

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Catherine McAuley House
<b>Centre ID:</b>	ORG-0000413
<b>Centre address:</b>	Sisters of Mercy, Old Dominic Street, Limerick.
<b>Telephone number:</b>	061 315 313
<b>Email address:</b>	eileen.sweeney@mcauleyhouse.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Sisters of Mercy
<b>Provider Nominee:</b>	Eileen Crowley
<b>Person in charge:</b>	Eileen Sweeney
<b>Lead inspector:</b>	Julie Hennessy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	28
<b>Number of vacancies on the date of inspection:</b>	7

## **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 to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 18 February 2014 09:00 To: 18 February 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 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 13: Complaints procedures
Outcome 15: Food and Nutrition
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

Catherine McAuley House is a two-storey house in the city of Limerick that provides residential care for retired nuns of the order of the Sisters of Mercy. The house may accommodate 35 residents and there were 28 residents on the day of inspection.

This report sets out the findings of a ten-outcome one-day unannounced inspection. The purpose of the inspection was to monitor ongoing compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended).

As part of the inspection, the inspector met with residents, staff members and volunteers. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The person in charge was on sick leave and a clinical nurse manager (CNM) was deputising in her absence. The provider was present in the centre on a full-time basis supporting the CNM in her role.

Overall, the inspector found that the provider and CNM continued to ensure that a high level of evidence-based nursing care was being promoted that was person-

centered and met the health and social care needs of residents.

The inspector found evidence of good practice in a range of areas. The provider and CNM and other staff interacted with residents in a respectful, warm and friendly manner and demonstrated a thorough knowledge of residents' needs, likes, dislikes and preferences.

Residents told the inspector that they felt happy and safe and were enabled to exercise choice over their lives in accordance with their individual wishes and preferences. The religious needs of the residents were fully met.

The quality of residents' lives was enhanced by a range of activities for them to do during the day, irrespective of level of dependency and an ethos of respect and dignity was evident.

The inspector observed sufficient staffing and skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

The inspector identified a number of areas for improvement relating to risk management systems, staff training, the maintenance of staff records and systems for reviewing the quality and safety of care, which are discussed in the body of this 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:**

Non Compliant - Minor

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

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

**Findings:**

The provider had revised and updated the statement of purpose since the previous inspection. The inspector reviewed the statement of purpose and found that it was informative and accurately described the service that is provided in the centre. The inspector observed that the statement of purpose was clearly reflected in practice with the exception of one area relating to meal times.

The philosophy of care included the promotion of independence and provision of a homely environment, both of which were evidenced in practice. The inspector noted that the meal times as described in the statement of purpose appeared restrictive but in practice, choice around mealtimes was offered and the inspector observed this to be the case. The statement of purpose should be updated to accurately reflect the arrangements in place around mealtimes.

**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:**

The inspector found that the provider had put in place deputising arrangements which were satisfactory overall, but they required some improvement.

The person in charge was on sick leave at the time of inspection. The Authority had been notified appropriately about the absence of the person in charge, as required by the Regulations. The provider had put deputising arrangements in place and a clinical nurse manager (CNM) was acting in the role of the person in charge on a full-time basis. The provider was supporting the CNM in relation to carrying out the functions of the person in charge and was present in the centre every weekday. The inspector interviewed the CNM and found that she demonstrated sufficient clinical knowledge and sufficient knowledge of the Regulations. The provider has an extensive nursing background working with older people.

The inspector found that adequate arrangements were in place at night time and weekends with either the provider or CNM on call at such times.

**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:**

No actions were required from the previous inspection.

**Findings:**

The provider had put in place arrangements to protect residents from abuse.

The inspector found that staff were knowledgeable about what constituted abuse and what steps to take if they suspected abuse. The inspector, however, found that there was a lack of training in relation to elder abuse, and some staff had not received such training. Training in elder abuse is one means of ensuring that staff are aware of the systems in place to protect residents and their own responsibilities in relation to the prevention and management of allegations or suspicions of abuse.

The provider told the inspector that there had not been any complaints or investigations of abuse in the centre.

The inspector found that residents' monies were appropriately managed by the leader of the local congregation.

## **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 - Moderate

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

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

### **Findings:**

The provider had put arrangements in place to protect the health and safety of residents, staff and visitors. However, a number of areas were identified for improvement and they related to the risk management policy, the completion of hazard inspections, risk assessments and follow up from practice fire drills.

There was an overall risk management policy in place but it did not include specific risks as required by the Regulations (resident absent without leave; assault; accidental injury to residents or staff; aggression and violence; and self-harm). There was also a safety statement in place that included a range of risks but it did not all include of the risks required by the Regulations either. The requirements relating to a risk management policy as outlined in the Regulations should be included in an appropriate policy document.

The implementation and review dates were added to the safety statement since the last inspection, however, the review date was inaccurate. The safety statement was informative but it was not centre-specific in places so it should be reviewed to make it fully centre-specific.

The provider had put in place a new risk assessment form since the last inspection and had completed risk assessments for a number of identified hazards. However, there was no system in place to carry out regular health and safety checks of the centre to identify new or changing hazards or potential sources of harm to residents, staff or visitors, as required by the Regulations. For example, a risk assessment had not been completed for recently damaged floor covering in the main corridor which had been removed and was awaiting replacement. The provider had however, taken steps to ensure the flooring will be replaced without delay. Another risk identified during inspection was that there were no regular visual checks of the safety of bed rails.

The inspector reviewed a number of moving and handling assessments for residents, which were informative. However, one moving and handling assessment did not consider whether there was sufficient space for staff to safely move and transfer the residents in that bedroom.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. The floor covering had become damaged in one large section in the main hallway and had been removed as a result; the provider had organised for new flooring to be laid. Visitor and staff books were maintained in the main entrance hall and both staff and visitors were observed signing in and out.

The inspector reviewed training records and found that the provider had not ensured that all staff had received mandatory health and safety training, specifically fire safety and people moving and handling training and that some staff required refresher training.

The provider had ensured that adequate arrangements were in place to prevent against the risk of fire and to prepare for any emergencies. However, there was a discrepancy in relation to weekly fire checks and a check had not been completed the week prior to the inspection. Fire equipment and fire alarm checks were completed as required by an external fire consultancy. Fire drills had been carried out by an external fire consultancy.

The inspector reviewed the accident/incident log found that accidents or injuries to residents were recorded in sufficient detail, were documented in the residents' care plans and appropriate steps had been taken to minimise re-occurrence.

The inspector observed good practice amongst staff in relation to infection control such as regular hand washing and there were adequate facilities for hand washing and the provision of hand sanitizers throughout the building.

## **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:**

No actions were required from the previous inspection.

### **Findings:**

The provider had ensured that arrangements, policies and practices were in place to ensure the safe management of medication in the centre.

There were medication management policies in place that were informative and centre-specific. The inspector observed a nurse administering medication and observed safe practice in line with the An Bord Altranais guidance on medication management. The supply, distribution and control of scheduled drugs was checked and deemed correct against the register, in line with Regulations. Nurses were checking the quantity of



medications at the change of each shift, which equated to three times a day and all checks were documented. All of the required details for prescription and nurse administration sheets were present.

Medication management was the subject of audit by the pharmacist and the pharmacist had provided training on various aspects of medication management for all nursing staff.

### **Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

#### **Theme:**

Effective Care and Support

#### **Judgement:**

Non Compliant - Moderate

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

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

#### **Findings:**

Initial work had commenced in relation to monitoring the quality of care and experience of the residents. While the provider was gathering some information and using it to improve the service, a formal review process was not in place in the centre.

Some key clinical indicators were recorded in the residents' records, including weight loss, falls and wounds. Initial work had commenced in relation to auditing. Some audits had taken place, including audits conducted by the pharmacist on medication management and trending on accidents and incidents. A number of audit tools had been sourced for future use, including for food and nutrition, privacy and dignity and infection control. The health and safety audit tool viewed by the Inspector is not actually an audit tool but a tool for carrying out regular health and safety checks.

The inspector found that there was no formal system in place for the gathering and analysis of data including key clinical indicators and feedback from residents of their experience of the service or for auditing the service. Formal systems whereby data is collected and analysed at regular intervals and auditing of the quality and safety of care in the centre at appropriate intervals is required by the Regulations. Also, the provider is required to produce a report outlining the findings and improvements brought about as a result of any such review of the service and make it available to residents and the Inspector and this was not in place. Such systems are required to allow for areas requiring improvement to be identified and addressed.

The provider was also seeking the views of residents individually and through their meetings, and responding to requests but this did not yet form part of a planned review of services aimed at improving the safety of the service and quality of care.

The inspector spoke with the local leader from the congregation who confirmed that residents' provide good feedback about the care they receive from staff, for example, the residents confirmed that staff have never kept them waiting when they sought assistance.

### **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 - Moderate

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

No actions were required from the previous inspection.

#### **Findings:**

The Inspector found that residents' health care needs were being met by a high standard of evidence-based nursing care and through timely access to medical, nursing and allied health care. Improvement is needed in relation to the review of care plans.

The inspector found that care plans were person-centered and informative. However, not all care plans had been reviewed every three months as is required by the Regulations. The inspector noted that reviews did not always include an assessment of dependency to capture any increasing levels of dependency. The involvement and consent of the resident had been documented in the care plans, as required by the Regulations.

Health assessments were completed on admission and validated tools were used for the assessment of pressure sores, nutrition, mental test score, risk of falls and moving and handling.

Residents' health care needs were being met through timely access to general practitioners (GP's) and residents had the choice to retain their own GP. The inspector reviewed a number of residents' records and noted entries relating a wide range of preventative and diagnostic tests and interventions including flu vaccination, blood sampling and urine testing.

The provider outlined the access residents had to a range of allied health care services

including occupational therapy, chiropody and physiotherapy. Advice from a dietician was available as required. Input from medical, nursing and allied health services was reflected in care plans and in practice.

The inspector found evidence that the centre had progressively moved towards a restraint-free environment. Previously, there was high usage of bedrails, but this had been substantially reduced. A risk assessment had been completed for every resident with bedrails, alternatives had been considered and documented and had been implemented in practice. The ongoing promotion of a restraint-free environment was discussed and documented in the minutes of staff team meetings.

The inspector found evidence of efforts that were made to minimise challenging behaviour and such efforts were tailored to the individual. Individual interventions included Sonas (an activities and recreation programme), relaxation therapy, music and massage therapy.

The inspector found that there was a varied and meaningful social and recreational programme in place. Daily and weekly activities were displayed. Residents told the inspector that they enjoyed bingo, poetry, art, music and sing-songs. The facilitation of daily religious events was very important to the residents. The social and recreational programme met the needs of all residents, including those with Alzheimer's disease and Dementia.

### **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:**

The provider had ensured that a robust complaints process was in place.

The provider had reviewed and revised the complaints procedure since the last inspection. The inspector reviewed the complaints procedure and found that it was very comprehensive and informative. Complaints and the outcome of any complaints were appropriately recorded. There was an independent person separate to the complaints officer as required by the Regulations. However, the inspector noted that although there was a nominated independent appeals person for the centre, the name and contact details of the independent appeals person was not included in the complaints procedure as required by the Regulations. The provider addressed this on the day of inspection.

The inspector spoke with staff who were aware of what to do in the event of a complaint being made by a resident. The inspector spoke with residents who were aware of how to make a complaint.

### **Outcome 15: Food and Nutrition**

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

#### **Theme:**

Person-centred care and support

#### **Judgement:**

Compliant

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

No actions were required from the previous inspection.

#### **Findings:**

The inspector found that residents were offered a varied and nutritious diet.

A policy was in place for monitoring and documentation of nutritional intake and processes are in place for monitoring nutrition and hydration as necessary.

The inspector spoke with the cook who was knowledgeable about residents' special dietary needs, likes and dislikes. The cook and other kitchen staff had received training in food safety, specifically the food safety management programme HACCP (hazard analysis and critical control points). Refresher training was provided every two years. The inspector observed a clean kitchen that was well stocked with plenty of fresh fruit and vegetables.

On the day of inspection, residents were offered choice in relation to what they ate, where they took their meals and mealtimes. The quality, choice and presentation of the meals were of a high standard and a number of the residents told the inspector that the food was always very good.

Residents had access to fresh drinking water throughout the day. Residents had access to a kitchen facility where they could make tea or coffee and where snacks and fruit were also available.

The inspector observed the dining experience and noted it to be pleasant with a relaxed and unhurried atmosphere. There were two sittings to facilitate the number of residents who required assistance with their meals. Any assistance was offered by staff in a discreet way.

**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:**

Non Compliant - Moderate

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

No actions were required from the previous inspection.

**Findings:**

The person in charge had ensured that there were suitable staffing arrangements to meet the assessed needs of the residents'. However, improvements were required in relation to maintaining staff files.

The inspector reviewed a number of staff files. Some documentation specified in Schedule 2 of the Regulations had not been obtained including documentary evidence of nursing qualifications, photo identification and three written references. The verification of qualifications, identification and references is necessary to ensure that the provider is satisfied about the authenticity of all documentation and is necessary for the protection of residents.

The inspector reviewed the staffing arrangements and found that there were appropriate staff numbers and skill mix to meet the residents' needs and the layout of the centre. There was a nurse on duty at all times as required by the Regulations.

The inspector found that the provider had maintained planned and actual staff rotas as required. The acting person in charge explained how new staff underwent induction and were supernumerary for an appropriate period of time. There was documentary evidence that staff had attended induction. There was also a staff development and appraisal system in place for all nursing and care staff. Staff facilities were provided which were suitable and of a good standard.

Education and training was available to staff. The inspector reviewed a number of staff files and found that staff had completed a range of relevant education and training including: dementia training, food safety training (HACCP), first aid and CPR (cardio-pulmonary resuscitation) and hand hygiene training. The inspector spoke with staff who confirmed that they are supported in undertaking education and training relevant to their role.

## 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:***

Julie Hennessy  
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<sup>1</sup>

<b>Centre name:</b>	Catherine McAuley House
<b>Centre ID:</b>	ORG-0000413
<b>Date of inspection:</b>	18/02/2014
<b>Date of response:</b>	10/04/2014

### 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 01: Statement of Purpose

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not accurately reflect the arrangements in place relating to mealtimes.

**Action Required:**

Under Regulation 5 (1) (b) you are required to: Compile a Statement of purpose that describes the facilities and services which are provided for residents.

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

Revised and now includes arrangements re mealtimes, choice of food offered and nutritional needs of residents.

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

<b>Proposed Timescale:</b>
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<b>Outcome 07: Health and Safety and Risk Management</b>
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**Theme:** Safe Care and Support

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

The provider had not ensured that the risk management policy included the arrangements in place for identifying hazards and assessing risks in the centre on a regular basis.

**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:**

Risk Management Policy currently under review. Review will include Hazard checklist.

<b>Proposed Timescale:</b> 30/08/2014
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**Theme:** Safe Care and Support

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

The provider had not ensured that all staff have up to date training in moving and handling of residents

**Action Required:**

Under Regulation 31 (4) (f) you are required to: Provide training for staff in the moving and handling of residents.

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

Moving & Handling training is being organised – 2 training days have been identified.

<b>Proposed Timescale:</b> 30/06/2014
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**Theme:** Safe Care and Support

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

The floor covering in the main corridor had been removed and required replacing.

**Action Required:**

Under Regulation 31 (4) (e) you are required to: Provide safe floor covering.



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

Floor covering on the main corridor has been replaced.

**Proposed Timescale:** 14/04/2014

**Theme:** Safe Care and Support

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

The risk management policy did not outline the precautions in place to control specified risks.

**Action Required:**

Under Regulation 31 (2) (c) you are required to: Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

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

Risk Management Policy being amended and will include absence of resident, assault, accidental injury to residents or staff, aggression or violence and self-harm.

**Proposed Timescale:** 31/05/2014

**Theme:** Safe Care and Support

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

The moving and handling risk assessment for residents did not consider all aspects relating to the environment.

**Action Required:**

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

The residents in the specific area requiring use of the hoist have their care needs dealt with at different times, thus ensuring adequate space for the use of the hoist. This assessment will be included in the Moving & Handling Assessment form.

**Proposed Timescale:** 30/06/2014

**Theme:** Safe Care and Support

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

The provider had not ensured that all staff had up to date training in fire prevention.

**Action Required:**

Under Regulation 32 (1) (d) you are required to: Provide suitable training for staff in fire prevention.

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

Staff requiring training have been identified and a date for this training will be arranged before 30.6.14

**Proposed Timescale:** 30/06/2014

**Theme:** Safe Care and Support

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

The provider had not ensured that weekly fire checks were being carried out.

**Action Required:**

Under Regulation 32 (1) (c) (v) you are required to: Make adequate arrangements for reviewing fire precautions, and testing fire equipment, at suitable intervals.

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

Due to an oversight one weekly fire check had not taken place. Staff have been reminded of the importance of such checks

**Proposed Timescale:** 30/06/2014

**Outcome 10: Reviewing and improving the quality and safety of care**

**Theme:** Effective Care and Support

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

There was no formal system in place for the gathering of data including key clinical indicators and feedback from residents or for auditing the service at appropriate intervals.

**Action Required:**

Under Regulation 35 (1) (a) you are required to: Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

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

Four staff will be trained in Clinical Audit and following this, audits will be carried out in

a systematic way.

**Proposed Timescale:** 30/08/2014

**Theme:** Effective Care and Support

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

There was no formal system in place for the analysis of information gathered relating to data gathered or from audits of the service at appropriate intervals.

**Action Required:**

Under Regulation 35 (1) (b) you are required to: Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

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

Following audit training, this will be implemented.

**Proposed Timescale:** 30/08/2014

**Theme:** Effective Care and Support

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

The provider had not ensured that a report is produced that outlines the findings of regular reviews and audits of the service and any corrective actions.

**Action Required:**

Under Regulation 35 (2) you are required to: Make a report in respect of any review conducted by the registered provider for the purposes of Regulation 35(1), and make a copy of the report available to residents and, if requested, to the Chief Inspector.

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

Following audit training, this will be implemented.

**Proposed Timescale:** 30/08/2014

## **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:**

Not all care plans had been formally reviewed on an ongoing basis and at least every three months.

**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:**

Care Plans have been reviewed and all Care Plans have now been updated. They have been signed and agreed by the Resident regarding their care.

**Proposed Timescale:** 14/04/2014

**Outcome 18: Suitable Staffing**

**Theme:** Workforce

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

The provider had not ensured that the documents specified in Schedule 2 of the Regulations were contained in all staff files.

**Action Required:**

Under Regulation 18 (2) (a) and (b) you are required to: Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

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

Personnel files have been reviewed and all documentation required has been requested.

**Proposed Timescale:** 30/06/2014