

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Lakes Nursing Home
<b>Centre ID:</b>	OSV-0000447
<b>Centre address:</b>	Hill Road, Killaloe, Clare.
<b>Telephone number:</b>	061 375 547
<b>Email address:</b>	adminlakes@ehg.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Elder Nursing Homes Ltd
<b>Lead inspector:</b>	Mary Costelloe
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	53
<b>Number of vacancies on the date of inspection:</b>	2

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

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

From:	To:
04 June 2019 09:30	04 June 2019 16:30
05 June 2019 09:00	05 June 2019 15:00

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

<b>Outcome</b>	<b>Provider's self-assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Non-Compliant - Moderate
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Non-Compliant - Moderate
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

While this centre does not have a dementia specific unit, the inspector focused on the care of residents with a dementia during this inspection. Twenty seven residents were either formally diagnosed or had suspected Alzheimer's disease or dementia. The inspector met with residents, relatives and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool (called Quiz). The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self-assessment questionnaire which were submitted prior to inspection.

The inspector also followed up on issues identified during the last inspection which were found to have been addressed.

Overall, the inspector found that the management team and staff were committed to improving the service provided for residents including residents with dementia. Improvements required and discussed with the management team included, ensuring that residents who had their meals in the first floor dining room had the same quality of service as those residents who availed of the ground floor dining facilities. The management team also undertook to review staffing levels, work organisation and supervision arrangements in place.

The centre was well maintained and nicely decorated. It was warm, clean and odour free throughout. The building was secure and residents had access to an enclosed garden area. Signs and pictures had been used to support residents to be orientated and find their way around the centre.

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. Detailed social, mental and emotional well being care plans had been documented for all residents and staff were observed to use this information when engaging with residents.

The overall atmosphere was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. The inspector found the residents were enabled to move around as they wished. The inspector noted that staff assisting residents with a diagnosis of dementia were particularly caring and sensitive.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Staff were offered a range of training opportunities, including a range of specific dementia training courses.

**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: Health and Social Care Needs*

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that a high standard of evidence-based health and social care was delivered to residents.

The inspector reviewed a sample of pre-admission assessments completed by the prospective resident's family and the person in charge. Information collected about each resident pre-admission, on admission and throughout the residents' stay in the centre was used to develop a person-centred care plan. Nursing and care staff spoken with were familiar with and knowledgeable regarding each person's up-to-date needs.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling and continence.

The inspector noted that care plans were in place for all identified issues. Care plans were found to be comprehensive and informative. Each resident had a daily life plan of care which outlined clear guidance for staff in areas such as washing and dressing, eating and drinking, elimination, mobilisation and safe environment, communication, breathing, controlling body temperature, sleeping, social, mental and emotional well being and end of life. Care plans were in place for some residents requiring specific care such as those with wounds or presenting with responsive behaviours. Care techniques to address the symptoms of dementia had also been included in the care plans. Care plans were person centered and individualised. There was evidence that the residents and their families were actively involved in the assessment and care planning process.

Residents had access to general practitioner (GP) services and could retain their own GP if they so wished. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis. The inspector noted that medications were regularly reviewed, and individually prescribed. Staff had a good knowledge of the residents' medication requirements and administration of medication was seen to be safe. The systems in place were in line with

professional guidelines. Use of psychotropic medication was limited and only used within best practice guidelines.

A full range of other services was available including speech and language therapy (SALT), occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody, optical and dental services were available. A physiotherapist visited twice weekly. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments and recommendations were written up in the residents' files. Arrangements were in place to ensure that all eligible residents were provided with information about the national screening programmes and they were offered the choice of accessing the screening programmes as appropriate.

The inspector was satisfied that residents' weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT. Meals appeared to be wholesome and nutritious and served in an appetising manner. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. The inspector noted that staff assisting residents with dementia were caring and sensitive.

There was a reported low incidence of wound development in the centre. The inspector noted that the risk of developing wounds was assessed and reviewed on each admission. Appropriate preventative interventions including pressure relieving equipment was in use. Staff had access to support from the tissue viability nurse as required.

The inspector reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. The person in charge reviewed falls on a regular basis, there was evidence of learning and improvement to practice. Low-low beds and crash mats were in use for some residents. The physiotherapist visited the centre twice weekly and reviewed residents with mobility issues and post falls.

The inspector was satisfied that caring for residents at end of life were regarded as an integral part of the care service provided.

There was a comprehensive end-of-life policy in place. Support and advice was available from the palliative home care team. Religious sacraments were available to all residents as desired. Most staff had completed training in end of life and palliative care. Families were facilitated to be with a resident when they were at end of life. Resident's individual wishes regarding their preferred priorities of care were outlined in their care plans.

The activities coordinator and social care practitioner continued to provide a range of meaningful and interesting activities for residents. There was ongoing consultation with residents as regards their preferred interests along with suggestions for new ideas. Detailed social, mental and emotional wellbeing care plans had been documented for all

residents and staff were observed to use this information when engaging with residents. Residents were free to join in an activity or spend time in their rooms or other communal areas in the centre. The activities coordinator facilitated both group and 1:1 sessions with residents as well as visiting residents who preferred to remain their bedrooms. The social care practitioner worked until 20.00 daily also facilitated a range of activities as well as providing companionship visits and walks with residents. Residents spoken with stated that they enjoyed the variety of activities taking place. The inspector observed that all residents including those with dementia were encouraged and supported appropriately to partake in all activities.

The programme of activities supported residents in developing and maintaining links with the community. There were regular visits from local musicians, entertainers and school students. Day trips to places of local interest took place during the summer months and trips were planned to a local pottery workshop and chocolate factory. A local animal farm and hatchery were due to visit the centre later in the month. Some residents attended local day care centres, resource centre, education and exercise classes.

**Judgment:**

Compliant

***Outcome 02: Safeguarding and Safety***

**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 inspector was satisfied that appropriate measures were in place to safeguard residents in the centre. There was a policy and procedures in place in relation to safeguarding vulnerable adults. All staff had received training in relation to safeguarding and demonstrated an awareness and understanding in relation to identifying and responding to safeguarding issues.

The person in charge confirmed that Garda vetting (police clearance) was in place for all staff, volunteers and persons who provided services in the centre. Garda vetting was available in the sample of staff files reviewed by the inspector.

The inspector was satisfied that robust systems were in place for the management of residents' finances. Small amounts of money and some items of value were sometimes kept for safe-keeping on behalf of residents. These were securely stored and the inspector saw that these accounts were managed in a clear and transparent manner. Separate account books were kept for each resident and two signatures were recorded for each transaction. The provider acted as pension agent for seven residents, all money

was paid into an interest bearing resident account. Monthly balancing statements were available. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items.

A restraint-free environment was promoted within the centre. Interventions such as beds that could be lowered to a low level and crash mats were among the alternatives used to reduce the risk. There was one bed rail in use at the time of inspection. The inspector noted that a risk assessment and care plan in line with national policy was documented. Staff carried out regular checks on the resident using bedrails and these checks were recorded.

There was evidence of regular review by the General Practitioner (GP) as well as regular reviews of medications. There was evidence of access and referral to psychiatry services. Psychotropic medications were prescribed on an 'as required' (PRN) basis for a small number of residents and were administered occasionally by nursing staff. Records were maintained to indicate a clear rationale for administration of these medications, what other interventions had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine in line with the restraint policy guidance.

Training records reviewed indicated that most staff had attended training on the management of responsive behaviour and restraint.

The inspector observed staff interacting with residents in a respectful and friendly manner. Many residents were observed to be relaxed and happy in the company of staff.

**Judgment:**  
Compliant

### *Outcome 03: Residents' Rights, Dignity and Consultation*

**Theme:**  
Person-centred care and support

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

**Findings:**  
The inspector was satisfied that residents were consulted in the organisation of the centre, their privacy was respected and their rights upheld. Improvements were required to ensuring that residents who had their meals in the first floor dining room had the same quality of service as those residents who availed of the ground floor dining facilities.

Residents' committee and relatives meetings continued to be held on a regular basis.

Minutes of meetings were recorded. Issues discussed at the most recent meeting included activities and upcoming events, the upcoming election and facilities for voting, food and menus and specific requests from residents. There was evidence that issues raised by residents at previous meetings had been acted upon. Regular resident satisfaction surveys were completed in regard to the care and service provided. The results of surveys indicated positive feedback. The inspector observed that the management team and staff consulted with residents including residents with dementia throughout the days of inspection.

Residents had access to advocacy services and staff had accessed the services for a resident in the past, however, the contact details for the local SAGE (support and advocacy service for older people) advocate were not displayed.

The inspector noted that the privacy and dignity of residents was well respected. Residents were accommodated in single or twin bedrooms. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. Adequate screening curtains were provided in shared bedrooms.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and residents were supported to choose what they liked to wear.

The main dining room was located on the ground floor, meals were also served to some residents in the first floor dining room while other residents choose to have their meals in their bedrooms. The dining experience in the ground floor dining room was pleasant and comfortable. Table settings were attractive with table cloths and flower centrepieces. There was a large written menu board which clearly displayed what food choices and dishes were available for each meal. Pictorial menu cards were also available to assist some residents choose their preferred meal option. Mealtimes were observed to be an unhurried, enjoyable social occasion with residents engaging with one another and staff.

The inspector observed that in contrast the quality of the service and overall dining experience provided in the first floor dining area was poorer to the service provided in the ground floor dining rooms which impacted on resident's rights and dignity. On the first day of inspection the first floor dining space was cluttered, the dining tables were bare and unattractive and there was no menu displayed. On day two of the inspection, some improvements had been made to the general environment and table settings, a menu was displayed, however, the inspector observed the whole meal service to be disorganised and task focused. Meals which were plated were served from a heated trolley located in the first floor hallway. There were long delays between serving residents, some residents had eaten their meal before others were served. Some residents had to wait long time periods in order to be assisted with their meals. The inspector noted a lack of supervision of the mealtime by nursing staff.

Residents' religious rights were facilitated. The local priest visited weekly and celebrated mass in the centre. Staff supported residents to say the rosary twice weekly. The person

in charge advised that residents of varying religious beliefs were facilitated as required.

The person in charge told the inspector that residents were facilitated to vote and explained that a large number of residents had been facilitated to vote in-house during the recent elections.

There was an open visiting policy in place. Residents could meet with family and friends in private if they wished, or could meet in their rooms, or communal areas of the centre.

The inspector observed that residents were free to join in an activity, to spend quiet time in another of the communal day areas or walk about independently. Residents had access to a small enclosed garden area and some residents were observed coming and going from the garden area independently. However, the door leading to the garden area was provided with a coded lock which some residents may have difficulty in accessing. The person in charge advised that the coded lock was scheduled to be removed. The activities coordinator and residents spoken with confirmed that some activities had been held outdoors during the recent warm weather and other staff spoken with confirmed that they supported many residents going outside for regular walks.

Residents had access to information and news, daily and weekly local newspapers, notice boards, radio, television and Wi-Fi were available. A selection of newspapers was available and some residents were observed to enjoy reading them.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in the communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The observations took place for a total of one and half hours during of the inspection day. An overview of the observations is provided below:

The inspector found that for 70% of the observation period (total observation period of 60 minutes) the quality of interaction score was +2 (positive connective care), 20% of the observation period the score was +1((task orientated care) and 10% of the observation period, the score was 0(neutral care). Staff knew the residents well and they connected with each resident on a personal level. Staff made eye contact and greeted residents individually by their preferred names, staff offered choice such as choice of preferred drinks and food, choice of preferred place to sit and choice to partake in activities. Many residents were observed to enjoy the company of staff, some smiling, laughing and being affectionate towards staff. Staff sat beside residents and were observed offering assistance in a respectful and dignified manner to residents who required assistance with eating.

**Judgment:**

Non Compliant - Moderate

### ***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that complaints were managed in line with the centre complaints policy.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure containing large font was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact information for the Office of the Ombudsman. There was a comment box also available in the front reception area.

The inspector was satisfied that all complaints were documented, reviewed, investigated, and complainants were responded to.

All complaints were reviewed by the person in charge to ensure learning and to bring about improvements in the service

**Judgment:**

Compliant

### ***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

On the days of inspection there were 53 residents living in the centre. Residents' dependency levels were assessed using a recognised validated tool. There were 24 maximum, 17 high, seven medium and five residents of low dependency level, two residents were in hospital at the time of inspection.

As discussed under Outcome 3: Residents rights, dignity and consultation, the inspector observed poor work organisation and lack of delegation and supervision at times during

the inspection. This was discussed with the management team who undertook to review staffing levels, work organisation and supervision arrangements.

There were two nurses and eight health care assistants on duty during the morning time, two nurses and seven care assistants on duty during the afternoon and evening and two nurses and three care assistants on duty at night time. The person in charge was normally on duty during the day time Monday to Friday. The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement included the activities coordinator, catering, housekeeping, administration and maintenance staff. Residents and staff spoken with were generally satisfied the staffing levels on duty. The person in charge advised that there were normally three nurses on duty in the morning time, but that due to a number of staff being on sick leave an additional care assistant was rostered on duty on an interim basis.

The inspector was satisfied that safe recruitment processes were in place. There was a comprehensive recruitment policy in place based on the requirements of the Regulations. The inspector reviewed a sample of staff files including recently recruited staff which were found to contain all the required documentation as required by the Regulations. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for staff nurses. Details of induction, orientation and training certificates were noted on staff files.

The management team were committed to providing on going training to staff. There was a training plan in place for 2019. All staff had completed up to date mandatory training.

**Judgment:**

Non Compliant - Moderate

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

The premises were well maintained, clean and nicely decorated. There was a good variety of communal day space on each floor such as the dining room, day rooms and quiet room. All communal areas were bright, comfortably furnished and had a variety of

furnishings which were domestic in nature. Additional seating was provided in the hallways.

Bedroom accommodation met residents' needs for comfort and privacy. Residents were accommodated in 47 single and five twin bedrooms, all with en suite toilet facilities. Each bedroom had sufficient storage space for resident's personal belongings including a secure lockable storage unit. Assisted toilets were located near the day rooms. There was a nurse call-bell system in place.

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms.

Adequate assistive equipment was provided to meet residents' needs such as hoists, specialised beds and mattresses. The inspector viewed the service and maintenance records for the equipment and found these were up-to-date.

Corridors were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre. All areas were bright and well lit. Floor covering was safe, non slip and consistent in colour conducive to residents with a dementia. There was a lift provided between floors. Residents had access to an enclosed garden with a seating area.

Appropriate directional signage was provided on doors and corridors, there was a sign with a word and a picture for bathrooms, dining room, day rooms and garden. The aim of these was to provide visual cues for people to assist them find their way around the centre and recognise the area they were looking for.

The building was secure. The external doors were fitted with key codes, CCTV cameras were in operation on external doors for additional security. There was a policy in place and clear signage displayed indicating the use of CCTV.

**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:***

Mary Costelloe  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Lakes Nursing Home
<b>Centre ID:</b>	OSV-0000447
<b>Date of inspection:</b>	04/06/2019
<b>Date of response:</b>	09/07/2019

#### 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 03: Residents' Rights, Dignity and Consultation

##### Theme:

Person-centred care and support

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

The inspector observed that the quality of the service and overall dining experience provided in the first floor dining area was poorer to the service provided in the ground floor dining rooms which impacted on residents rights and dignity. On the first day of inspection the dining space was cluttered, the dining tables were bare and unattractive and there was no menu displayed. On day two of the inspection, some improvements had been made to the general environment and table settings, a menu had also been

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

provided, however, the inspector observed the whole meal service to be disorganised and task focused. There were long delays between serving residents, some residents had eaten their meal before others were served. Some residents had to wait long time periods in order to be assisted with their meals.

**1. Action Required:**

Under Regulation 09(1) you are required to: Carry on the business of the designated centre with regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.

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

We will ensure that staff are allocated to the dining room at mealtimes to ensure that residents enjoy a pleasant, unhurried social occasion. Care staff will be available to help and assist residents as required, under the supervision of a nurse.

The dining room has been upgraded: the curtains, which were being dry cleaned at the time of the inspection, have now been replaced; there is new table line and the seating has been rearranged. We will provide a pictorial menu display.

The dining experience will be audited periodically to ensure that the overall service, atmosphere and ambience is maintained to a high standard.

**Proposed Timescale:** 12/07/2019

**Outcome 05: Suitable Staffing**

**Theme:**

Workforce

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

The inspector observed poor work organisation at times during the inspection. This was discussed with the management team who undertook to review staffing levels and work organisation.

**2. Action Required:**

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The Person in Charge and Clinical Nurse Manager will ensure that staff are appropriately supervised and that they undertake their duties effectively at all times and particularly during the first floor dining experience.

**Proposed Timescale:** 12/07/2019

**Theme:**

Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The inspector noted a lack of delegation and supervision of the first floor mealtime service. This was discussed with the management team who undertook to review staffing levels, work organisation and supervision arrangements.

**3. Action Required:**

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

The Person In Charge (PIC) and Clinical Nurse Manager will ensure that the first floor mealtime service is effectively supervised at all times, and that staff are appropriately guided and directed in providing help and assistance to residents as required. Also a recent resignation resulted in a vacant nursing post and this has now been filled.

**Proposed Timescale:** 12/07/2019