

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Aras Mathair Phoil
Centre ID:	ORG-0000652
Centre address:	Castlerea, Roscommon.
Telephone number:	09496 20506
Email address:	nora.beirne@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Catherine Cunningham
Person in charge:	Nora Beirne
Lead inspector:	Mary McCann
Support inspector(s):	Thelma O'Neill
Type of inspection	Unannounced
Number of residents on the date of inspection:	30
Number of vacancies on the date of inspection:	0

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:	To:
29 January 2014 10:30	29 January 2014 19:30

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

Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
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 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This report sets out the findings of an unannounced monitoring and compliance inspection, which took place on 29 January 2014. This was the sixth inspection of this centre. Previous inspection reports are available on www.hiqa.ie. The purpose of the inspection was to review the action plan from the previous inspection and to evaluate the level of compliance by the provider and person in charge in certain areas with the requirements of the Health Act, 2007, 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.

Inspectors met with residents, relatives, the person in charge and staff members during the inspection. Inspectors observed practices and reviewed documentation such as care plans, medical records, restraint records and policies and procedures. Residents spoken with by the inspectors were complimentary of the service provided and stated they were "looked after well, the food was good, the staff were kind, caring and when they required assistance staff were available".

Inspectors reviewed the eight actions which contained 16 requirements from the previous inspection of April 2013 and found that the person in charge, provider and

staff had made substantial progress in addressing the required actions. Six actions were completed, and two actions were partially complete but required further input to ensure compliance with the regulations.

The key measures taken since the previous inspection included:

- ☐ Review of storage space
- ☐ Further development of risk management policy and procedures including the identification of risks and appropriate control measures
- ☐ Completion of neurological observations post a fall
- ☐ A range of staff training had been provided
- ☐ Review of medication charts
- ☐ Review of complaint procedures
- ☐ Ensure that alternatives are considered prior to the use of restraint.

The following improvements had some input but required further development:

- ☐ Completion of fire drills for all staff
- ☐ Further development of auditing and review of care provided and development of quality improvement plans.

Improvements required to enhance positive outcomes for residents and ensure the delivery of safe quality care are described in the report, and related actions are set out 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 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 Person in Charge (PIC) is Nora Beirne. She was found competent to act as person in charge post a fit person interview by the Authority at the registration inspection. She works full time at the centre Monday to Friday and is on call out-of-hours. She is a registered general nurse with the required experience for the post of PIC in the area of geriatric nursing. She holds a post graduate qualification in management, infection control and gerontology. She has been in the post of Director of nursing since August 2000 and has been the PIC since 2009. She has maintained her professional development having recently completed courses in palliative care and patient safety. Her mandatory training in Adult protection, manual handling and fire safety and her registration was up to date with an Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) were all in date.

The PIC informed the inspectors that she attended the handover on regular occasions and supervised staff in the delivery of care. She was supported in her role by a clinical nurse manager who works full time at the centre.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Operational policies and guidance documents were in place to guide and inform staff. However, many of them required review. The policy on the prevention, detection and investigation of alleged abuse and the medication policy were both due for review in September 2013 but had not been reviewed at the time of the inspection.

Records requested were generally complete, accurate and up-to-date. They were maintained in an organised manner and were easily retrievable and secure. The person in charge confirmed that records were accessible to the residents to whom they referred to on request.

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:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. The inspectors were provided with a copy of the centre's policy on prevention detection and response to elder abuse. This required revision to include guidance to staff as to the action to take in the event of an allegation of abuse involving senior staff of the centre. The person in charge confirmed that she would review this policy as a matter of priority. Staff informed the inspectors of the procedures to be followed in the event of an alleged incident of elder abuse and they were clear how they would report an allegation of abuse and that the welfare of the residents was paramount. The person in charge confirmed that all staff had been Garda Síochána vetted. No incidents or allegations or suspicions of abuse have been recorded to date at this centre. Staff were aware of the importance of respecting the privacy and dignity of residents and the inspector noted that bedroom doors were closed when staff were engaged with residents.

The inspectors found that residents were well cared for and felt safe in the centre. They

attributed this to the quality of the care provided by the staff and the availability of staff.

The centre had a policy on management of residents' finances but did not manage any of the of resident's finances at the time of this inspection. One of the inspectors spoke with the administration staff that was responsible for safeguarding residents' finances. She informed the inspector that the centre does not manage the overall finances of any of the residents. A petty cash system was in operation, one of the inspectors reviewed these procedures and found that there was a separate account for each resident. Transparent arrangements were in place with regard to the documentation of all transactions. Two staff signed all transactions and receipts were given to relatives when any money was deposited in these accounts.

There was a visitors' record to monitor the movement of persons in and out of the building to ensure the safety and security of residents. The centre was further protected by closed circuit television cameras at entrance and exit points.

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:

There were eight requirements from the last report in relation to risk management, fire safety and staff training. Seven were addressed and one required further work to ensure full compliance with the regulations. This related to fire drills.

Risk Management:

The risk management policy had been reviewed since the last inspection and was found to be in compliance with current legislation however, it had not been reviewed according to the dates set out in the policy.

Nursing Staff had collated a range of data which could reflect learning from serious and untoward incidents or adverse events involving residents, however inspectors found that there was little follow up in the documentation and no quality improvement plans had been developed.

Risk Assessments:

A register of residents who had recently fallen was made available to inspectors.

Documentation was reviewed for neurological observations post falls and found to be complete. This was an action from the last inspection report. The inspectors found that the accident/ incidents records and nursing care plans and risk assessments indicated that reviews were undertaken following falls to assess additional care needs and changes in health status. For example, a resident was moved to another room near the nurses' station for closer observation. Sensor mats, bed and chair alarms system were in place to help reduce falls. On one occasion nurses had identified, that a floor mat was causing a hazard to one resident, the mat was removed once the risk was identified to prevent an accident and an alternative mat was obtained. Residents who were nutritionally compromised had been assessed by the dietician and kitchen staff were aware of residents who required special diets.

Fire safety:

There were five requirements from the previous report in relation to fire safety management. One of the inspectors reviewed service records which showed that the fire alarm system, emergency lighting and fire equipment were monitored regularly. Staff check exits daily and a record was maintained of this. The procedures to be followed in the event of a fire were displayed in a prominent place in the centre, the dates of fire drills were reviewed by inspectors, however the PIC informed inspectors that fire drills were simulated by staff and residents were not involved in the drills. The only recording of these drills was who attended. There was no recording of the time taken, whether an evacuation had been completed and if so how this occurred. There was no individual evacuation plan in place for each resident detailing how they would be evacuated and what equipment or assistance would be required should evacuation be required. Inspectors noted when they walked around the building that the fire exits were unobstructed. The inspectors viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken to knew what to do in the event of a fire.

Infection control practices and procedures:

Measures to control and prevent infection including policies and practices were in place. The centre was visually clean. Hygiene measures including hand sanitizers and protective equipment were available throughout the building. The current cleaning methods minimised the risk of cross contamination and the centre was clean and odour free on the day of inspection. Inspectors observed racking had been installed in the cleaning room for mops, to ensure compliance with infection control practices. This was an action from the last inspection.

Moving and Handling:

All staff had up to date training in manual handling. A moving and handling assessment was available for each resident in case files reviewed. The person in charge told the inspector that there was sufficient equipment available for assisting in moving and handling residents.

Emergency plan:

An emergency plan had been developed which contained procedures to take in the event of loss of heat, water or light, fire or flood. Contingency arrangements were in place should the need for evacuation of residents arise.

Visitors' log:

A visitors' log was in place to monitor the movement of persons in and out of the building to ensure the safety and security of residents and to inform staff of persons in the premises should evacuation be required.

Missing person's policy:

A missing person policy was in place to guide and inform staff should a resident be reported as missing. Recent photographic identification was available for each resident.

Restraint:

There were eight residents using bed rails and one resident using a five point chair strap. There was regular monitoring of the use of this strap and staff stated that it was used as a safety precaution for the resident. Inspectors discussed with staff the rationale and assessment for the use of this measure. An occupational therapy assessment had not been undertaken to ensure a specialised assessment had been completed to ensure optimum safety of the resident and that a consensus opinion was obtained with regard to the use of this. Staff assured the inspectors that the resident would be referred for a seating assessment as a matter of priority.

Staff Training:

The inspector viewed evidence that staff had received mandatory training in fire safety and evacuation and safe moving and handling. The Person in Charge informed inspectors that a staff member was trained in health and safety. A moving and handling assessment was available for each resident in the case files reviewed. Inspector observed safe moving and handling practices during the inspection. There were four hoists available to assist staff in safe moving and handling of residents, including one newly commissioned hoist which can weight residents who are immobile.

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:

A medication management policy was in place which provided guidance to staff, on safe management of medication from ordering, prescribing, storing and administration.

However the policies require review as the date set for review had elapsed.

An Inspector accompanied a nurse on the medication round. Medication was administered from the resident's original containers. Photographic identification was available for each resident to ensure the correct identity of the resident receiving the medication, and to reduce the risk of medication error. The inspector found that the nurses were knowledgeable regarding medication in use.

A dedicated fridge used to store medication which required cold storage was in use. This was operating within an appropriate temperature range and was checked regularly by nurses. Medications that require strict control measure were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody Regulations) 1984.

The inspectors reviewed the nursing care of residents with ongoing medical conditions for example, insulin dependent diabetes. In one file reviewed records showed a number of hypoglycaemic episodes and on one occasion the resident became unconscious and required emergency treatment. The resident was reviewed by the General Practitioner (G.P.) after the medical emergency, however there was no formal review by the Dietician or Diabetic Nurse Specialist to review the Diabetic management plan and ensure the provision of contemporary evidence based practice.

The maximum amount of PRN (as required) medications was detailed on the prescription sheets reviewed by the inspector.

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 - Minor

Outstanding requirement(s) from previous inspection:

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

Findings:

The actions required from the previous inspection were partially completed. A system for quality assurance and continuous improvement was in place. Audits were undertaken on varied aspects of the service and included falls, medication management and the use of

restraint. While there were improvements identified and practice in several areas had improved such as a reduction in the use of restraint, decrease in falls there was no overall report completed on the quality and safety of care and quality of life in accordance with Regulation 35. A summary of the audit findings was available following a review of each audit, for example, the number of falls that occurred each month and the time the falls took place. However, it was not clear to the inspector how the information collated was being used to ensure continuous quality improvement.

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:

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

Findings:

Inspectors found that a good standard of nursing care was provided. Residents reported that they were very well cared for and residents looked well cared for. There were no residents with pressure sores on the day of inspection. The inspector observed the delivery of appropriate care to residents and observed that nurses spoken with described the delivery of good care to residents which met their needs. Staff were observed to be caring and kind in their approach to residents and residents told the inspectors "staff look after us well" "they are very kind".

Inspectors reviewed a sample of residents' care plans. The inspector noted that generally assessments informed the care plans. There were some preventative care plans in place for example a risk reduction care plan. The care plans were person centred and were clear and easily understood.

There was evidence available of involvement of the resident or their significant in the development and review of their care plan. A record of the residents' health condition and treatment given which was linked to the care plan was completed on a daily basis. The person in charge described good access to general practitioner (GP) services. The person in charge stated that reviews of medication were occurring at three monthly intervals but this was not consistently documented by the GP in the medical notes or on the medication charts.

There was good access to allied health professional services including physiotherapy, occupational Therapy dietician and speech and language therapy services. However as described under Outcome 7 a resident required an occupational therapy assessment as a matter of priority.

A chiropodist attended the service regularly. Audiology services were arranged as required via GP referral. Eye checks were also arranged as required. There was access to the local palliative care team.

Bingo, skittles and vintage films were a feature on the activity programme. Daily and provincial newspapers were available.

The person in charge informed the inspector that there were residents exhibiting behaviour that challenges at the time of inspection.

The person in charge confirmed that they had good input from mental health services who attended the centre as requested. Inspectors reviewed the care plans with regard to challenging behaviour and found that behaviour monitoring logs were not in place for all residents who were exhibiting challenging behaviour. Additionally one resident did not have a plan of care as to how to manage the challenging behaviour. There was no reactive strategy documented to ensure consistency in dealing with the challenging behaviour.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

Findings:

A substantial programme of refurbishment had been undertaken by the provider. The centre was clean and well maintained. Hand rails were in place on both sides of the corridor and new floor covering had been installed to aid the safe movement of residents. Storage provision had been reviewed and new wardrobes were available in all bedrooms. A further room had been allocated to storage, consequently equipment was stored appropriately. The inspectors found the centre to be clean and odour free.

There was an aspect of the physical environment which did not meet the Authority's Standards. The centre has three multiple-occupancy rooms, which accommodated three residents. The Person in Charge stated that there was a plan in place to decrease occupancy to a maximum of 2 persons per room. This would be completed by 2015.

There was good use of non verbal signage to assist with orientation. There was a safe well maintained pleasant enclosed garden was available for residents to mobilise and maintain their independence.

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:

There were written policies and procedures in place for the management of complaints. The inspectors observed the complaints procedure displayed in the centre. The policy identifies the individual nominated to deal with complaints and the process for appeals. There was evidence of satisfactory investigations into the complaints recorded. Residents spoken with stated that they felt that they could raise an issue with a member of staff.

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:

Inspectors reviewed staffing rosters for a three week period and discussed the staffing levels with the Person in Charge. There was a separate rota for nursing staff, multi task attendants and catering/administration staff. Inspectors observed sufficient staffing on the day of inspection, which was reflective of the planned and actual roster for the day and appropriate to meet the needs of residents. Call bells were answered promptly, all residents had adequate assistance at meal times and residents informed the inspectors that "staff were always available to help you".

The person in charge informed inspectors that if for any reason staff are unavailable to work, part time staff are organised to work extra shifts. This ensures that residents are familiar with the staff and the management have knowledge of staff competences. Inspectors observed that the action from the previous inspection had not been implemented. This related to increasing the amount of care staff hours at the centre, however there had been an increase of 9 hours of nursing care.

A staff handover occurred at the commencement of the morning and night shift. All nursing staff had the required up-to-date registration with An Bord Altranais. There was a formal nursing on call arrangement in place for outside of core hours. Both the PIC and her deputy were on call. The Person in Charge confirmed that an up to date record of An Bord Altranais PINs (professional identification numbers) was available for all registered nurses.

The recruitment policy addresses all requirements of the legislation. The inspectors reviewed a sample of staff files and found that they complied with Schedule 2 of Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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:

Mary McCann
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:	Aras Mathair Phoil
Centre ID:	ORG-0000652
Date of inspection:	29/01/2014
Date of response:	03/03/14

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 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

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

Many policies required review. The policy on the prevention, detection and investigation of alleged abuse and the medication policy were both due for review in September 2013 but had not been reviewed at the time of the inspection.

Action Required:

Under Regulation 22 (1) (ii) and (iii) you are required to: Keep the records listed under Schedule 3 (records in relation to residents) and Schedule 4 (general records) up-to-date and in good order and in a safe and secure place.

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

We have commenced reviews of the policies that are due for review. This process will be ongoing. The two policies mentioned above will be completed by March 10TH 2014.

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

Proposed Timescale: 10/03/2014

Outcome 06: Safeguarding and Safety

Theme: Safe Care and Support

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

The policy on prevention detection and response to elder abuse required revision to include guidance to staff as to the action to take in the event of an allegation of abuse involving senior staff of the centre.

Action Required:

Under Regulation 6 (1) (a) you are required to: Put in place all reasonable measures to protect each resident from all forms of abuse.

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

The policy has been reviewed and updated to include the guidance to staff as to the action to take in the event of an allegation of abuse involving senior staff of the centre.

Proposed Timescale: 27/02/2014

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:

There was one resident using a five point chair strap. There was regular monitoring of the use of this strap and staff stated that it was used as a safety precaution for the resident. Inspectors discussed with staff the rationale and assessment for the use of this measure. An occupational therapy assessment had not been undertaken to ensure a specialised assessment had been completed to ensure optimum safety of the resident and that a consensus opinion was obtained with regard to the use of this. Staff assured the inspectors that the resident would be referred for a seating assessment as a matter of priority.

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:

Referral has been sent for assessment by the Occupational Therapist as a matter of priority.

Proposed Timescale: 18/03/2014

Theme: Safe Care and Support

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

Fire safety

The PIC informed inspectors that fire drills were simulated by staff, residents were not involved in the drills. The only recording of these was who attended. There was no recording of the time taken, whether an evacuation had been completed and if so how this occurred.

Action Required:

Under Regulation 32 (1) (e) you are required to: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

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

Residents will be invited to be involved in fire drills in the future. We will record the time taken, whether an evacuation had been completed and if so how this was performed.

We have contacted Fire Training Officers re dates for Training for this year.

Proposed Timescale: 30/04/2014

Theme: Safe Care and Support

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

There was no individual evacuation plan in place for each resident detailing how they would be evacuated and what equipment or assistance would be required should evacuation be required.

Action Required:

Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

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

We are in the process of completing individual evacuation plan for each resident detailing how they would be evacuated and what equipment or assistance would be required should evacuation be required.

Proposed Timescale: 07/04/2014

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 overall report completed on the quality and safety of care and quality of life in accordance with Regulation 35.

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:

An overall report on the quality and safety of care and quality of life in accordance with Regulation 35 will be available by June 30th 2014.

Proposed Timescale: 30/06/2014