

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sonas Nursing Home Riverview
Centre ID:	OSV-0005504
Centre address:	Morrison Terrace, Ballina, Mayo.
Telephone number:	087 804 8853/ 096 92000/ 096 92009
Email address:	scrawley@sonas.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Storey Broe Nursing Service Limited
Provider Nominee:	Seamus Crawley
Lead inspector:	Marie Matthews
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	25
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make 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 following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 05 October 2017 10:00
26 October 2017 11:30
To: 05 October 2017 18:30
26 October 2017 16:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report set out the findings of a monitoring inspection, which took place following an application to the Health Information and Quality Authority (HIQA) to vary the registration of the designated centre. It was the second inspection of this centre. Previous inspection reports can be accessed at www.hiqa.ie. The provider was initially granted registration to accommodate 25 residents in March 2017. The second wing of the centre has since been completed and the provider has applied to vary a condition of registration to register the remaining bedrooms. Day one of the inspection was unannounced and day two was announced.

On the initial monitoring inspection on the 5th October, work to complete the second wing was incomplete. The inspector returned on the 26th of October 2017 to confirm that this was finished and the unit could be occupied. Accommodation now comprises 40 single bedrooms with ensuite toilet and shower facilities and five two bedded bedrooms with ensuite facilities. The new wing includes a communal sitting room with a kitchen and dining area, clinical room, bathrooms, nurses station, cleaning room and another smaller sitting room.

The inspector met with the person in charge and some of the centre's management team. The inspector also met with residents, relatives and staff members. The

inspector observed practices and reviewed documentation such as care plans, medical records, incident logs, policies and procedures and staff files. The action plan from the previous inspection had been addressed and there was evidence of good practice in most areas of the service. The centre was secure and systems in place to safeguard residents from abuse. Residents spoken with said they felt safe and were listened to by staff. The inspector found that the healthcare needs of residents were met and residents had access to appropriate medical and allied health services.

A planned admission schedule was in place to allow a maximum of five residents per week to be admitted. The provider and person in charge stated that staffing of all grades will be increased in tandem with the admission of new residents and any increase in the number of residents would be supported by a continuous review to ensure a suitable staffing level and skill mix.

Some areas for improvements were required in relation to the way fire evacuation drills were conducted to ensure that the fire procedures worked and residents could be safely evacuated in the event of a fire. Improvements were also identified in relation to the storage of oxygen cylinders and making sure that care plans provided clear guidance of each residents care needs. The inspector found that the provider and person in charge demonstrated a commitment to meeting the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The current staffing levels were appropriate and a robust recruitment process was in place to ensure all staff had vetting from an Garda Síochána before commencing work. The provider confirmed that new residents would be admitted on a phased, planned basis and any increase in the number of residents would be supported by a continuous review to ensure a suitable staffing level and skill mix is maintained.

The findings are discussed further in the report and improvements required are included in the Action Plan at the end of the report.

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 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 nursing home is owned by Storey/Broe Nursing Services Ltd which comprises of three executive directors of which two are involved in the day to day running of Sonas Nursing Homes. A third director is the company secretary and has a financial/administrative role. This centre is one of two other centres which are operated by this provider.

The provider representative divides time between each centre. There is an internal organisational structure in place to ensure the safe and effective running of the centre. The management team includes a financial controller, education and standards development staff and the person in charge.

The provider representative was present during the inspection and staff spoken with confirmed that he visits the centre once a week or more frequently. The person in charge is a registered general nurse with postgraduate qualifications in Gerontology. She had worked previously as a person in charge in another centre prior to taking up her role in Sonas Riverview. She works full-time and is on call at weekends.

Monthly management meetings were held and the inspector saw that clinical issues including falls, wounds, and complaints were discussed. There were systems in place to ensure that residents were consulted with and resident surveys and minutes from residents meetings were discussed at the management meetings. There were various audits completed in areas such as falls, restraint use, complaints, medication etc. An annual review of the quality and safety of care delivered to residents was been compiled at the time of the inspection. The person in charge said this would be discussed at a residents meeting once completed.

The inspector reviewed the providers' response to the action plan from the last

inspection. Both actions had been addressed. 25 residents had been admitted since the centre opened and staff had been deployed as numbers increased.

The inspector reviewed an incident notified to the authority where a resident with dementia had absconded from the centre. Although the admission process had clearly identified that the resident had a pattern of wandering prior to admission, adequate interventions were not put in place to ensure an appropriate level of supervision of the resident. The inspector saw that some lessons had been learned from this incident however further work was required to prevent further incidents. Half hourly safety checks were completed by staff of all residents at risk of absconscion. Key pad locks were provided on all exit doors and these were connected to the centres alarm, however there was no evidence that any missing person drills had been completed since the incident to test the centres response to an incident and ensure that staff could respond swiftly should a similar event occur. An action to address this has been added under outcome 8.

The inspector identified that improvements were required in relation to the identification and management of risk during the initial inspection. This was addressed when the inspector returned on the 26th of October.

Judgment:

Substantially 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:

Residents spoken with told the inspector they felt safe in the centre. A visitor's book was maintained and all visitors were required to sign in and out of the centre. The person in charge identified two residents who presented with responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Behaviour management care plans were in place to guide staff. The inspector read both care plans and saw that they identified potential triggers and contained information to guide staff on appropriate interventions to ensure a consistent person-centred approach to care. There was evidence that some residents were referred and had been reviewed by psychiatry of later life.

The provider representative confirmed that he did not act as an agent for any of the residents. Residents had lockable storage facilities provided in their bedrooms. Some residents chose to give small amounts of money to the person in charge for safekeeping. Records of all transactions were maintained and these were signed by a staff member and the resident or by two staff members.

The person in charge identified nine residents with restraints in use. All of these were bed rails used by residents at night. On review of a sample, the inspector saw that the bedrails were documented as enablers put in place at the request of the resident for the purpose of positioning or to allay their anxiety of falling from the bed. Care plans were in place detailing the rationale for use of the bed rails. Alternative options such as sensor alarms, crash mats and low entry beds had been offered to the resident before the bedrail was used. A risk assessment was completed prior to using the restraint to ensure it was safe and there were regular checks recorded at night while the bedrail was in use.

A policy on and procedures for safeguarding vulnerable adults at risk of abuse was in place. All staff had appropriate vetting completed prior to commencing work. The training records reviewed confirmed that training on safeguarding vulnerable adults was regularly provided to ensure all staff attended however during the first day of the inspection, the inspector identified a new staff member who was absent on the day training was scheduled and had not yet completed this training. This staff member was not on the rota on the second day of inspection.

Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The person in charge confirmed that there were no incidents or allegations of abuse since the previous inspection.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

On the first day of the inspection the inspector identified that some procedures to ensure the health and safety of residents, staff and visitors required review. Oxygen cylinders were stored the centres' treatment room which were not properly secured to prevent them toppling or rolling. There were also no signs in place indicating that

oxygen was stored in this area. A risk register was available but it required review to include known risks such as the proximity of the river and the storage of oxygen. All of these issues were addressed by the person in charge when the inspector returned.

As discussed under outcome 2, the Authority had been notified that a resident had absconded from the centre soon after it opened. The centres location beside a river increases the risks of harm should this occur. The inspector found that all exit doors were linked to an alarm and were observed to be locked. Systems had been introduced to ensure regular checks of exit doors were completed. A missing person policy and procedure was available and each resident had personal profile electronically stored. This included a description and a recent photograph of the resident. Missing person drills were not routinely completed to test the centres procedures and to ensure that if a resident left the centre they could be quickly found.

Floors were even throughout the centre and there were handrails to assist residents along corridors. A range of assistive equipment was available including wheelchairs, hoists and walking frames and these were appropriately stored. All staff members had completed training in manual handling.

The inspector saw that clinical risks were assessed and detailed in each residents care plans. These included risks associated with nutrition, swallowing difficulties and risk of skin breakdown. The residents at risk of sustaining a fall were also assessed and falls prevention care plans developed to guide staff on the level of assistance or equipment required. Low entry beds, sensor mats and walking aids were provided to reduce the risk of falls for the resident. Post-fall observations including neurological observations were recorded after a possible head injury as a result of a fall or where the fall was un-witnessed.

Fire safety precautions were in place. A fire register reviewed by the inspector contained records of in-house safety checks as well as service records for equipment. A procedure with the actions to take on discovering a fire was displayed throughout the centre. Fire fighting equipment, emergency lighting and smoke detectors were provided throughout the building. All bedroom doors were fitted with self-closing devices which were connected to the fire alarm system.

Planned fire drills took place regularly using the minimum staff on duty and a record was completed indicating the actions taken by the staff and the time it took to complete the evacuation from the chosen fire zones. There however no unannounced drills completed however to test the centres fire procedures.

The inspector saw that access to areas where chemicals were stored such as the sluice room; laundry and clinical room were secured by keypad lock. The centre was visibly clean and infection control practices such as separate mop heads for each room, separate colour coordinated cleaning materials for bathrooms and bedrooms were in place.

There was a good range of assistive equipment provided which included hoists, shower chairs, walking frames and wheelchairs.

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):

No actions were required from the previous inspection.

Findings:

Nursing staff had completed training in medication management. The inspector saw that medication was stored in a locked medication trolley which was stored in the centres clinical room. Medication was supplied in individual blister packs by a local pharmacy.

Medication that required temperature control was stored a fridge in the clinical room. The temperature of the medication fridge was monitored and records of daily checks were available to show that these were stored appropriately.

Handling and storage of controlled drugs was safe. The inspector saw that these medications were checked twice daily by two nursing staff and a register was maintained.

All medication was signed for by a medical practitioner. The medication administration record sheets (MARS) identified the medications on the prescription sheet and was signed by the nurse administering the medication. The times of administration matched the prescription sheet.

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:

There were 25 residents accommodated on the day of the inspection. Six residents were assessed as having maximum dependency needs; three had high dependency needs, eleven had medium dependency needs and five were assessed as low dependency. Six residents were identified as having a diagnosis of dementia and a further four had some aspect of cognitive impairment.

The inspector reviewed a selection of care notes for residents identified as at being at risk of falls or developing a pressure areas or weight loss. Care plans and care notes were maintained electronically. A preadmission assessment was completed prior to admission which summarised the residents care needs and their medical history to ensure that staff could meet the needs of the resident. Care plans were developed within 48 hours of admission to guide staff as to how the residents' identified needs were going to be met. The person in charge and the provider stated that they were revising the process for completing a comprehensive assessment of residents following admission as the electronic system in use did not contain all of the fields required. Consequently a mixture of paper and electronic records were been kept.

Records reviewed confirmed that where medical treatment was needed it was provided. Ten General Practitioners attended the centre on a regular basis and an out of hour's service was available. A range of healthcare professionals also supported residents including a physiotherapist employed by the provider, speech and language therapist, occupational therapist and dietician.

Systems were in place in relation to transfers and discharge of residents and hospital admissions. Inspector saw that if a resident was transferred to hospital a letter of transfer containing relevant information about the residents' needs was generated electronically and a copy of this letter was maintained on the residents' medical file.

The inspector saw that where resident's needs changed they were referred to the appropriate service. For example when a resident was had difficulty swallowing they were referred to and assessed by the speech and language therapist who attended the centre. A new care plan was drawn up with the revised advice that had been provided. Similarly there was evidence that residents had been reviewed by the occupational therapist and dietician where required. A physiotherapist was employed by the provider who reviewed all residents identified as being at risk of falling. Low-entry beds and sensor mats were provided to assist residents and reduce the risk of a fall.

The care plans reviewed were detailed and however in an effort to ensure that nursing staff considered a wide range of criteria when completing each care plan, those reviewed contained large tracts of generic information not directly relevant to the residents care and it was difficult to decipher the actual care required. The person in charge was made aware of this and was in the process of revising the care planning system and the system for completing assessments. The inspector saw that care plans were reviewed every four months or sooner if required. Residents or their relatives were involved in the care plans. This was confirmed by the residents and relatives spoken

with.

Residents spoke favourably about the quality and the choice of food provided. Records reviewed indicated that residents were weighed monthly and if unexplained weight loss was observed weekly weights were commenced. Likes and dislikes were recorded in the residents nutritional care plan as well as dietary information regarding any special diets required such as a modified consistency diet, high protein, diabetic and fortified diets or thickened fluids . The inspector saw that systems were in place to ensure that this information was communicated to all staff including catering staff.

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):

No actions were required from the previous inspection.

Findings:

The premises comprised a single storey building which provided a suitable living environment for residents. There was a choice of communal areas where residents could relax and spend time together. The bedrooms in the newly furnished wing were spacious. had en-suite toilet and shower facilities. An assisted bathroom was also provided. Handrails were provided on both sides of toilets and showers to support residents.

The main entrance of the centre was secured by keypad lock and a reception area was staffed. A large foyer provided several seating areas which was observed to be well used by residents. Corridors and doors throughout were wide and accessible and had handrails painted in contrasting colours on both sides . Bedroom doors were painted in contrasting colours to aid recognition. Flooring throughout was level. There was a safe enclosed courtyard provided which was accessible from several areas.

There was a choice of communal areas available to residents. The existing wing has a large sitting/dining area and a sitting room and residents were observed to use all three areas. The new wing has a large communal area which had sitting and dining space and a small kitchen.

Two visitors rooms were available for residents to spend time with their visitors in private. One visitors room had tea and coffee making facilities which could be used by residents or relatives and one had a fold up bed and en-suite bathroom facilities for relatives who wished to stay overnight.

Staff facilities were provided which included separate toilets, changing and showering facilities. The laundry was well equipped with an industrial washing machine and tumble dryer. Individual baskets were available to ensure the safe return of laundered clothing to residents' bedrooms. All bed linen outsourced to an external laundry company.

Smoking facilities were not located within the building. None of the current residents smoked but any future residents wishing to smoke would have to use the covered smoking area in the courtyard requiring them to leave the comfort of the building. This was an action from the last inspection which the provider had failed to complete.

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):

No actions were required from the previous inspection.

Findings:

The centres complaints policy was displayed in the main reception area. The inspector found that complaints any complaints recorded were appropriately responded to and the records maintained were clear and appropriately completed.

The inspector was informed that any complaints that could not be resolved locally were escalated up to management. The inspector reviewed the complaints log and saw that comprehensive records were maintained about each complaint, including details of the investigation completed and the outcome. Details of whether the complainant was satisfied with the outcome were noted. There was a column to record any learning from the investigation completed and the inspector saw that the person in charge followed up by discussing the issues raised at the next staff meeting.

The inspector reviewed a recent complaint which was also referred to the Authority and saw that the person in charge had taken appropriate action to investigate and respond to the complaint to the satisfaction of the complainant and the complaint was resolved.

The inspector spoke with residents and with relatives visiting the centre during the

inspection who relayed to the inspector that the staff were responsive when issues were brought to their attention that required attention. They also confirmed that they were listen to complaints were taken seriously.

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the staff rota which indicated that addition to the Person in Charge a clinical nurse manager and a nurse and four care assistants were on duty on the morning and afternoon of the inspection.

The number of nurses and healthcare assistants reduced in the evening to one nurse and four care assistants until 22.30 hours. At night there was one nurse and one care assistants on duty. While none of the residents or staff identified any issues with staffing levels, the centre is configured over a large area. The person in charge was requested to review the staffing levels at night to ensure residents care needs could be met in a timely manner. The person in charge said that the process of recruitment was ongoing in preparation for the opening of the new wing and staffing levels would be increased as new residents were admitted. She further confirmed that a schedule of new admissions would be followed and no more than three new residents per week would be admitted.

A training matrix was available but was not maintained up to date so it was difficult to identify when staff were falling due for retraining in mandatory areas. The provider employed two education and standards staff members who assisted with training and the development of policies. Training records viewed by the inspector confirmed that most staff had completed mandatory training in safeguarding, fire safety and manual handling. As discussed in outcome 7, one new staff member who was absent on the day training was scheduled to complete training on safeguarding in the coming weeks. Other training provided, included dementia care, venepuncture, medication management, and restraint management.

The inspector reviewed the files of three staff members. Nursing staff had the required up-to-date registration with An Bord Altranais agus Cnáimhseachais na hÉireann (the Nursing and Midwifery Board of Ireland). Photographic identification, references from two past employers, an employment history and details of relevant qualifications and registrations were available in each file and the inspector saw that there was evidence that these staff had been appropriately vetted by an Garda Síochána. The person in charge confirmed that all staff had been appropriately vetted prior to commencing work.

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:

Marie Matthews
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:	Sonas Nursing Home Riverview
Centre ID:	OSV-0005504
Date of inspection:	05/10/2017 and 26/10/2017
Date of response:	13/11/2017

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Adequate interventions were not put in place to ensure an appropriate level of supervision of a resident with a pattern of wandering.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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

monitored.

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

Assessment tool will be used to identify resident's risk of wandering.

Care plan will identify the interventions required to supervise residents who are at risk including

use of Sensor mats and wander guard bracelets. Staff will identify most likely times for wandering and put in place an activities plan at this time. Additional staff can be called in if required to supervise 1-1. ½ hourly checks or more frequent if required. Alarms to doors are in place. Risk registered revised to

Proposed Timescale: 13/11/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

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

One new staff member had not yet completed training in safeguarding.

2. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

Staff training completed on the 6th of November. Further training will be organised when new staff are employed.

Proposed Timescale: 13/11/2017

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:

Missing person drills were not routinely completed to test the centres procedures and to ensure that if a resident left the centre they could be quickly found.

3. Action Required:

Under Regulation 26(1)(c)(ii) 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 unexplained absence of any resident.

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

Unannounced Missing Persons drill will be completed with all staff at least twice yearly. All current staff will have completed a missing person drill in the next three weeks.

Proposed Timescale: 30/11/2017

Theme:

Safe care and support

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

There were no unannounced fire drills completed to test the centres fire evacuation procedures and provide assurance that the centre could be promptly evacuated in the event of a fire.

4. 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:

Unannounced fire drills will take place monthly and all staff will complete an unannounced fire drill at least twice yearly.

Proposed Timescale: 13/11/2017

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:

Some care plans were difficult to follow as they contained generic information and were not person centred.

5. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

A full review of clinical recording is underway. Generic information will be removed and the care plans will be more person centered.

Proposed Timescale: 31/12/2017