therapy, light exercise programme and storey telling. The inspector noted that in preparation for Easter residents were facilitated to create greeting cards to send to their family and friends.

Residents who were confused or who had dementia related conditions were encouraged to participate in the activities and tailored activities had been arranged for of the residents. However, the activity programme did not provide sufficient opportunity for all of these residents to participate in activities based on their assessed capabilities. The person in charge and general manager outlined to the inspector plans that they had agreed prior to the inspection in order to improve activity provision in the centre. This included the introduction of therapeutic activity focused on promoting communication, especially for people with dementia and other sensory impairments.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Formal arrangements had been established for responding to complaints including the implementation of a complaints policy and procedure. Some amendment was required to the complaints policy to reflect current practice in the centre and this was addressed during the inspection.

The complaints procedure was prominently displayed and was summarised in the Residents' Guide and the statement of purpose. The procedure had been reviewed since

the last inspection and included details of the complaints officer and independent appeals process which could be utilised should the complainant be dissatisfied with the outcome of their complaint.

The person in charge and general manager demonstrated a positive attitude towards complaints. There was a system in place for responding to written and verbal complaints. The inspector noted that there had been no new written or verbal complaints received from residents or relatives since the previous inspection. Residents identified who they would go to if they had any concerns and staff demonstrated knowledge of the complaints process.

Outcome 16: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:

Person-centred care and support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

The inspector was satisfied that residents were consulted with and participated in the organisation of the centre. A required action identified on the previous inspection that related to examples where some residents' privacy and dignity had not been sufficiently supported had been addressed. The inspector noted on this inspection that resident's privacy and dignity was respected and they were enabled to exercise control over their lives.

The inspector saw that residents had choices about how to spend the day with some getting up late in the morning and going out to town during the day. Residents were also supported to keep in contact with their relations. For example, the internet was now accessible throughout the centre and residents were facilitated to make video calls to relatives that lived abroad.

The inspector observed staff interacting with residents in a polite and respectful manner and addressing them by their preferred name. Staff were observed knocking on bedroom doors and waiting for permission to enter.

Residents' civil and religious rights were supported. Residents confirmed that they had been offered the opportunity to vote at election time. Mass took place weekly and there was evidence that residents from all religious denominations were facilitated to practice

their religious beliefs. These arrangements were documented in the Residents' Guide and statement of purpose.

A residents' committee remained in place and meetings now took place regularly. The inspector read minutes of recent meetings and noted that residents were consulted on topics including activity provision and had the opportunity to make suggestions for improvements which had been taken on board. For example, the general manager was implementing a resident's suggestion to have a mobile shop in the centre.

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.

Theme:

Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Required actions identified on previous inspections that related to recruitment practices, provision of training and supervision of staff had been addressed. The inspector also noted that a required action relating to provision of adequate staffing levels and skill mix had been completed.

There was evidence of safe staff recruitment practices and the inspector was satisfied that there was appropriate staff numbers and skill mix to meet the assessed needs of residents during the inspection. There was a recruitment policy in place which met the requirements of the Regulations. The inspector examined a sample of staff files and found that all were complete.

The inspector noted that there was sufficient staff on duty to adequately provide care to the residents. While two care assistants were on sick leave during one day of the inspection, the person in charge put alternative arrangements in place to ensure residents' needs were met. Since the previous inspection an ongoing recruitment programme had continued and additional nursing and care staff had been recruited which resulted in an increase in whole time equivalent staff. The inspector noted that there was sufficient staff to cover the current number of residents although there was not enough whole equivalent nursing staff to cover the staff roster if the centre was at maximum capacity. The person in charge reported that additional residents would only be admitted based on appropriate staffing levels and skill mix.

Professional development had been promoted for staff and training gaps identified by the inspector on the last inspection in September 2013 had been addressed. Training records viewed and staff spoken with confirmed that they had received a range of training since the previous inspection on areas including catheter care, nutrition, dementia care and food hygiene. Staff appraisals were in process of being completed for all staff and the inspector saw that identified training requirements were agreed between staff and management and used to inform the training plan.

Volunteers attended the centre and provided very valuable services. There was evidence that they had been vetted appropriately and their roles and responsibilities were set out in a written agreement as required by the Regulations.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Nan Savage
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:	Mill Race Nursing Home
Centre ID:	ORG-0000361
Date of inspection:	22/04/2014
Date of response:	21/05/2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 07: 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:

Some hazards had not been formally assessed including smoking in a resident's bedroom and the use of apron and glove dispensing wall-mounted units.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

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

A formal risk assessment has been carried out on the use of the Danicentres (storage units) within the home by the person-in-charge. This highlighted that all Danicentres

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

are located away from the main corridors and are kept within the bathroom areas, which is a lower risk area. However, we are reviewing our policy relating to the availability of gloves and aprons outside of rooms if a resident is being 'barrier nursed'. We will ensure that access is restricted to maintain the safety of our residents at all times. Currently we have no residents within the centre who are deemed 'at risk' following our risk assessment. The comprehensive risk assessment undertaken in relation to the use of the Danicentres will be reviewed and updated at least monthly or following any change in occupancy within the home. Any new risks identified during this will be actioned immediately to ensure resident safety at all times.

The hazard risk assessment on the residents who smoke has been reviewed and updated to incorporate those residents who may be 'at risk' of smoking in their rooms. All actions identified in the risk assessments have been completed.

These particular risk issues are being communicated to staff at each handover shift and are on the agenda for the next staff meeting scheduled for the 1st week in June 2014.

Proposed Timescale: 31/07/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

The activity programme did not provide sufficient opportunity for all residents with cognitive and sensory impairments to participate in activities based on their assessed capabilities.

Action Required:

Under Regulation 6 (3) (d) you are required to: Provide opportunities for each resident to participate in activities appropriate to his/her interests and capacities.

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

We have reviewed and adjusted our activity plan and the introduction of new dementia specific activities ensures that the cognitive and sensory abilities of our residents are taken into account when developing activity programmes week by week. We have introduced the Siel Bleu programme which commenced on 13th May 2014 and is centred on the sensory and cognitive abilities of the residents taking part.

We will maintain a flexible approach to activity programmes, taking into account individual preferences and abilities. We will continue with the training and development of staff within the area of dementia specific care.

Proposed Timescale: 30/06/2014

Theme: Effective Care and Support

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

Some assessments and care plans were not reviewed three monthly or as required to capture the changing needs of residents.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

The Clinical Nurse Managers are working with their team of staff nurses to ensure that care plans are reviewed in a timely manner and that documentation is updated as required and reviewed within a three month period. All additional interventions being undertaken as part of our daily care delivery is being captured in the residents' core care plan.

A meeting was held with the staff nurses to discuss and reiterate the importance of maintaining the documentation and they have been reminded of their responsibilities within this area of resident care. Particular attention was given to discussion around the need for accurate, legible and comprehensive recording of dates and signatures which was highlighted as an area of non-compliance.

A review of the risk assessment for the resident with bed rails has been discussed with the multidisciplinary team, including the family, and control measures implemented for the residents' safety. These bedrails are no longer used for the resident.

Documentation audits are carried out on an ongoing basis and highlight any areas of non-compliance. Prompt action to address these areas of non-compliance is being taken.

Risk management and documentation will be kept on the agenda for all staff meetings going forward.

Proposed Timescale: 31/07/2014