

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Cottage Hospital
<b>Centre ID:</b>	OSV-0000534
<b>Centre address:</b>	Scarlet Street, Drogheda, Louth.
<b>Telephone number:</b>	041 98 01100
<b>Email address:</b>	geraldine.matthews@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Maura Ward
<b>Lead inspector:</b>	Jillian Connolly
<b>Support inspector(s):</b>	Philip Daughen
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	16
<b>Number of vacancies on the date of inspection:</b>	7

## About monitoring of compliance

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make 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.

**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 Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

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

From: 11 March 2015 10:00 To: 11 March 2015 18:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 04: Suitable Person in Charge
Outcome 06: Absence of the Person in charge
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises

**Summary of findings from this inspection**

The Cottage Hospital is located in Drogheda, Co. Louth. It was initially granted registration as a designated centre under the Health Act 2007 in June 2012. The provider applied to renew the registration of the designated centre in December 2014. The application was to provide services to twenty three residents. Following on from this application, the registered provider notified the Chief Inspector of the intention to cease the operation of the designated centre as defined under the Health Act 2007. Additional supporting information was submitted by the provider to the Chief Inspector following on from this notification. The provider stated that the intention was for the designated centre to remain operational however as a short stay/ community hospital as opposed to a designated centre for older persons. The documentation submitted stated that this would be achieved through joint clinical governance arrangements with primary care services and acute services. Confirmation was also submitted by the appropriately qualified professional stating that the majority of residents required ongoing intermediate care and whilst they were clinically stable, acute intervention was still required.

Therefore this inspection was conducted to assess if the policies, standard operating procedures and practices of the designated centre were outside of legislation. In order for the centre to no longer be considered a designated centre the provider was required to demonstrate that the residents were admitted primarily for the treatment of an acute illness as opposed to for long term residential care as defined under

Section 2 of the Health Act 2007. Notwithstanding the information submitted to the Chief Inspector prior to inspection, Inspectors found that the evidence did not consistently demonstrate this.

On the day of inspection, there were sixteen residents residing in the designated centre. Inspectors were informed that there had been no long term residents residing in the centre since April 2014. The aim of the designated centre is to provide care for a maximum of thirty days, with residents being discharged to home or to a long term care facility. There were two residents who had been resident for a longer period.

Inspectors found that whilst the vision presented to inspectors both verbally and through the Statement of Purpose were reflective of a transitional care unit. The policies, procedures and practices as of the day of inspection did not consistently demonstrate that residents were admitted primarily for the care of an acute illness. The governance arrangements were also not reflective of the integrated governance proposed to the Chief Inspector. Inspectors were informed that this was in progress. However as of the day of inspection, inspectors determined that the centre was a designated centre as defined under the Health Act 2007.

By July 2015, designated centres for the older persons are to be in compliance with Standard 25 of the National Quality Standards for Residential Care Settings for Older People in Ireland. Inspectors determined, as evidenced in Outcome 12, that the centre did not meet the criteria of Standard 25 and therefore were not fit to provide long term care.

The level of compliance identified in the nine outcomes inspected is listed below:

Compliance was identified in the following three outcomes:

Outcome 4: Suitable Person in Charge  
Outcome 6: Absence of the Person in Charge  
Outcome 10: Notifications of Incidents

Substantial compliance was achieved in:

Outcome 1: Statement of Purpose  
Outcome 2: Governance and Management  
Outcome 11: Health and Social Care Needs  
Outcome 12: Safe and Suitable Premises

Moderate non – compliance was identified in:

Outcome 8: Health and Safety and Risk Management.  
Outcome 9: Medication Management

The action plan at the end of this report identifies the failings of regulation and the actions that will be taken by the provider and the person in charge to achieve compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Statement of Purpose***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

As part of the application to register the designated centre, the provider was required to submit a statement of purpose to the Authority. Inspectors reviewed the document and confirmed that it contained all of the information as required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Inspectors found that the Statement of Purpose was reflective of the vision of the organisation's intention to provide transitional/short term care, however the criteria for admissions did not support that residents admitted were being treated primarily for an acute illness.

**Judgment:**

Substantially 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 designated centre has a clear management structure in place. The person in charge

is the assistant director of nursing, who reports to the provider nominee. The person in charge is supported by a clinical nurse manager 2. There were also auxiliary supports available, inclusive of human resources and maintenance. Inspectors reviewed the annual review of the quality and safety of care and found that it primarily consisted of clinical incidents such as a review of the accident/incidents, medication incidents and infection control incidents. However the evidence did not support that the review consisted of consultation with the residents and their representatives. However, the residents inspectors met stated that they were satisfied with the level of care that they receive and that they felt safe and well cared for.

**Judgment:**

Substantially 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 met with inspectors at the commencement of the inspection and was present at the feedback meeting. The person in charge is employed on a full time basis in the designated centre and has the minimum of three years experience in the area of nursing of older persons within the previous six years as required by regulation. Inspectors found that the person in charge had the adequate understanding and knowledge of legislation and their statutory responsibility.

**Judgment:**

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:**

The person in charge has not been absent for more than 28 days since the initial registration of the designated centre. However the provider demonstrated that they were aware of the requirement to notify the Chief Inspector if this were to occur. The provider had also nominated a person in charge of another designated centre operated by the Health Service Executive to be responsible for the designated centre in the event of the person in charge being absent.

**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):**

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

**Findings:**

Inspectors found the centre to have the relevant policies required in relation to risk management. The centre had a risk register. However inspectors found that it consisted of a number of individual and centre wide risk assessments with limited correlation between them. It was also difficult to determine from the layout of the register if risks were being monitored on an ongoing basis and the ongoing effectiveness of any control measures implemented.

Good infection control practices were observed throughout the centre. The centre was provided with the required cleaning and sluice facilities throughout and inspectors observed the staff following good infection control practice throughout the centre.

Inspectors found that the centre to be divided as appropriate with fire resistant construction and that an adequate number of escape routes were provided from the premises. The stairs were found to be enclosed in fire resistant construction and fire doors were provided where appropriate throughout the centre. Inspectors noted that the centre was divided in to fire resistant sub compartments in order to provide means of escape to areas of relative safety in the event of a phased evacuation of the centre. However inspectors did note examples of an older fire door with excessive gaps between the door leaf and the frame, particularly at the top of the door. There was also one example of a fire door which was binding against the floor when opened, thus rendering the self closer non operational. Inspectors also noted that in the main, the doors on escape routes were provided with appropriate door fastenings to ensure no undue delay in the event of an evacuation although inspectors did identify occasional

examples of doors on escape routes with key locks or doors with deadbolts in addition to their regular locking mechanisms.

The centre was provided throughout with a comprehensive fire alarm system and fire extinguishers. The premises was also provided with emergency lighting although it was noted by inspectors that the control panel for same indicated the system had a fault on inspection.

Inspectors went through the fire register to check maintenance and training records. All fire equipment had records to demonstrate they had been maintained although the records were difficult to follow in some cases as maintenance was being recorded across multiple formats. There were also records to demonstrate that both fire training and fire drills were undertaken on a regular basis, although these records were lacking in detail with respect to the nature and outcomes of the training and fire drills undertaken. Staff when questioned appeared to be familiar with the fire procedure for the premises. Inspectors found that the evacuation requirements of the individual residents had been assessed.

**Judgment:**

Non Compliant - Moderate

***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):**

No actions were required from the previous inspection.

**Findings:**

The designated centre had policies and procedures in place regarding medication management which were dated March 2014. However inspectors observed that improvements were required in order for the policy to be consistently implemented in practice. Inspectors reviewed the systems in place for the storage of medication and found that medication was stored within a secure location. Inspectors observed medication to be administered to residents and found that practices were not in keeping with evidence based practice and therefore a risk was present. For example, inspectors observed medication was signed as being administered prior to being administered. In another instance medication was signed for as administered however the medication was left with the resident to self administer. There was no assessment completed of the capacity for the resident to self – administer and the risks, if any, were not recognised with necessary control measures implemented. Staff spoken to stated that the standard practice was for the assumption that residents' can self administer unless assessment demonstrated otherwise. However this was not in keeping with the policy of the organisation. Inspectors observed that staff engaged with residents in a dignified and

appropriate manner whilst administering medication and engaged in appropriate hand hygiene practices.

Improvements were also required in the prescription and administration records of residents, as in some instances there was an absence of a signature from the prescriber to state that a medication was discontinued, however the medication was no longer being administered to the resident.

There had been two medication errors recorded since the last inspection of the designated centre. Inspectors found that each incident had been reviewed and appropriate action taken following the review. There had been no adverse effects to residents following the medication errors.

**Judgment:**

Non Compliant - Moderate

***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:**

Inspectors confirmed that a record of accidents and incidents were maintained in the designated centre. Inspectors found that all notifications as set out in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 had been notified to the Chief Inspector within the appropriate time frame.

**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:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

Inspectors determined that the health care needs of residents were being met and that residents had regular access to a general practitioner. Inspectors reviewed a sample of residents' care plans and confirmed that an assessment had been completed for residents on admission to the designated centre. Assessments were conducted utilising evidence based tools. From these assessments, a plan of care was developed if a need or risk was identified. In the main, the evidence did not support that residents were admitted primarily for an acute illness. For example, in some instances the rationale for referral, which was part of the assessment process, was not recorded i.e. an acute need. Also inspectors found that the care plans developed were for long term needs of residents such as skin integrity, hearing impairment and visual impairment as opposed to an acute need. There was also an absence of plans of care to meet the social care needs of residents. Inspectors were informed that this was as the majority of activities in place were with the aim of rehabilitation and subsequent discharge to the residents' homes however documentation did not support same.

There was evidence that residents were assessed and regularly reviewed by Allied Health Professionals such as physiotherapists and occupational therapists. Inspectors further found residents also received regular therapy sessions from Allied Health Professionals. The designated centre also had a discharge coordinator employed whose role was to support the resident to discharge from home. However the discharge plan did not correlate with the care plans of residents.

**Judgment:**

Substantially 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):**

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

**Findings:**

Inspectors found the premises to be in a good state of repair generally but requiring

modernisation and redecoration in some areas. There appeared to be a degree of modernisation and redecoration being carried out on an ongoing basis. For example, inspectors were shown a room formerly utilised as a small kitchen that was going to be reconfigured as a treatment room to better meet the needs of the residents. Inspectors also noted that extensive physiotherapy facilities were provided on site.

There was a large kitchen provided in the centre and dining facilities were provided by means of two dining rooms.

Sleeping accommodation was provided in a combination of single rooms and multiple occupancy rooms with one room containing four residents. The multiple occupancy rooms are former hospital wards and although the occupancy of the rooms are reduced in comparison to their former use as wards, the rooms resembled that of an acute setting and are decorated as such with limited personalisation of the rooms by the residents. The multiple occupancy rooms include one triple room and one four bed room. It was also noted that some single rooms were small in size at only 9 - 10 metres squared approx. gross floor area.

All bedrooms were provided with sinks and the centre was provided with communal bathroom facilities. Television and Radios were provided to rooms although the television was not viewable by all residents in some multiple occupancy rooms. There were adequate lift facilities provided and the circulation spaces are suitable for the needs of the residents

The fixtures, fittings, furniture and layout throughout the centre means it appears to look more like a hospital than long term residential accommodation. For this reason, the building is fundamentally not of a suitable design and layout for the provision of residential care for long term occupancy by residents. While the basic needs of the residents can be met in the centre, the clinical appearance of the centre is not conducive to long term care and therefore not in compliance with Standard 25 of the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Judgment:**

Substantially 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:***

Jillian Connolly  
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>	Cottage Hospital
<b>Centre ID:</b>	OSV-0000534
<b>Date of inspection:</b>	11/03/2015
<b>Date of response:</b>	26/05/2015

### 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 01: Statement of Purpose

**Theme:**

Governance, Leadership and Management

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

The criteria of admissions in the Statement of Purpose did not reflect that residents were primarily admitted for an acute illness.

**Action Required:**

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

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

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

We will now ensure that the criteria for admission are reflected in the Statement of Purpose and in relation to the Policy on Admission to extended care. We will ensure that the rationale for admission is reflected on all referrals and admission documents. The care plans resulting from all assessments will be goal and outcome focused for each resident admitted for a thirty day period which will be multidisciplinary in approach. We will ensure that the social care needs of residents are assessed and planned for and that all social aspects of care are documented in conjunction with each resident and/or their family/representative. We will ensure that the discharge plans correlate with the care plans so that the residents care plan is a multidisciplinary approach as opposed to a one discipline approach. This will be reflected in the goal setting and outcomes to be achieved in order to assist a resident in their safe discharge home from acute services through transitional care. It is envisaged that there will be changes in the type of resident who may be referred to services in future. As this becomes more transparent we will make an application then to the Authority to vary Our Statement of Purpose when we are satisfied in line with the Health Act that proper and suitable governance is in place to provide additional services

**Proposed Timescale:** 26/05/2015

**Outcome 02: Governance and Management****Theme:**

Governance, Leadership and Management

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

The review completed was in the main clinical and not reflective of consultation with residents.

**Action Required:**

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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

The service undertakes six monthly reviews of quality initiatives. We will ensure that these reports are conclusive of all consultation with residents as per 23 (1) (d). Data that we have received prior to the inspection will now be incorporated into the report reviewed to ensure that residents views are recorded and documented.

**Proposed Timescale:** 26/05/2015

## Outcome 08: Health and Safety and Risk Management

### Theme:

Safe care and support

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

Inspectors could not determine if the implementation of control measures to control risks was being monitored for effectiveness on an on-going basis.

### Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

An electronic risk register has now been established and is maintained ongoing. The risk register examines in detail all areas that pose a risk to residents welfare and safety and specifically those risks outlined under 26 (1) of the Care and Welfare Regulations 2013. This allows for the ongoing identification of risks and measures to control those risks on an ongoing basis as opposed to a paper form of risk assessment. The risk register is now stored on a shared drive so as a risk is managed, this allows for each risk to be updated in order to ensure that it is being monitored and managed effectively. Risks that need to be escalated are also escalated on the system.

**Proposed Timescale:** 26/05/2015

### Theme:

Safe care and support

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

A number of doors on escape routes have unnecessary door fastenings in the form of deadbolts and key locks which could cause undue delay in the event of an evacuation of the centre. Inspectors also identified excessive gaps between the doors and the frames on a number of the older fire doors enclosing one of the stairways. There was also one fire door identified which was binding on the floor thus potentially rendering the self closer ineffective.

### Action Required:

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

An audit has been taken of all fire doors to assess where the gaps are. These doors have been identified and recorded. The fire Department within HSE Estates have been notified of the defects and the urgency in having these rectified. The causation of the door binding to the floor has also been identified and rectified.

**Proposed Timescale:** 12/06/2015

**Theme:**

Safe care and support

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

The emergency lighting system was noted as displaying a fault at the panel by inspectors.

**Action Required:**

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

Immediately following the inspection, the fire safety contractor was notified to ascertain where this fault lies. It was identified that two fittings had not been installed by the contractor. These have been costed and we are awaiting the contractor to return to install these two lights

**Proposed Timescale:** 20/06/2015

**Outcome 09: Medication Management****Theme:**

Safe care and support

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

Medication practices presented a risk to residents receiving medication as prescribed.

**Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

We will ensure that all medicinal products administered by Nursing Staff are administered in accordance with the Guidelines of the Nursing and Midwifery Board of Ireland. We will ensure that no recording of administration of medication is undertaken until it is witnessed that a resident has actually taken their medicines. We will monitor all residents who may wish to take their medicines with meals and ensure safety for that resident and all other residents, and not record as taken until actually monitored as taken.

**Proposed Timescale:** 26/05/2015

## Outcome 11: Health and Social Care Needs

### Theme:

Effective care and support

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

There was an absence of care plans for the social care needs of residents.

### Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

We are currently undertaking a review of validated assessment tools that can be utilised to assess social care needs with residents. We will ensure that a social care plan in consultation with the resident is in place reflecting the various aspects of social care important for the resident during their stay here. A multidisciplinary team meeting has been held to examine the best options in terms of template layout that will be used to compile the resident's care plan

Proposed Timescale: Immediately and ongoing. 10/07/2015

**Proposed Timescale:** 10/07/2015

## Outcome 12: Safe and Suitable Premises

### Theme:

Effective care and support

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

The layout and clinical appearance of the designated centre due to its former use as a hospital is not conducive to the provision of long term residential care. A review is also required of some multiple occupancy rooms as the television is not viewable by residents in all cases.

### 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:

As set out in our Statement of Purpose will ensure that only residents admitted for transitional short term care are admitted. We recognise that the designated centre is clinical in appearance. We will work towards making the centre more homelike in

appearance in all areas. We do not envisage that any resident should be longer than thirty days, but where a resident goes beyond 30 days and is not able to be facilitated with a discharge home, we will ensure that the accommodation of this person's environment is as homely as possible.

We will in conjunction with the residents occupying the room with the shared television examine where best to situate same so that residents cared for in this room get equal benefit and a satisfactory service from the television

**Proposed Timescale:** 30/06/2015