

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cluain Arann Welfare Home & Community Nursing Unit
Centre ID:	OSV-0000674
Centre address:	Avondale Crescent, Tipperary Town, Tipperary.
Telephone number:	062 52186
Email address:	denise.flynn@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Vincent Kearns
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	24
Number of vacancies on the date of inspection:	6

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

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

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

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

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
23 January 2018 08:00	23 January 2018 17:30
24 January 2018 07:30	24 January 2018 15:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of a two day announced inspection to inform a decision for the renewal of registration. Cluain Arann Residential and Community Nursing Unit is a residential centre owned and managed by the Health Service Executive (HSE). The building was purpose built and first opened in 1979 as a single-storey construction. The centres' statement of purpose states that accommodation is comprised of both a community nursing unit and a residential unit. The statement of

purpose states that the community nursing unit accommodates 10 residents and provides care for three categories of residents:

- Palliative Care (two beds). A resident could be admitted on referral from the public health nurse, General Practitioner (GP), an acute hospital or a community hospital or via the home care palliative care team.
- Respite/short term care (three beds). These beds are allocated for the planned admission of persons for short periods of time in order to assist carers in their task of caring.
- Convalescent care (five beds). Admission for convalescent care is via the GP, public health nurse or from an acute hospital. These beds are allocated for the admission of persons for short periods of time in order to allow them to recuperate after an illness/injury.

The statement of purpose also outlines how the centre has a residential unit that accommodates 20 residents who it describes as independent and self-caring. The statement of purpose also states that if there was a deterioration in a resident's condition and where the care requirements increased, then more suitable accommodation is arranged.

During this inspection the inspector met with residents, relatives, the provider representative, the person in charge, the Clinical Nurse Manager and staff members. The inspector observed practices and reviewed documentation such as policies and procedures, care plans, medication management practices, staff records and accident and incident logs.

The inspector saw that residents' healthcare needs were met and they had access to appropriate medical and allied healthcare services. The atmosphere within the centre was homely, comfortable, in keeping with the statement of purpose and assessed needs of the residents who lived there. Overall, the inspector found the staff team, the person in charge and provider representative were committed to providing a good quality service for residents that was homely and person-centred.

The findings of this renewal registration inspection are set out under 18 outcome statements. From the 18 outcomes reviewed during this inspection, 15 outcomes were compliant and three outcomes were deemed to be substantially compliant. Evidence of compliance is discussed throughout the report and the action plan at the end of the report identifies where improvements are needed to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 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:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that was dated as most recently reviewed in January 2018. The statement of purpose and function was viewed by the inspector and it clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care. The statement of purpose also included the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre's registration under Section 50 of the Health Act 2007. There was evidence that the statement of purpose was kept under review and readily available for residents and staff to read.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector spoke with day and on night duty staff, the Clinical Nurse Manager, the person in charge and the provider representative. All outlined a clearly defined management structure that was in place. This structure identified who was in charge, which was accountable to whom and the reporting relationships within the organisation. Staff who spoke with the inspector were able to demonstrate good knowledge of this system. The annual review into the quality and safety of care delivered in the centre as required by regulation was made available to residents. There was a system in place to improve the quality and safety of the service. For example, the person in charge supported by other staff, conducted regular audits and there were staff and management meetings to review and develop action plans in response to any identified issues. These audits were available to the inspector and included, amongst others: falls, hygiene and infection control, health and safety, nutrition and medication management. The person in charge outlined how these audits informed the overall quality and governance of the centre. The person in charge explained how the findings and actions from these audits were being used to focus areas for improvement in the centre. For example, following an audit of the meals in the centre a number of changes had been made to the menu. The inspector noted that the findings from this particular audit had also been presented to residents at a residents' forum meeting to obtain their feedback and further inform the findings.

The provider representative spoke with the person in charge on a daily basis and formally met her at a number of senior management meetings that were held as required, but at a minimum every second month. There was also evidence of meetings with staff and regular meetings were held with residents. The person in charge was supported in her role by two Clinical Nurse Managers.

The inspector noted that the person in charge was well known to residents to whom the inspector spoke with. She informed the inspector that she made getting to know all residents a priority and described how in this relatively small centre, she spoke to most residents each day. The person in charge attended the residents' forum meetings with the most recent recorded as being held in January 2018. From a review of the minutes of these meetings it was clear that issues identified were addressed in a timely manner and that the person in charge was proactive in addressing any concerns or issues raised. Where areas for improvement were identified in the course of this inspection; the person in charge and the provider representative demonstrated a conscientious approach to addressing these issues in a robust manner and displayed a commitment to compliance with the regulations. This commitment was also evidence by the improved level of compliance identified from this inspection.

There was also evidence of good consultation with residents and relatives via resident/relative questionnaires that were provided as part of this registration inspection. All questionnaires responses were very positive and complementary of staff and the care and support provided. Staff were identified as being very supportive and approachable by respondents to these questionnaires. There was also evidence of good consultation with residents and their relatives obtained from speaking to residents, staff and a review of documentation. All residents and visitors with whom the inspector spoke with stated that they were happy with the service provided and they were kept well informed. Residents appeared well cared for and many residents were able to self-advocate and confirmed to the inspector that staff and the person in charge were very

supportive to them. Residents to whom the inspector spoke also said that they felt safe living in the centre and were well cared for. The overall atmosphere in the centre was welcoming, and it was warm, bright, clean and well ventilated on both days of inspection. Adequate resources were available to meet the needs of residents, such as adequate nursing and healthcare staff, sufficient assistive equipment and facilities. The inspector noted that since the last inspection there had been a number of improvements including a complete renovation of a communal toilet, a number of areas such as residents bedrooms, sitting rooms and the library had been repainted and there was new seating in the sitting rooms, more books in the library and some new clinical equipment such as a new blood pressure monitoring machine and a new an electrocardiogram (ECG) machine.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

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

Findings:

Samples of residents' contracts of care were viewed by the inspector. The inspector found that contracts had been signed by the residents/relatives and found that the contract was clear, user-friendly and outlined all of the services and responsibilities of the provider to the resident and the fees to be paid.

A Residents' Guide was also available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. This guide was found to meet the requirements of legislation.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge had considerable clinical, and nurse management experience and had worked in the centre since 2002. She had been in the post of person in charge/Director of Nursing since 2014. She held the post in a full-time capacity and was a registered nurse with good experience appropriate to the role. The person in charge outlined how she was supported by two Clinical Nurse Managers on-site. The inspector was satisfied that the person in charge was suitably engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She had significant experience as a nurse of the older person and demonstrated a good knowledge and understanding of the residents in her care. She was also sufficiently knowledgeable of her responsibilities under the regulations. The person in charge was very responsive to the inspection process and engaged proactively and positively with the inspector. The person in charge had attended various clinical and professional development training courses to keep her skills up-to-date. Courses attended included training in areas such as palliative care, dementia, challenging behaviours and safeguarding. She also attended relevant conferences during the year. She was well known to residents and both residents and staff confirmed that she was available to provide support. The person in charge confirmed that she maintained an open door policy to residents, their representatives and all staff.

Judgment:

Compliant

*Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 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 2013.*

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector viewed the insurance policy and saw that the centre was insured against accidents or injury to residents, staff and visitors. Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector reviewed the centre's operating policies and procedures and noted that the centre had policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The

inspector noted one HSE national policy in relation to the use of restraint was recorded as being last reviewed in December 2010. However, this was not adequate as such policies are required by Regulation 4 to be reviewed and updated at intervals not exceeding three years.

The centre-specific policies reflected the care given in the centre and informed staff with regard to up-to-date evidenced best practice or guidelines. There was evidence that there was on-going training to staff on policies and procedures and staff had signed off on these once they had received the training. The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations. The inspector was satisfied that the records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Overall records were seen to be maintained and stored in line with best practice and legislative requirements. For example, since the previous inspection the centre had obtained a new residents careplan filing cabinet that provided a secure and easy retrieval of residents' records.

The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

Judgment:
Substantially Compliant

Outcome 06: 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:
Governance, Leadership and Management

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

Findings:
There had been no instances since the last inspection whereby the person in charge was absent for 28 days or more and the provider representative was aware of the responsibility to notify HIQA of any absence or proposed absence.

There were suitable deputising arrangements in place to cover for the person in charge when she was on leave. The Clinical Nurse Manager on duty was in charge in the absence of the person in charge.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place

and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The person in charge confirmed that there was no active reported, suspected or alleged incident of abuse in the centre. The inspector was satisfied that there were policies and procedures in place for the protection of residents. The person in charge was actively engaged in the operation of the centre and providing oversight on a daily basis. There was evidence of good recruitment practices including verification of references and a good level of visitor activity. The provider representative confirmed that all staff and volunteers were suitably Garda vetted. The national Health Service Executive (HSE) safeguarding policy was in place for the prevention, detection and management of any protection issues. All staff spoken with confirmed their attendance at elder abuse training and were clear on their responsibilities. Staff outlined for example their on-going "vigilance" and their confidence in the person in charge and the Clinical Nurse Manager to take appropriate action if and when required.

The inspector saw that there were positive and respectful interactions between staff and residents and that most residents were comfortable in asserting themselves and bringing any issues of concern to any staff, Clinical Nurse Manager, or to the person in charge. Residents spoken to clearly articulated that they had full confidence in the staff and expressed their satisfaction in the care being provided.

In relation to residents' financial transactions, the inspector spoke informally with residents throughout the inspection and the feedback received from them was positive. The inspector reviewed the arrangements in place in relation to the maintenance of residents' day to day expenses and the centre supported some residents to managed some of their own financial transactions. The inspector reviewed the system in place to safeguard residents' finances which included a review of a sample of residents' records of monies. The inspector noted that all lodgements and withdrawals were adequately documented or signed for by residents and/or their representatives and two staff. The person in charge was a pension agent for a small number of residents. In relation to these pension accounts there were transparent arrangements in place to safeguard residents' finances and financial transactions. There was evidence that the person in charge was fully compliant with the Department of Social Protection guidelines for pension agents.

There was a policy on challenging behaviours and staff to whom the inspector spoke with were knowledgeable in suitable de-escalating techniques. The inspector noted that there were no residents identified as having challenging behaviours living in the centre. However, for any resident who presented with challenging behaviours there was

evidence that they would be reviewed by their GP and referred to other professionals for review and follow up as required. The inspector noted that since the previous inspection all staff had received up-to-date training in this area. In addition, the training matrix recorded that training in dementia care had been also been provided for all staff.

There was a national HSE policy on the use of restraint however, as identified and actioned under Outcome 5 of this report the date recorded for when this policy had been reviewed and updated was December 2010 and not within three years as required by Regulation 4. There was a low incidence of restraint use in the centre and there was evidence that the use of restraint was in line with national policy. The restraint register recorded two residents using bedrails on the days of the inspection. For residents with any form of restraint, there was evidence that there was regular checking and monitoring of residents, discussion with the resident's family and the GP. The inspector saw that there was an assessment in place for the use of restraint, which identified what alternatives had been tried to ensure that the particular form of restraint was the least restrictive method to use. The inspector was assured by the practices in place and saw that whenever possible alternative measures were used.

Judgment:

Compliant

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

Theme:

Safe care and support

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

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

Findings:

All the actions from the previous inspection had been completed. The internal and external premises and grounds of the centre appeared safe and secure, with appropriate locks installed on all interior and exterior doors. A closed circuit television (CCTV) system was in place that covered external areas and a register of all visitors to the centre was maintained at the main entrance. There were suitable fire safety measures in place and the directional signage and appropriate fire procedures were available throughout the centre. The inspector noted that staff were particularly diligent in ensuring that the visitors register was comprehensively and contemporaneously completed and maintained. Completed logs were maintained on daily, weekly, monthly and quarterly tests and checks of fire equipment, doors, exit routes and emergency lighting. The inspector noted that the emergency lighting and the fire alarm were last serviced in November 2017. Certification of testing and servicing of extinguishers, fire retardant materials were also documented as most recently serviced in January 2018. The fire and smoke containment and detection measures in place in the premises. All staff had received training in fire safety within the past 12 months. Staff spoken to were familiar with what actions to take in the event of a fire alarm activation and with the principles of horizontal evacuation. Practiced fire drills were held regularly and the

records recorded details of each evacuation including a note of the competency of staff in the use of evacuation equipment such as evacuation sheets. These records also identified where improvements to the procedure could be made. However, the records of the fire drills required improvement to also include the fire scenario that was being simulation during the practice. All residents had personal emergency egress plan's (PEEP's) which identified the level of mobility and evacuation mode for each resident. These plans included the level of cognitive understanding, the need for supervision and the level of compliance of each resident in an emergency situation. The person in charge confirmed that a small number of residents smoked tobacco. A policy was in place and reference the requirement for smoking risk assessment. From a review of a sample of care plans, there were suitable risk assessments for each resident that individually risk assessed each resident's capacity to smoke safely. The inspector saw that where controls were required such as a fire retardant apron and staff supervision; that these were implemented in practice.

There were appropriate arrangements for investigating and learning from serious incidents/adverse events which identified residents who were at risk of falls and put in place appropriate measures to minimise and manage such risks. Each serious reportable event (SRE) was suitably recorded and escalated to senior management as per the HSE safety incident management policy dated January 2017 and reporting protocols. Following any such incident, accident or event, the provider representative and the person in charge along with other staff met at a senior incident management team meeting. Such meetings were held to ascertain if there was any learning opportunities or corrective actions that needed to be taken. For less serious incidents such as falls for example, there were falls risk re-assessments completed after each fall, and care plans were updated accordingly. Overall there were suitable governance and supervision systems in place to monitor residents at risk of falls and such arrangements were reviewed on an on-going basis by the person in charge. There was a risk register available in the centre and the inspector found that the hazard identification process was adequate. There was an up-to-date risk management policy that addressed the identification and assessment of risks and the controls that were in place including the requirements of the regulations. The centre had other policies relating to health and safety and the safety statement was dated as being reviewed in July 2017. There was a plan in place for responding to major emergencies likely to cause death, injury, serious disruption to essential services or damage to property. There was a record of incidents and accidents in the centre which recorded a low incidence of slips, trips and falls. Records seen were adequate to ensure arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

Manual handling practices observed were seen to be in line with current best practice and the training matrix recorded that all staff were trained in manual handling. The circulation areas, toilets and bathrooms were adequately equipped with handrails and grab-rails. There was personal protective equipment such as latex gloves and plastic aprons available in designed areas. Overall the premises, including the communal areas and bedrooms were found to be clean and there was adequate standard of general hygiene at the centre. Systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place. For example, regular training of staff, subtle staff infection control reminder notices and strategically placed hand sanitizer dispensers located throughout the premises. The training matrix

indicated that all staff had completed training in hand hygiene and infection prevention and control and staff that were spoken with demonstrated knowledge of the correct procedures to be followed. However, there were a number of infection control issues including:

- There was a number of opened/used bottles of shampoo, shaving foam and other toiletries that were unsuitably stored in a linen cupboard without any residents identification.
- There was rust like material noted on a heating radiator and on some water pipes in a communal toilet.
- The floor covering in one communal toilet required repair or replacement as it was stained and cracked in parts and did not facilitate effective cleaning.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

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

Findings:

The centre-specific policies on medication management were made available to the inspector and had been most recently reviewed in December 2017. The policies included the ordering, receipt, administration, storage and disposal of medicines. The policies were made available to nursing staff who demonstrated adequate knowledge of this document. Medicines for residents were supplied by a community pharmacy. Nursing staff with whom the inspector met outlined a robust procedure for the ordering and receipt of medicines in a timely fashion. Medicines were stored in a locked cupboard, medication trolley or within a locked room only accessible by nursing staff. Medicines requiring refrigeration were stored securely and appropriately. The temperature of the medication refrigerator and storage areas was noted to be within an acceptable range; the temperature was monitored and recorded daily.

Staff informed the inspector that a small number of residents were responsible for their own medication after they have been appropriately assessed. The practice of residents self-medicating was supported by a centre specific policy. There was adequate and secure storage provided for the residents' medicinal products and access was limited to the resident. The inspector noted that there was suitable supervision and records provided to facilitate the resident with self-administration. There was evaluation (including on-going daily evaluation) of the residents' ability to self-administer as appropriate. The practice of self-administration of medications was also adequately evaluated and audited. In addition, the residents care plans did contain adequate details to provide safe, person centred and supported self-administration practice.

Medications requiring additional controls under the Misuse of Drugs Regulations were seen to be suitably stored. There were robust measures in place for the handling and storage of controlled drugs in accordance with current guidelines and legislation. The inspector noted that the stock balance of such medicines was correct and the register for the administration of these medicines, was in line with the Misuse of Drugs Regulations.

Nursing staff with whom the inspector spoke demonstrated adequate knowledge of the general principles and responsibilities of medication management. Medication administration was observed and the inspector found that the nursing staff adopted a person-centred approach when administering medications. The inspector noted from a sample of medication prescription records that medicines were recorded and administered in accordance with guidance issued by An Bord Altranais agus Cnáimhseachais (Irish Nursing and Midwifery Board of Ireland).

Judgment:
Compliant

Outcome 10: 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

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

Findings:
The inspector saw that there was a comprehensive log of all accidents and incidents that took place in the centre and cross referenced them with HIQA notifications received. Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 had been reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received by HIQA within three days of accidents and incidents as required.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

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

No actions were required from the previous inspection.

Findings:

The inspector was informed that all prospective residents were assessed by the person in charge prior to their admission into the centre. This pre-admission assessment was carried out to ensure that each resident met the specific admission criteria for the centre and to ensure that the centre could meet their individual health and social care needs. The statement of purpose stated that the community nursing unit accommodated 10 residents and provided care for three categories of residents:

- Palliative Care (2 beds). Residents could be admitted on referral from the public health nurse, general practitioner (GP), an acute hospital or a community hospital or via the home care palliative care team.
- Respite/short term care (three beds). These beds are allocated for the planned admission of persons for short periods of time in order to assist carers in their task of caring.
- Convalescent care (five beds). Admission for convalescent care was via the GP, public health nurse or from an acute hospital. These beds were allocated for the admission of persons for short periods of time in order to allow them to recuperate after an illness/injury.

The statement of purpose also stated that the centre had a residential unit that accommodated 20 residents and that these residents were required to be independent and self-caring. The statement of purpose also stated that if there was a deterioration in the resident's condition and where the care requirements increased, then more suitable accommodation was arranged.

The person in charge outlined that following the pre-admission assessment, the planned admission was communicated in detail to the nursing staff in the centre to arrange transfer and admission. The inspector noted that on the days of inspection there were eight residents assessed as having low dependency needs, eight residents assessed as medium dependency needs and a further eight residents with high dependency needs. From the sample of residents care plans reviewed and from speaking to a number of residents, the inspector was satisfied that residents' healthcare requirements were met to an adequate standard. There was a morning and evening handover each day and nursing staff including the inspector joined the morning handover meeting and noted that the nursing staff and Clinical Nurse Manager discussed residents clinical, health and social care needs. Following this handover from the night nurse the nurse in charge or Clinical Nurse Manger gave the Multi-task Attendants a morning handover. There was also a further handover given when there was a change over of staff at 3.30pm and again at night time.

Residents to whom inspectors spoke to confirmed that they were well cared for and were very complementary about the kindness and standard of care and support provided to them by all staff. There was evidence to support that residents' healthcare requirements were adequately and regularly assessed by competent nursing staff and

that arrangements were in place to meet their assessed clinical needs. On admission residents were facilitated to retain access to their GP of preference. On the morning of the first day of inspection the inspector met one of the visiting GP's and there was evidence that the centre had regular access to medical support. There was documentary evidence that residents, as appropriate to their needs, had access to other healthcare professionals and services including dietetics, speech and language therapy, occupational therapy, psychiatry, chiropody. There were also records of arrangements in place to facilitate optical and dental review. There was a physiotherapist based on site two days a week who informed the inspector that they also held outpatient clinics from the centre. The inspector noted that the centre was well supported by the visiting nurse specialist from the community palliative home care team. Staff outlined to the inspector the on-going high quality care, compassion and clinical support that this team provided to residents in the centre.

The inspector saw that each resident had a nursing plan of care. Nursing staff informed the inspector that nursing staff used a key-nurse system for care plan completion. The inspector reviewed a random sample of care plans and was satisfied that the system was clearly understood by staff and the general standard of care planning was adequate. There was evidence that each care plan was informed by assessment and reassessment as required and at a minimum four monthly intervals. Care plans were completed in consultation with the resident and/or their representative and were supported by a number of validated assessment tools. Care plans seen were person centred, clearly set out the arrangements to meet identified needs as specific to each resident. They also incorporated interventions prescribed by other healthcare professionals for example, speech and language therapist or dietetics. A daily nursing record of each resident's health, condition and treatment given was maintained and these records seen were adequate. Each resident's vital signs were recorded regularly with action taken in response to any variations. On the days of inspection there was no incidence of residents with wounds. The inspector saw that the risk of wound development was regularly assessed. Preventative strategies including pressure relieving equipment were implemented. A validated assessment tool was used to establish each resident's risk of falling and there was evidence of the routine implementation of falls and injury prevention strategies including close monitoring of residents and low beds. The resident's right to refuse treatment was respected and recorded and brought to the attention of the relevant GP. There were procedures in place and records seen supported that relevant information about the resident was provided and received when they were absent or returned to the centre from another care setting.

Judgment:
Compliant

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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The building was a purpose built and first opened in 1979 as a single-storey construction comprising of both residential and community nursing unit. The centre was well maintained and well organised. Overall the design and layout of the centre fitted with the aims and objectives of the statement of purpose and the centre's resident profile. Generally it promoted residents' independence and wellbeing. The centre was well decorated and many areas including a number of residents bedrooms, sitting rooms and corridors had recently been repainted thereby helping the premises to appear bright, warm and as homely as possible. In addition, the inspector noted that there was a "memory lane" on the main corridor that had been created by decorating the walls with pictures that the residents would find familiar. The corridor also contained examples of paintings by both residents and a visiting artist which again enhanced the homeliness of the centre. Since the previous inspection, there had been a number of new armchairs purchased as well as new curtains and duvets. The person in charge confirmed that residents had been fully consulted in relation to the redecoration and choices of colours. The inspector noted that the use of soft furnishings and household ornaments placed in sitting rooms also helped create a more homely environment. Residential accommodation in the residential unit consisted of 17 single bed rooms and one three bedded rooms. All single rooms had a wash hand basin. The three bedded room had en-suite facilities and during the inspection the three bedded room was only occupied by one resident. Residential accommodation in the nursing unit comprised of two four bedded rooms; one for male and the second for females. There was adequate spacing and screening between beds to safeguard residents' privacy and dignity. There were also two single en-suite rooms which could be used by either male or female residents. There was also a large wheelchair accessible assisted bathroom. There was ample personal storage in all bedrooms for residents' belongings. Each bedroom had a lockable wardrobe for safe keeping of personal belongings. The centre also had a dining area adjacent to the kitchen. The kitchen was well maintained, well organised and had satisfactory environmental health office reports. Kitchen staff had received appropriate training and suitable staff facilities for changing and storage were provided. There were two separate storage areas for food, kitchen storage and cleaning equipment. Staff toilets, changing and storage space was adequate and well maintained. There was a secured sluice room, a physiotherapy room, a secured laundry room and three shower rooms. There were adequate number toilets with wash-hand basins suitably located provided for resident's use. Since the previous inspection, one of the communal toilets had been completely renovated to a high standard. However, another communal toilet was not adequate in its design and layout to adequately ensure privacy and dignity of residents. The inspector noted that the privacy partitions were not adequate and potentially compromised residents' privacy while using these toilets. This issue was actioned under outcome 16 of this report.

There was a family room and a further activities room for residents activities for

example, for residents who wished to paint or for arts and crafts. There was an Oratory which was suitably furnished for prayers or just a suitable space for quiet reflection. The centre also had a small library room which had recently received an increase in the selection of books on offer. There was an adequately furnished day room which also provided access to the smoking shelter. The centre also contained another well-furnished day room, a nurse's station and a treatment room. There was also a linen room, clerical room and a store room. Residents had access to grounds to the front and side of the premises and there were also two enclosed gardens one being a remembrance garden with seating and attractive flowers and shrubbery.

Equipment was in good repair was maintained and stored to a safe standard. Records were maintained of servicing and checked regularly. However, one shower unit had been identified as being a potential manual handling risk due to its' design and layout. The provider representative stated that there were plans for replacing this shower unit with an accessible wet room. However, this shower unit as currently designed was not readily accessible to residents with compromised mobility and required further review.

Judgment:

Substantially Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

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

Findings:

The inspector found a complaints process was in place to ensure the complaints of residents, their families or their representatives were listened to and acted upon. There was the HSE national complaints policy "Your Service Your Say" and a centre specific complaints policy that had been most recently reviewed in April 2017 and, which was prominently displayed and met the regulatory requirements. Residents to whom the inspector spoke said that they had easy access to any staff in order to make a complaint. The person in charge was identified as the named complaints officer and residents stated that they felt they could openly report any concerns to her and were assured issues would be dealt with. The inspector noted that the provider representative also monitored complaints through the regular management meetings. The provider representative also confirmed with that she was kept up to date in relation to any complaints, as required. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded. All complaints were recorded locally and a copy sent to the provide representative for review, as required. The complaint process included a local appeals procedure and there was also an independent appeals process. The residents guide also held details of the complaints policy and independent appeals process was included. There were also

contact details available for a number of supportive agencies including an independent advocacy agency and the HSE safeguarding officer.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a policy available on the management of end of life care and at the time of inspection there were no residents receiving end of life care. Overall there was evidence of a good standard of medical and clinical care provided. The person in charge outlined that appropriate access to specialist palliative care services was provided. The inspector observed the palliative care team were on site during the inspection and there were records seen of their on going care and support to residents requiring palliative care.

There was an Oratory available for resident and visitor use and religious services were held regularly in the centre. There was a self-contained family room that was comfortably designed and furnished with sofa bed, ensuite and kitchenette facilities provided. The inspector reviewed the healthcare records of residents receiving end of life care and noted that appropriate care and supports had been provided including access to the specialist palliative care home care team. The person in charge outlined that the palliative care service was available on a 24 hour basis. She also outlined how residents were facilitated to sensitively provide information in relation to their preferences and wishes in relation to their end of life care needs. The inspector found that staff were aware of the policies and processes guiding end of life care. Staff to whom the inspector spoke outlined suitable arrangements for meeting residents' needs, including ensuring their comfort and care. Staff spoken to were able to describe suitable and respectful care including meeting residents spiritual needs as appropriate, in the provision of end of life care. The inspector noted that families were notified in a timely manner of deterioration in residents' condition and were supported and updated regularly as required. The person in charge outlined the facilities to support relatives to remain with their loved ones during end-of-life. These included for example, the use of the above mentioned family room and/or the use of chairs to enable families remain overnight, if required. There were two designated single bedrooms with ensuite facilities that were available for residents requiring palliative care.

Judgment:

Compliant

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

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

No actions were required from the previous inspection.

Findings:

The inspector observed the lunchtime meal and noted that some residents had their meals in their bedroom or in the dining room; depending on their own individual choice and preferences. Some residents were observed receiving assistance from staff with their meals and there was an unrushed, informal and homely atmosphere evident during the meal times. Residents were provided with food and drink at times and in quantities adequate for their needs. Assistance was observed and was offered to residents in a discreet, patient and sensitive manner by staff. The dining experience was very much a social occasion and many residents were seen chatting with each other throughout their meal. Staff also used meal times as an opportunity to engage in a meaningful way with residents, particularly with residents to whom they gave assistance. Those residents on modified diets were offered the same choices as people receiving unmodified diets. Tables in the dining room were appropriately set with cutlery, condiments and napkins. Residents spoken with agreed that the food provided was very good and appetising. There had been an audit of meals and meal times completed by the person in charge in January 2018. Overall findings from this survey were very positive and the person in charge had followed up this survey with a residents meeting to discuss the findings. There was an action plan developed from this meeting which included some changes such as changes to the menu choices on offer. Overall residents were happy with the food provided in the centre and some residents stated that "the food was really excellent". The inspector noted that the food was served from the kitchen by a team of staff and was well presented. The chef was observed chatting to residents and eliciting their feedback in relation to their meal.

Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. The inspector spoke with kitchen staff who outlined how they were knowledgeable about all residents dietary needs and preferences. A list of all special diets required by residents was compiled on foot of the individual residents' reviews and copies were available in the kitchen.

Drinks such as water, milk, tea and coffee were available at different times throughout the day. Access to fresh drinking water was available at all times with a fresh water dispenser near the main entrance. There were also jugs of water for example, observed in residents' rooms and in the sitting room. Evidence of referral to relevant allied health professional including dietician or speech and language therapists was found and there

was a system in place to monitor the intake of residents identified as at risk of malnutrition. The inspector looked at this system in place to monitor food intake. The system of recording was found to be consistent/detailed enough to enable meaningful analysis as to the adequacy of intake for at risk residents.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
The person in charge outlined how in this relatively small centre she was able to actively consult with residents and their representatives each day. From speaking to residents it was clear that many were able to advocate for themselves and/or with the support of their representatives. The inspector noted that there was an independent advocacy service provided and the contact details of the advocate service were placed in a prominent position, near the entrance to the centre.

Residents were facilitated to exercise their civil, political and religious rights. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising/returning to bed and whether they wished to stay in their room or spend time with others in the sitting rooms. Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in the multi-occupancy bedrooms to protect the residents' privacy. Staff were observed communicating appropriately with all residents including some with hearing impairments. It was clear to the inspector that residents were treated with respect and staff knew each resident's individual preferences. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Residents choose what they liked to wear and if required staff supported some residents in relation to their appearance, dress and personal hygiene. Staff were observed to be caring in their approach towards residents. Staff took time to talk with family members both when they visited and when they rang to enquire about their relative. The person in charge confirmed that the centre had an open visiting policy and residents stated that their visitors were always made welcome and that there were areas in the centre to visit in private if they wished to. They said that if they any concerns they could identify them to staff and/or the person in charge and were assured they would

be resolved.

Residents had access to the daily newspapers, parish newsletters, magazines, books from the in-house library. The inspector noted several residents enjoying newspapers both mornings of inspection. Residents had access to radio, television, and information on local events. It was evident to the inspector that residents had opportunities to participate in activities that were meaningful and purposeful to them and that suited their needs, interests, and capacities. A social assessment had been completed for each resident and activities were provided which included arts and crafts, bingo, live music, reminiscence therapy, and passive exercise programmes. Each resident's preferences were assessed and this information was used to plan the activity programme. A programme of events was displayed and included bingo, music, quizzes, arts and crafts and religious ceremonies. Some residents said they preferred not to take part in the group activities and the inspector saw that their wishes were respected and individual one to one time was scheduled for these residents, if appropriate.

Residents' religious and civil rights were supported. Mass was celebrated and prayers were said in the Oratory. Other religious faiths were accommodated including the local Church of Ireland minister who had also visited the centre. Each morning some residents attended the local church which was conveniently located near the centre. The inspector noted that some residents attended a local day centre from the centre during the week. A number of the residents were very independent in relation to how they spent their days. Residents informed the inspector that they went out each day to visit friends, the shops and restaurants and a number of residents were observed coming and going to different social appointments outside the centre on both days of the inspection.

Judgment:

Compliant

*Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a centre-specific policy on residents' personal property and possessions that had been reviewed in July 2017. From the sample of residents' records reviewed the inspector noted that there were records in place of individual resident's clothing and personal items. The person in charge outlined how this list was updated every quarter or more often, if required.

Residents' laundry was well maintained and most laundry facilities were provided on-site. There were appropriate arrangements in place for the regular laundering of linen and clothing and procedures were in place for the safe return of residents' personal clothing items. The inspector reviewed the arrangements for supporting residents to manage their own finances which included suitable record log and a system of double signing for all transactions. Residents that the inspector spoke with indicated that they were satisfied with the arrangements in place in relation to the management of residents' personal property. Each resident had a secure storage facility in their bedroom for the safekeeping of any personal items or small quantities of monies.

Residents were facilitated to have their own items, such as assisted equipment or furniture and personal memorabilia. The inspector noted that most bedrooms had been personalized with individual residents' items, photographs and art work. Each resident had suitable furniture in their bedrooms to store clothing and personal items in their own bedside cabinets and wardrobes.

Judgment:

Compliant

Outcome 18: Suitable Staffing

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

Theme:

Workforce

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

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

Findings:

The inspector observed practices and spoke with staff on both day and night duty, the person in charge, the Clinical Nurse Manager, and the provider representative. The person in charge, the Clinical Nurse Manager and staff to whom the inspector spoke stated that staffing in the centre was adequate. Confirmation of adequate staffing was also provided by a review of the centres' records including minutes of staff meetings and staffing rosters.

An actual and planned roster was maintained in the centre. The inspector noted that the person in charge worked full time and was available Monday to Friday. There was also two Clinical Nurse Managers available to support the person in charge in her role. Residents spoke very positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. Staff demonstrated an understanding of their role and responsibilities to ensure appropriate

delegation, competence and supervision in the delivery of person-centred care to residents. The inspector observed positive interactions between staff and residents over the course of the inspection and found staff to have good knowledge of residents' needs as well as their likes and dislikes.

From speaking to the person in charge, staff and a review of documentation; staff appeared to be supervised appropriate to their role and responsibilities. Staff appraisals had commenced and were in the process of being rolled out to all staff. Recently recruited staff and records viewed confirmed that this process had started. There was an education and training programme available to staff. The training matrix indicated that all mandatory training was provided and a number of staff had attended training in areas such as manual handling, cardio pulmonary resuscitation (CPR) and elder abuse. In addition, the inspector noted that all staff had completed mandatory training in responding to and managing behaviours that were challenging and dementia training.

The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the regulations. Registration details with Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland for 2017 for nursing staff were available. The provider representative provided written confirmation that all staff and volunteers in the centre had been suitably Garda vetted.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Vincent Kearns
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:	Cluain Arann Welfare Home & Community Nursing Unit
Centre ID:	OSV-0000674
Date of inspection:	23/01/2018
Date of response:	09/02/2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

To review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

1. Action Required:

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

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

Regional Policy for Restraint removed and renewal of the National policy awaited.

Proposed Timescale: 30/04/2018

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

To ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff including:

- There was a number of opened/used bottles of shampoo, shaving foam and other toiletries that were unsuitably stored in a linen cupboard without any residents identification.
- There was rust like material noted on a heating radiator and on some water pipes in a communal toilet.
- The floor covering in one communal toilet required repair or replacement as it was stained and cracked in parts and did not facilitate effective cleaning.

2. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Used bottles of shampoo, shaving foam and other toiletries were removed from the linen cupboards immediately.

Communal toilet - water pipes and radiator will be repainted

Floor covering to be replaced

Proposed Timescale: 30/05/2018

Theme:

Safe care and support

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

To ensure, by means of fire safety management and fire drills at suitable intervals, that

the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire, including ensuring that records of the fire drills also contain the fire scenario that was being simulation during the practice.

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Going forward a detailed description of Fire Drill will be recorded.

Proposed Timescale: 09/02/2018

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

To provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre including one shower unit that as currently designed was not readily accessible to residents with compromised mobility.

4. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The replacement of the Shower Unit will be prioritised under minor capital/savings from income and expenditure.

Proposed Timescale: 31/12/2018

