

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Carlow District Hospital
<b>Centre ID:</b>	OSV-0000553
<b>Centre address:</b>	Athy Road, Carlow.
<b>Telephone number:</b>	059 913 6458 - 087 947 5854
<b>Email address:</b>	anned.slattery@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Anne Slattery
<b>Lead inspector:</b>	Caroline Connelly
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	9
<b>Number of vacancies on the date of inspection:</b>	9

## **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 decision. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 12 November 2014 10:00 To: 12 November 2014 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 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
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
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This report set out the findings of an unannounced follow up inspection which took place on the 12 November 2014. The registration inspection took place over two days on the 18 February and 19 February 2014. At that time there were residents from the Sacred heart hospital temporarily residing in the centre and they moved back a few weeks prior to the follow up inspection. This was the third inspection of Carlow District Hospital by the Health Information and Quality Authority's Regulation Directorate. As part of the inspection the inspector met with the person in charge, the assistant director of nursing, residents, nurses, relatives and numerous staff members. The inspector followed up on actions from the previous inspection, observed practices and reviewed documentation such as care plans, medical records, accident logs and policies and procedures.

The provider had applied for registration. The centre had not been registered previously by the authority as the centre generally provided care for short stay residents for example residents admitted for respite, convalescent, palliative care and young chronic sick. The centre now requires to be inspected and registered under the Health act 2007.

The person in charge and members of the management team displayed a good knowledge of the standards and regulatory requirements and were found to be committed to providing quality person-centred care to the residents.

The inspector found that Carlow District Hospital was clean and bright. Residents received a good standard of healthcare and a system was being put in place to review the quality and safety of care. There was good communication between staff and residents and relatives. There was evidence of the involvement of the dietician, physiotherapist, speech and language therapist and other members of the multidisciplinary team on a regular basis in the residents care, with good access to GP services.

The inspector spoke to a number of residents and relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Residents and relatives comments are reflected throughout this report.

There were a number of actions required from the previous inspection and although a number of these actions had been addressed, some were completed, some were partially completed and there were a number that remained outstanding and these are discussed throughout the report. Overall the inspector found that the premises continued to pose numerous challenges in the provision of care due to the lack of private and communal space and facilities for residents. The majority of residents were accommodated in multi-bedded rooms. There were no dining room and no living room and there were generally insufficient sitting areas for residents. The social needs of residents were not generally addressed or catered for and residents were offered little opportunity to engage in meaningful activities. Mealtimes were found not to be social occasions for any of residents and residents spent their day by their bedsides many in multi occupancy rooms. However the inspector did see that progress was being made in the provision of a dining room. Improvements required are described under each outcome statement and are set out in detail in the action plan at the end of this report. Improvements were required to comply 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. Some of these included improvements in the following areas:

- the premises
- provision of fire equipment smoking area
- the statement of purpose required further information
- provision of meaningful activities for residents
- staffing files
- policies and procedures

- contracts of care
- risk policy

**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):**

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

**Findings:**

The inspectors viewed the statement of purpose, which had been updated since the previous inspection. It outlined the ethos and aims of Carlow District Hospital and described the services and facilities that are provided. It outlined the staffing complement and the organisational structure. It also described the arrangements for the development and review of their care plans.

However, the statement of purpose and function did not meet all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Omissions included the following, the arrangements for the management of the centre when the person in charge is in charge of more than one centre or absent from the centre, the arrangements for residents to engage in social activities, hobbies and leisure interests and the arrangements made for consultation with and participation of residents in the operation of the centre. Following the inspection an updated Statement of Purpose was forwarded to the inspector which did identify acting up arrangements in the absence of the person in charge but the other two areas remain outstanding.

**Judgment:**

Non Compliant - Minor

***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):**

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

**Findings:**

The management team and staff demonstrated a commitment to improvement and quality assurance. There was evidence of some quality improvement strategies and monitoring of the services. The inspectors viewed audits completed by the CNM's, the infection prevention control nurse and the management team.

Data was being collected on a number of key quality indicators such as medication management, accidents and incidents, infection control, wound management and care planning. The majority of audits had commenced in the 4th quarter of 2013 and action plans were identified but there was no evidence of ongoing audits in some of these areas. The inspector noted that accident and incidents were completed on a quarterly basis and completed for the 3rd quarter 2014. Medication audit was also completed in April 2014. Since the last inspection a resident satisfaction survey had been undertaken in October 2014 which included questions in relation to hygiene in the centre, information, courtesy and assistance and overall satisfaction with the service. The inspector saw the results which were very positive towards the staff and the service. Further auditing and development of the quality monitoring system is required to ensure that the quality of care is monitored and developed on an ongoing basis and to further develop senior staffs auditing skills.

The management team is made up of the registered provider who is based in Kilkenny, the person in charge and an ADON who both cover two centres and a CNM1 based in the centre. On the previous inspection interviews were conducted with the provider nominee and person in charge during the inspection and they both displayed a good knowledge of the standards and regulatory requirements in relation to their relevant roles. The ADON has based herself in the centre as there is currently no CNM2 in the centre but she also had responsibility for the other centre. The person in charge told the inspector they have identified the need for the CNM2 post to be filled to ensure effective governance of the centre. The inspector recommended that a clearly defined management structure be fully implemented with further definition of roles and the lines of authority and accountability particularly in relation to the clinical care. There was evidence of regular management meetings in the past and the person in charge told the inspectors it is her plan for these to continue with these to ensure compliance with regulatory requirements and good governance of the centre.

There was appropriate specialist equipment available to meet residents' needs such as electric beds, wheelchairs, hoists and pressure-relieving mattresses. The person in charge outlined the plans to convert part of the hospital into a specialist palliative care facility and funding was to be made available for that through various sources. However resources for the provision of a day room and other upgrade work had not been identified to date and a detailed costed plan is required by the Authority this is identified

under outcome 12.
<b>Judgment:</b> Non Compliant - Moderate

<b><i>Outcome 03: Information for residents</i></b> <b><i>A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.</i></b>
<b>Theme:</b> Governance, Leadership and Management
<b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.
<b>Findings:</b> On the previous inspection there were no contracts of care available in the centre despite the fact that one resident was in the centre five years. On this inspection the long stay resident did have a contract of care in place. However changes to the regulations now identify that the provider shall agree in writing with each resident on admission the terms on which the resident shall reside in the centre. Therefore the provider is required to agree a written contract of care with all residents which include details of the services to be provided for that resident and the fees to be charged to meet the requirements of legislation. This was not in place at the time of the inspection.
<b>Judgment:</b> Non Compliant - Moderate

<b><i>Outcome 04: Suitable Person in Charge</i></b> <b><i>The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.</i></b>
<b>Theme:</b> Governance, Leadership and Management
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> The person in charge is the director of nursing who is also the person in charge for the Sacred Heart Hospital which is on the same campus. She took on the role of the person in charge for the Carlow District hospital in addition to her substantive role in the Sacred Heart in August 2013, as the current person in charge is seconded to another service.



She is an experienced nurse and manager and is actively involved in the organisation and management of the service. In addition to significant experience in the care of older persons and management of a designated centre the person in charge had continued her professional development and undertaken post graduate training in nursing practice development and quality and safety in health care.

She had a good reporting mechanism in place to ensure that she is aware and kept up to date in relation to the changing needs of the residents. Staff and residents identified the person in charge as the one with the overall authority and responsibility for the service.

The person in charge displayed a good knowledge of 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. She was very aware of the challenges posed by the building and service provision.

Although the person in charge is full time she is working across two centres but has support from an Assistant Director of Nursing (ADON) working in the sacred heart who has also assumed responsibility for this centre. On the day of inspection there was no Clinical Nurse Manager on duty and the lack of a CNM2 in post leaves inadequate cover in the district hospital. The person in charge discussed with the inspector her current division of her time between both sites to ensure adequate supervision and management across both sites and was seen by the inspector to be knowledgeable around the services, residents and their needs.

**Judgment:**

Compliant

***Outcome 05: Documentation to be kept at a designated centre***  
***The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

On the previous inspection the inspectors viewed that policies, procedures and guidelines which were not all available in line with Schedule 2, the inspector saw that

there had been a lot of progress in the provision and implementation of numerous new policies however there remain a number of policies which were seen to be out of date and requiring review to ensure they were specific to the centre. Also there was no policy on staff training and development as required by the 2013 regulations.

The inspector viewed the insurance policy and saw that the centre is adequately insured against accidents or injury to residents, staff and visitors.

On the previous inspection the centre had three different systems of maintaining a directory of residents. The most comprehensive seen was the computerised directory of residents however this did not include the residents' marital status GP name, telephone number and address and if a resident died, the date, time and cause of death as required by legislation. Following that inspection an updated directory was forwarded to the inspector that met all the requirements of regulations.

On the previous inspection the inspectors saw that there were a number of references missing from the sample of staff files they viewed, on this inspection there was evidence that all staff now had two references. However there was one staff currently on leave that Garda vetting was not available for therefore the staff files did not contain evidence of all the information set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Records of residents' finances and invoicing for care were maintained in accordance with HSE policy and best practice guidelines which were also the subject of regular external audit. However it was identified that the records maintained of money and valuables handed in by a resident/relative for safekeeping for the hairdresser or other services which they stored in the safe was not sufficiently robust. Money was stored in a locked cupboard and transactions were not signed and witnessed by resident/relative and staff members which did not safeguard resident's finances and was not in accordance with the requirements of Schedule 3.

On the previous inspection the centre did not maintain a visitor's book which details the names of all visitors to the centre as is required by legislation. On this inspection this was now in place.

Although there remained a few documents missing or out of date the inspector saw that the records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were maintained in a manner so as to ensure security and ease of retrieval.

**Judgment:**

Non Compliant - Moderate

***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.***

<b>Theme:</b> Governance, Leadership and Management
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> The Authority had been notified of the absence of the previous person in charge which demonstrated that the providers were aware of the obligation to inform the Chief Inspector if there is any proposed absence.  As discussed in outcome 3 the person in charge covers two centres. The assistant director of nursing deputised in the absence of the person in charge for both centres.
<b>Judgment:</b> Compliant

<b><i>Outcome 07: Safeguarding and Safety</i></b> <b><i>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.</i></b>
<b>Theme:</b> Safe care and support
<b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.
<b>Findings:</b> On the previous inspection there was a generic HSE trust in care policy on the prevention, detection and response to elder abuse. However there was no centre specific policy outlining what should be done at a local level if there was any abuse allegation. On this inspection the inspector saw that this centre specific policy was now in place.  Staff interviewed by the inspectors demonstrated a good understanding of elder abuse and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. On the previous inspection not all staff had received training on elder abuse detection and prevention as is required by legislation. On this inspection training records and staff confirmed they had received this training.  The management of residents using bed rails required review. There was no evidence of assessment for the use of bed rails; there were no checking and release charts in place. There was also no evidence of consideration of least restrictive alternatives to bedrail

usage.

There was no resident at the time of inspection displaying any behaviour that challenges.

**Judgment:**

Non Compliant - Major

***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:**

The risk management policy seen by the inspectors was reviewed in February 2014 and numerous comprehensive risk assessments were completed identifying hazards and the control measures implemented. The safety statement was also reviewed and updated in January 2014. However it did not meet the requirements of legislation as it did not have the measures in place to control the following specified risks:

- abuse
- the unexplained absence of a resident
- accidental injury to residents, visitors or staff
- aggression and violence
- self harm

The inspectors saw that there was a comprehensive log of all accidents and incidents that took place. Residents' accidents and incidents were documented in their nursing notes and the entries corresponded with the accident and incident log. Records of accidents and incidents involving residents were sent to the HSE risk manager in Kilkenny for analysis. The inspector viewed copies of the analysis carried out on individual incidents and a copy of an annual clinical risk management report.

The inspectors viewed documentation which stated that the fire extinguishers were checked and serviced in November 2013 and there was evidence from the contractor to say they were checking the fire extinguishers the week the inspection took place. The fire panel, which was designed to indicate the source of any fire in the building, was located near the nurses' station and the fire evacuation plan and fire alarm instructions were displayed on the wall.

The fire policies and procedures were centre-specific and had been updated since the

last inspection. Staff interviewed demonstrated an appropriate knowledge and understanding of what to do in the event of fire however there was no evidence to show that fire drills were being held on a regular basis as is required by legislation. On the last inspection not all staff had received fire training. On this inspection training records and staff confirmed that staff had received fire training on various dates in 2013 and 2014. On the last inspection there was no fire certification signed by a competent person available for the centre which is a requirement for registration and a requirement of legislation. This was forwarded to the Authority following upgrading fire work to the building had been completed.

The person in charge said that no smoking is allowed in the building and that residents who smoke do so in the garden.

There was easy access to the garden from the centre. The inspectors found there were not adequate controls in place to protect residents who smoked in the garden as there was no fire blanket or fire fighting equipment available. There was not a nurse call system in place and the system of resident supervision when smoking was not sufficiently robust.

Measures had been put in place to facilitate the mobility of residents and to prevent accidents. These included the provision of handrails in circulation areas, grab-rails in assisted toilets and safe flooring in toilets and bathrooms. The centre had wide corridor enabling easy access for residents in wheelchairs and those people using walking frames or other mobility appliances. The centre had well-maintained enclosed gardens to the rear of the centre with seating for residents and visitors use.

On the last inspection the inspector viewed training records which showed that although the majority of staff had received training in moving and handling there were a number of staff who had not received training since 2009 and 2010. On this inspection training records and staff confirmed that they had received this training.

There were a number of different hoists available in the centre. These hoists were serviced on a regular basis as required by legislation and records of same were seen by the inspector. The inspector observed staff assisting residents using the hoists which was completed in a safe manner following best practice guidelines.

The environment was observed to be bright and clean both inside and outside the premises. Personal protective equipment, such as gloves and aprons, and hand sanitizers were located throughout the premises. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control and staff that were interviewed demonstrated knowledge of the correct procedures to be followed.

Following the last inspection a comprehensive emergency plan was formulated in relation to fire, all emergency situations and where residents could be relocated to in the event of being unable to return to the centre.

Clinical risk assessments are undertaken, including falls risk assessment, assessments for dependency, continence, moving and handling.

**Judgment:**

Non Compliant - Major

**Outcome 09: Medication Management**

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

**Theme:**

Safe care and support

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

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

**Findings:**

The inspector observed a couple of nurses administering the medications at different times during the inspection, and this generally was carried out in line with An Bord Altranais agus Cnáimhseachais na hÉireann Guidelines 2007. The person in charge told the inspector that updated medication management training had not been provided to staff and staff and training records confirmed this. The medication policy was reviewed since the last inspection.

An inspector viewed the medication records. Medications were generally prescribed and disposed of appropriately in line with professional guidelines. There was a GP's signature for each medication prescribed and discontinued. The prescription sheets were designed so that they had to be renewed every 12 weeks.

The supply, distribution and control of scheduled controlled drugs was checked and deemed correct against the register in line with legislation. Nurses were checking the quantity of medications at the start of each shift. The nurses spoken to displayed a good knowledge of medications and the procedure outlined for administration.

Medications were stored in the drugs trolleys, which were secured when not in use. Medication was also stored in a locked cabinet. There was a fridge available for items requiring cool storage.

On the last inspection there were a number of medication management practices and policies that required review to be in compliance with professional guidelines and legislative requirements. The inspector saw that the actions required from the last inspection have been completed these include

- Medications to be crushed are now prescribed as per legislation.
- Maximum dose now stated on PRN medications prescribed.
- Medication Management training provided to staff over a number of dates in 2014
- Audit of medication management took place in
- The medication management policy was updated in September 2014.

**Judgment:**

Compliant

<p><b>Outcome 10: Notification of Incidents</b>  <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p><b>Theme:</b>  Safe care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b>  The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b>  The inspector saw that there was a comprehensive log of all accidents and incidents that took place in the centre.</p> <p>On the last inspection incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) had not been reported in accordance with the requirements of the legislation. On this inspection all items were notified to the authority in compliance with legislation.</p>
<p><b>Judgment:</b>  Compliant</p>

<p><b>Outcome 11: Health and Social Care Needs</b>  <i>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.</i></p>
<p><b>Theme:</b>  Effective care and support</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b>  The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b>  Medical care is provided by two medical officers who are contracted to provide a service for 15 hours per week. They visit each day to assess all newly-admitted residents and review other residents as requested by nursing staff. Records confirmed that residents were reviewed regularly by a GP which included regular medication reviews. Out-of-hours medical cover is provided by an on call doctor service.</p> <p>Residents had access to a range of other health and social care services. There was evidence of regular reviews of residents by a dietician and the inspector saw individual</p>

dietary plans were in place for residents in their notes. Speech and language therapy was provided as required and specialist consistency diets prescribed appropriately. Chiropody services were provided in the centre on a weekly basis and as required. There was a large physiotherapy unit located to the rear of the centre and physiotherapy was available in the centre for assessment and the implementation of treatment plans. There was evidence from referrals that residents had access to a large range of acute services from St. Luke's Hospital in Kilkenny this included consultant geriatricians. Psychiatry of old age is provided from the local hospital in Carlow.

The inspector was satisfied that facilities were in place so that each resident's well being and welfare was maintained by a good standard of evidence-based nursing care and appropriate medical and allied health care. Residents and relatives said they were satisfied with the healthcare services provided.

Residents had assessments of daily living and other assessment completed on admission which included; dependency level, moving and handling, falls risk, pressure sore risk assessment, nutrition, and mental test score examination. Resident's needs were generally reflected in the care plans for residents' medical needs but required further development to reflect their social needs and to ensure person centred care was delivered. There was no evidence of resident/ relative involvement in their care planning as identified on the previous inspection.

**Judgment:**

Compliant

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

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

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

**Findings:**

Carlow District Hospital is housed in a single-storey building which also provides facilities for Caredoc, a physiotherapy department and a number of out-patient clinics. The front door leads into a large entrance hall which has a TV and seating for nine people. Adjacent to the entrance hall are a room with a toilet and wash-hand basin for visitors, a large meeting/training room and a small office. Residential accommodation is provided in four single rooms and six four-bedded rooms, each of which has en suite facilities



with wash-hand basin, toilet and shower. There is also a room with an assisted shower, toilet and wash-hand basin and another room with a toilet and wash-hand basin.

There is a nurses' station at the centre of the premises with an adjoining pharmacy room. There are offices for the person in charge, the CNM and the administrator. Staff facilities comprise a tea room, a changing room with individual lockers for staff and two toilets with wash-hand basins. There is a treatment room, kitchen, sluice room, linen room, a small room with a public telephone, and a number of storage rooms.

There is an enclosed garden with seating, which residents can access from a number of rooms in the centre of the building. CCTV cameras are used to monitor the entrance to and exterior of the building. Ample car parking facilities are available in the immediate vicinity of the building.

Carlow District Hospital was observed to be bright and clean. However the inspectors found that the premises posed numerous difficulties in the provision of care due to the lack of private and communal space and facilities for residents. The inspector found that the centre required a number of actions to ensure it met the requirements of legislation. The majority of residents were accommodated in four-bedded rooms which afforded little space, privacy or room for personal storage or the use of specialist equipment. These rooms were generally not personalised. In many cases, lockers and wardrobes were quite small and did not accommodate sufficient clothing to allow residents to exercise choice. There was no lockable storage for residents. There was insufficient communal seating for residents anywhere in the centre there was no day room and there was no separate dining room or separate room for activities. The person in charge showed the inspector a room which was currently being painted and this room was to become the dining room in the next number of weeks. Dining tables and chairs were ordered. However there were no plans at the time of the follow up inspection to provide a sitting/day room.

The inspector noted that there were a number of areas around the centre where there was paint coming off the walls and in the room attached to one of the single rooms there was exposed wood and doors off cupboards which were in need of repair.

The sluice room contained appropriate equipment and facilities. There was sufficient assistive equipment in place and adequate storage for this. Used syringes and clinical waste were stored in colour-coded bins and brought to a locked, colour-coded bin outside the building. The person in charge said that this was emptied regularly by a licensed operator. Cleaning schedules on the back of toilet doors were seen to be signed and dated.

There were a sufficient number of bathrooms, shower rooms and toilets. There was appropriate assistive equipment available such as profiling beds, hoists, pressure relieving mattresses, a chair scales, wheelchairs and walking frames. There was ample storage space for special equipment, which was in good condition and service records seen by the inspector showed regular servicing of equipment.

The person in charge showed the inspector and outlined the plans to convert part of the hospital into a specialist palliative care facility and funding was to be made available for

that through various sources. Costed plans are required to be submitted to the authority in relation to all premises issues.

**Judgment:**

Non Compliant - Major

***Outcome 13: Complaints procedures***

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

The HSE policy and procedure for comments, compliments and complaints – “Your Service Your Say” was in operation. Leaflets outlining the policy and procedures and giving advice on how to make a complaint were available in a stand in the reception area. On the last inspection the policy did not meet the requirements of the regulations in that the complaints officer was based in Kilkenny. On this inspection the person in charge is identified as the complaints officer for the service.

Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. The inspectors viewed a comprehensive complaints log and saw that complaints, investigations, actions taken and outcomes were documented in accordance with best practice and that feedback is given to the complainant.

**Judgment:**

Compliant

***Outcome 14: End of Life Care***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There were two single rooms which are dedicated palliative care rooms and have en suite shower, toilet and wash-hand basin facilities. They also contain reclining chairs for visitors who are facilitated to stay overnight if required. One of the rooms has an adjoining room for relatives which has a table and chairs and facilities to prepare drinks and snacks. This room also provided access to the enclosed garden.

Religious needs were facilitated for residents of a Roman Catholic faith with mass taking place in the centre for major ceremonies like Christmas or Easter. Residents are visited by the local priests and Holy Communion is offered on Fridays. Residents from other religious denominations were visited by their ministers as required.

Care practices and facilities in place were designed to ensure residents received end of life care in a way that met their individual needs and wishes and respected their dignity and autonomy. These practices were the subject of ongoing review and improvement and the policy has been changed to commence planning for end of life earlier. The staff had initiated more active discussions with residents and relatives to ensure their wishes are taken fully into account and end of life care planning are instigated for residents. Individual religious and cultural practices were facilitated and family and friends were facilitated to be with the resident when they were at end of life stage.

Links were maintained with the community palliative care team who visited as required. The centre stocks its own equipment such as syringe drivers to be used at end of life. A number of the staff are trained in palliative and end of life care and one nurse is undertaking a master's degree in palliative care.

**Judgment:**  
Compliant

***Outcome 15: Food and Nutrition***

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

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

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

No actions were required from the previous inspection.

**Findings:**

The inspector observed that mealtimes were not social occasions. There were no dining facilities available for residents use and the residents all had their meals by their beds in their bedrooms. As previously described many of the rooms were four bedded rooms which did not afford residents any space or dignity during mealtimes. Residents were not offered the choice to move to a different area for their meals as is required by legislation. This action required is covered under outcome 12 premises.

The food was cooked in the Sacred Heart Hospital and transported over in a heated trolley. The food was seen to be nutritious and residents stated they had choice and adequate portions.

There was a good menu cycle. The kitchen staff told inspectors that they advised the kitchen of the residents' requirements in advance. The dietary needs of residents were conveyed by nursing staff to the kitchen staff. The inspectors saw specialist diets and residents likes and dislikes documented on a board in the centres kitchen.

Many residents required assistance and the inspector observed that this assistance was provided in an appropriate manner.

The inspector observed that residents had access to drinking water at all times. Jugs of drinking water and glasses were present by the bedsides of residents.

There was a policy on nutrition which had been updated in 2014 and as discussed previously the dietician was fully involved in nutritional planning for residents. The Inspector viewed a number of residents' care plans and observed that the weight of each resident was taken regularly and that the Malnutrition Universal Screening tool (MUST) was completed.

The kitchen was clean. There was a food safety management system in place and there was no evidence non-compliance with the requirements of food safety authorities. Kitchen staff had received food handling training, and were knowledgeable of their role and responsibilities.

**Judgment:**

Compliant

***Outcome 16: Residents' Rights, Dignity and Consultation***

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

Residents who spoke to the inspector said that staff addressed them respectfully and that screening curtains were used in shared rooms when personal care was being

delivered. However, the inspector found that residents did not have sufficient space and privacy in the four-bedded rooms, the size and layout of the rooms meant that there was very little space between some of the residents' beds. On the last inspection there were locks missing from or not working on toilet doors which were replaced following the inspection.

Since the last inspection a resident survey had been to ensure that residents are consulted with and participate in the organisation of the centre as is required by legislation. There currently is no residents committee but residents are encouraged to express their preferences and needs.

A national newspaper was made available to residents each day and local weekly newspapers were also provided. Residents had access to televisions and radios but unfortunately as rooms were shared there was not choice on which programme you watched. Some of the residents had their own mobile phones but a public telephone was also available.

Relatives told the inspector that the staff kept them informed regarding the healthcare and general well being of their relatives and that they were welcome in the centre at any time. A small quiet room was available to see relatives in private if required as there was very limited space in the four bedded rooms.

A hairdresser visited weekly and residents told the inspectors how they enjoyed getting their hair done. On the last inspection it was identified that apart from the hairdresser the inspectors found that there was little emphasis on the social needs of residents and there was no programme of activities in place. The inspector observed that the majority of residents spent the day by their beds except for a few who spent part of the day in the very small quiet room or at the entrance to the centre. The inspectors observed the residents spent long periods of the day with no social stimulation provided for them apart from reading or watching the television. The inspector also found that, for those residents with dementia, there was little evidence of sufficient activity-focused care to enhance interaction and communication. On this inspection there was one session of activities commenced per week however this needs to be further developed and enhanced to provide social care for all residents.

**Judgment:**

Non Compliant - Moderate

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

**Theme:**

Person-centred care and support

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

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

**Findings:**

There was a policy on residents' property and possessions in place. This was a generic HSE policy which was out of date.

Relatives take home the personal laundry of residents and, but in the event of an emergency, there are domestic type facilities are available in the centre.

Inspectors viewed a number of residents' bedrooms. The majority of the residents share multi-bedded rooms where there was insufficient space for personal possessions and no lockable storage.

**Judgment:**

Non Compliant - Minor

***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):**

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

**Findings:**

Inspectors observed warm and appropriate interactions between staff and residents and they observed staff chatting easily with residents. Residents and relatives told the inspectors that staff were very kind and caring. On the last inspection the inspector found that the skills-mix of staff were not sufficient to meet the care needs of residents.

The majority of these residents were in on short stay care and would be returning home, Residents did not receive any social stimulation and most remained by their beds for the day which was not conducive to returning to their own homes.

The role of the multi task attendant was unclear as they moved on a rotational basis from cleaning to catering to caring. Further segregation of roles is required to ensure consistent care for residents and to allow for more socialisation for residents. This would also provide more consistency for the purposes of cleaning and catering. Since the last

inspection significant progress has been made in relation to this and to segregation of the roles and plans are in place for new rotas to commence on 08 December 2014.

Recruitment was not carried out at a local level. There was a national HSE policy for the recruitment, selection and Garda Síochána vetting of staff. The current registration details were maintained for all nursing staff. Staff told inspectors that copies of the regulations and the standards had been made available to them and that these were also discussed at staff meetings. The inspector viewed minutes of staff meetings and saw that issues covered by the legislation and standards were on the agendas.

The inspector viewed the staff training and education records. An overall training matrix was in place. The records showed that training for staff has greatly increased since the last inspection with a large number of staff had received training in fire safety, hand hygiene and basic life support within the past year, staff had received update training in moving and handling and elder abuse training, medication management training and infection control training as required in the previous report.

**Judgment:**

Non Compliant - Moderate

## 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:***

Caroline Connelly  
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>	Carlow District Hospital
<b>Centre ID:</b>	OSV-0000553
<b>Date of inspection:</b>	12/11/2014
<b>Date of response:</b>	18/12/2014

### 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:

Omissions from the statement of purpose included the following, the arrangements for residents to engage in social activities, hobbies and leisure interests and the arrangements made for consultation with and participation of residents in the operation of the centre.

#### Action Required:

Under Regulation 03(1) you are required to: Prepare a statement of purpose containing

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



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.

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

See attached Statement of Purpose reviewed with previous omissions included.

**Proposed Timescale:** 30/11/2014

**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 person in charge and ADON were over two centres and the person in charge told the inspector they have identified the need for the CNM2 post to be filled to ensure effective governance of the centre on a day to day basis as there was only a CNM1 working part time covering the centre.

**Action Required:**

Under Regulation 23(b) you are required to: Put in place a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

As stated highlighting need for effective governance.

Appropriate documentation submitted – Registered Provider aware.

Awaiting confirmation of approval.

**Proposed Timescale:** 30/03/2015

**Outcome 03: Information for residents**

**Theme:**

Governance, Leadership and Management

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

Only the one long stay resident had a contract of care.

**Action Required:**

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

Presently this is being drafted to comply with regulations.

**Proposed Timescale:** 31/01/2015

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**

Governance, Leadership and Management

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

There remain a number of policies which were seen to be out of date and requiring review to ensure they were specific to the centre. Also there was no policy on staff training and development as required by the 2013 regulations.

**Action Required:**

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

Staff training and development policy presently in draft.

**Proposed Timescale:** 31/01/2015

**Theme:**

Governance, Leadership and Management

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

There was one staff currently on leave that Garda vetting was not available for therefore the staff files did not contain evidence of all the information set out in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Records maintained of money and valuables handed in by a resident/relative for safekeeping for the hairdresser or other services which they stored in the safe was not sufficiently robust. Money was stored in a locked cupboard and transactions were not signed and witnessed by resident/relative and staff members which did not safeguard resident's finances and was not in accordance with the requirements of Schedule 3.

**Action Required:**

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

Before storage of any monies a ledger is being kept with money signed by a staff member and counter signed by the person giving in the money for safe keeping – one

member of staff has been followed up in relation to outstanding Garda clearance and we received her garda clearance on 20/11/2014

**Proposed Timescale:** 15/12/2014

#### **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:**

The management of residents using bed rails required review. There was no evidence of assessment for the use of bed rails; there were no checking and release charts in place. There was also no evidence of consideration of least restrictive alternatives to bedrail usage.

**Action Required:**

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

Assessment of bed rails has been introduced on all patient's, checking and release charts are also in place.

**Proposed Timescale:** 17/11/2014

#### **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:**

The risk management policy did not meet the requirements of legislation as it did not have the measures in place to control the following specified risks

- abuse
- the unexplained absence of a resident
- accidental injury to residents, visitors or staff
- aggression and violence
- self harm

**Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Attached policies in relation to self harm and unexplained absence of a resident  
Aggression and violence being updates presently

**Proposed Timescale:** 13/02/2015

**Theme:**

Safe care and support

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

The inspectors found there were not adequate controls in place to protect residents who smoked in the garden as there was no fire blanket or fire fighting equipment available. There was not a nurse call system in place and the system of resident supervision when smoking was not sufficiently robust.

**Action Required:**

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Supervision of residents while smoking by staff in place.

**Proposed Timescale:** 17/11/2014

**Theme:**

Safe care and support

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

There was no evidence to show that fire drills were being held on a regular basis as is required by legislation.

**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:**

Fire drills have taken place 01/12/2014 – 02/12/2014.

12 staff trained. 8 Outstanding – dates being arranged for January.

**Proposed Timescale:** 27/02/2015

### **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 premises posed numerous difficulties in the provision of care due to the lack of private and communal space and facilities for residents.

The majority of residents were accommodated in four-bedded rooms which afforded little space, privacy or room for personal storage or the use of specialist equipment. lockers and wardrobes were quite small and did not accommodate sufficient clothing to allow residents to exercise choice. There was no lockable storage for residents.

There was insufficient communal seating for residents anywhere in the centre there was no day room and there was no separate dining room or separate room for activities.

**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:**

Dining room complete operational from 21/12/2014. Presently awaiting furniture – lockable storage being addressed.

Sitting room outstanding 31/01/2015.

Re-accommodation proposed plans as viewed by inspector.

**Proposed Timescale:** 31/01/2015

### **Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**

Person-centred care and support

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

The inspector observed the residents spent long periods of the day with no social stimulation provided for them apart from reading or watching the television. The inspector also found that, for those residents with dementia, there was little evidence of sufficient activity-focused care to enhance interaction and communication. On this inspection there was one session of activities commenced per week however this needs to be further developed and enhanced to provide social care for all residents.

**Action Required:**

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

Sessions have been further developed x twice weekly – however due to changeover of patients, they are reviewed individually on a weekly basis, aromatherapy has been introduced – staff member due to commence 19/01/2015 as part of activities team.

**Proposed Timescale:** 31/01/2015**Theme:**

Person-centred care and support

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

The inspector found that residents did not have sufficient space and privacy in the four-bedded rooms, the size and layout of the rooms meant that there was very little space between some of the residents' beds which made it difficult to undertake personal activities in private.

**Action Required:**

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Being reviewed in relation to proposed development in the interim four bedded rooms are being utilized where possible as 3 bedded rooms.

**Proposed Timescale:** 30/06/2015**Outcome 17: Residents' clothing and personal property and possessions****Theme:**

Person-centred care and support

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

Inspectors viewed a number of residents' bedrooms. The majority of the residents share multi-bedded rooms where there was insufficient space for personal possessions and no lockable storage.

**Action Required:**

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

Lockable storage being provided.

**Proposed Timescale:** 19/12/2014

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

The role of the multi task attendant was unclear as they moved on a rotational basis from cleaning to catering to caring. Further segregation of roles is required to ensure consistent care for residents and to allow for more socialisation for residents. This would also provide more consistency for the purposes of cleaning and catering.

**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:**

Segregation of roles complete.

**Proposed Timescale:** 08/12/2014