

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Laurel Lodge Nursing Home
<b>Centre ID:</b>	ORG-0000057
<b>Centre address:</b>	Templemichael Glebe, Longford.
<b>Telephone number:</b>	043 3348033
<b>Email address:</b>	laurellodgelongford@eircom.net
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Templemichael Enterprises
<b>Provider Nominee:</b>	Ann Watters
<b>Person in charge:</b>	Guy Walton
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	104
<b>Number of vacancies on the date of inspection:</b>	3

## 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 Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From:	To:
22 April 2014 10:30	22 April 2014 18:30
22 April 2014 10:30	22 April 2014 18:30

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

Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 14: End of Life Care
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This unannounced monitoring inspection was the sixth inspection of the centre and took place over one day. The inspector found the centre well organised with the full complement of staff on duty including the person in charge, Guy Walton and the provider, Ann Watters.

During the inspection the inspector talked to residents and members of staff. Documentation that supported care practice such as care plans, risk and moving and handling assessments was reviewed. The standard of administration was good with all the required documents maintained and accessible for inspection. Residents described life in the centre as "comfortable and pleasant". Two residents said they were able to follow similar routines to what they had at home. They said they were able to read a newspaper each day, get up and go to bed at a time they decided and could have visitors at any time. All residents the inspector met said that their rooms were well decorated, had sufficient space and that their laundry was done regularly and returned to them. They knew the procedure for making a complaint and said that all staff sorted out problems for them. If there was a "big problem" residents said that the nurse in charge and owner were around regularly and they could talk to

them.

The centre is divided in to three units. Hazlewood and Lisadell provide general nursing care and Glencar unit is dedicated to the care of people with dementia. The centre's facilities were well maintained, attractively decorated and had accessible features including signage to meet residents' needs.

The inspection findings were satisfactory with significant regulatory compliance and good practice evidenced. The provider had fully implemented the actions from the last inspection. The action plan from this inspection describes where improvements were required and these included reviewing assessments to reflect changes in residents health care needs, ensuring the type of hoist required by residents is outlined and that measurements as well as photographs are used to describe wound care problems.

The inspector was satisfied that the care and services provided to residents were of a good standard, designed and delivered within regulatory requirements and contemporary evidence based practice. Improvements required are discussed in the body of the report and in the action plan at the end of the report.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 03: Suitable Person in Charge**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge was a registered general nurse who has held this post in the centre for several years. The post is full time and he was present in the centre Monday to Friday; this was confirmed by a review of the staff rota and by staff during conversations. The person in charge was seen to be visible and available to residents, relatives and staff and actively engaged in the supervision of staff and the design and delivery of care and services to residents.

The person in charge continued to engage in professional development relevant to his role and also had a lead role in coordinating and providing training as part of the staff training programme. The inspection findings indicated that there was good emphasis on learning and on the ongoing development of clinical and management skills from the person in charge to the staff team.

**Judgement:**

Compliant

**Outcome 04: Records and documentation to be kept at a designated centre**

*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) 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 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The standard of administration throughout the units was noted to be satisfactory. Records were stored securely, well maintained and required information was easy to access and decipher. The directory of residents was reviewed and was up to date. An action plan in the last report that required the provider to have evidence of fitness for all staff to undertake work with vulnerable people had been addressed.

**Judgement:**

Compliant

***Outcome 06: 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.*

**Theme:**

Safe Care and Support

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

No actions were required from the previous inspection.

**Findings:**

Staff interviewed could describe the measures in place to protect residents. They described a range of factors such as having adequate staff, understanding what abuse is and having procedures to follow in the event of an allegation of abuse being made as some of the measures that protect residents. Staff training records indicated that all staff had attended education and training on the prevention, detection and response to abuse and that refresher training was provided regularly. The training matrix maintained and displayed in the staff room indicated that training on adult protection had been provided on three dates in 2013. Staff spoken to confirmed their attendance at training, were clear on their responsibilities, articulated a zero tolerance of any potential abusive behaviour towards a resident and had confidence in more senior staff and the provider to act on any concerns that may arise. The inspector talked to three residents while in the Lisadell unit and they said that they felt safe, that staff treated them with kindness and that they also said they were confident that if they had a concern they could raise this with their carer or with the nurse in charge.

**Judgement:**

***Outcome 07: 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:**

No actions were required from the previous inspection.

**Findings:**

The nursing staff demonstrated appropriate and safe medication management practice in accordance with current regulations and regulatory body guidance. The inspector saw that practice was supported by a comprehensive medication management policy. Residents' medication regimes were reviewed on a quarterly basis and when their medical conditions changed. Medication that was administered in crushed form was appropriately prescribed and nurses said that where possible a liquid variety was used.

The management of controlled drugs was in line with legislative requirements. There was a system for checking the stock balance at the end of each shift. An inspection of two stock items found that the balance was in accordance with the record in the controlled drugs register.

Medications requiring refrigeration were appropriately stored and the temperature of fridges was monitored daily.

Nurses were observed to administer medication safely and wore red tabards to indicate that medication was being administered to alert others and minimise disruptions to avoid error.

**Judgement:**

Compliant

***Outcome 08: Medication Management***

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

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

No actions were required from the previous inspection.

**Findings:**

The nursing staff demonstrated appropriate and safe medication management practice in accordance with current regulations and regulatory body guidance. The inspector saw that practice was supported by a comprehensive medication management policy. Residents' medication regimes were reviewed on a quarterly basis and when their medical conditions changed. Medication that was administered in crushed form was appropriately prescribed and nurses said that where possible a liquid variety was used. The management of controlled drugs was in line with legislative requirements. There was a system for checking the stock balance at the end of each shift. An inspection of two stock items found that the balance was in accordance with the record in the

controlled drugs register.

Medications requiring refrigeration were appropriately stored and the temperature of fridges was monitored daily.

Nurses were observed to administer medication safely and wore red tabards to indicate that medication was being administered to alert others and reduce disruptions to avoid error.

**Judgement:**

Compliant

***Outcome 10: Reviewing and improving the quality and safety of care***

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

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

No actions were required from the previous inspection.

**Findings:**

A regulation 35 report was available and the inspector saw that several areas of practice were reviewed as part of the system for monitoring the quality and safety of care. The inspector was satisfied that the provider was committed to the provision of safe, quality care to residents and had implemented an effective quality assurance system to affect this objective. The overall inspection findings support the providers' commitment to quality assurance as evidenced in health and safety practices, staff recruitment, staff training, consultation with residents, complaints management and improvements to the environment.

The quality improvement programme included a schedule of reviews/audits to be completed with the objective of identifying measures that offered opportunity for improvement. The inspector reviewed a sample of completed audits of relevance to the quality and safety of care and quality of life of the residents including recruitment, nutrition, complaints management, medication management and the management of accidents and incidents. Each completed audit identified both good practice and deficits and a corrective action plan was devised as necessary. The person in charge had an active role in ensuring the improvements were carried out. There was evidence that audit findings and feedback required for improvement and learning was provided to staff at staff meetings. The inspector was told that efforts had been made to reduce staff turnover and these were found to have been successful with a considerable reduction over the last three years in the number of staff leaving the centre.

Consultation with residents was part of the review system and regular surveys to establish their views were undertaken. The inspector saw that residents felt they had choices over how they spent their time, that they felt well cared for and that staff were kind and considerate to them. They also raised issues that they felt could be improved



and residents who had come in for short periods indicated that they would return if they needed further care.

**Judgement:**

Compliant

**Outcome 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents 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:**

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

**Findings:**

At the time of inspection 104 residents were accommodated. The majority of residents living in the centre were in receipt of long-term care. Staff had assessed the care requirements of 21 residents as maximum, 26 as high, 35 as medium and 22 as having low care needs. Based on observation of care practice, discussions with staff and residents and a review of medical and nursing records, the inspector was satisfied that residents' needs were met to an appropriate standard.

A pre-admission assessment was completed to ensure that the centre could meet the needs of each prospective resident. Systems for monitoring the exchange and receipt of relevant information when residents were transferred to or returned from another healthcare setting were in place. Medical records reviewed indicated that residents had access to equitable and timely medical review and treatment and there was access to allied health care services such as physiotherapy, chiropody, dietetic services, speech and language therapy and mental health services as required. Staff with were well informed about each resident's needs, prescribed treatments and they way they spent their time each day. Specialist care needs such as depression was described well and responses to treatment were recorded including improved ability to take part in activity and improved appetite.

Care plans reviewed contained relevant biographical data and were closely aligned to assessed needs. They were also based on relevant risk assessments and the views of residents and significant others had been sought and were also included in the way care was planned and delivered. Care plans and assessment tools were seen to be reviewed and amended at a minimum three monthly and more frequently if necessary when residents' needs changed.

The Glencar unit is dedicated to dementia care. There was a significant improvement in the assessment of dementia care needs and levels of cognitive impairment. Care records indicated that cognitive functioning was assessed on admission and at intervals thereafter. There was also meaningful information recorded that conveyed what activities residents were able to take part in, who they could recognise and times of the day when their behaviour patterns changed. The inspector was told by staff that good practice initiatives such as holding meetings to provide relatives with information on dementia had been arranged and activities were regularly reviewed to ensure that they continued to meet residents' needs appropriately. A range of reminiscence material was also available and communal areas had art work that reflected farming scenes and times past.

There were preventative systems in place to ensure that residents at risk of falls were protected. There was an evidence based assessment tool in use to determine falls risks and care plans outlined problems such as anxiety and inability to use the call bell system that contributed to the risk. Preventative measures in place to reduce falls included additional supervision when residents were mobilising and the use of hip-protectors and physiotherapy reviews. The inspector found that while the majority of falls risks assessments accurately reflected residents' needs there were some instances where assessments had not been updated to reflect increased dependency as described in the dependency rating scale and did not describe the current level of assistance needed to mobilise.

Wound care problems were identified in a timely manner and the documentation available included specific care plans for the management of wounds which were supported by the use of dated photographs that reflected the condition of the wound and response to treatment. However, there were no measurements of the wound to indicate the extent of tissue damage and from the angle of photographs it was difficult to determine this information which was essential to guide nursing staff practice. Residents had been provided with the appropriate pressure relieving equipment relative to their weight and vulnerability. The inspector reviewed the care of two residents with wound care problems-one in the Hazlewood unit and the other in Glencar. The records indicated that the condition of both wounds had improved. The care plan reflected guidance provided by the tissue viability specialist and the dietician. All wounds assessed at grade 2 had been appropriately notified to the Authority.

There was regular monitoring of residents' weights and residents at risk of losing weight or who had conditions that required special diets had appropriate nutrition plans in place. Supplements were in use where food fortification was not sufficient to prompt weight gain or where additional protein was required to improve the healing of wounds.

However, while the inspector was satisfied that on balance the standard of care planning and the care delivered to residents was of a good standard, not all assessments that underpinned care plans had been reviewed to reflect residents changing needs as described earlier and this reduced the effectiveness of the care planning process.

**Judgement:**

Non Compliant - Minor

**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. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Care and Support

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

No actions were required from the previous inspection.

**Findings:**

There was appropriate communal sitting and dining space provided in each unit. The premises was designed and laid out in a way that ensured it was easily negotiated by residents. There was good directional signage was in place and circulation areas offered adequate space and handrails to support residents who needed to use mobility aids. Toilet and bathroom facilities were adequately equipped with handrails and grab-rails. Residents had access to a call bell system that was serviced and maintained; staff were seen to respond promptly to the call system.

All areas were visibly clean, tidy and well organised. There was garden space that was secure, safe for residents to use and attractively cultivated. The centre provides a comfortable environment that supports the provision of care. All areas were attractively decorated and residents said they could choose to use the communal areas or to spend time in their rooms each day.

The provider had an ongoing maintenance/refurbishment plan in place. Fifteen bedrooms had recently been redecorated with new furniture and blinds. Radiators had been covered with decorative screens to reduce the risk of burns.

**Judgement:**

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:**

No actions were required from the previous inspection.

**Findings:**

Policies were in place to guide staff on end-of-life care practices including the management of anticipated and unexpected deaths. While all units accommodate residents with end of life care needs there were designated places in the Lisadell unit for residents who have palliative care needs. The inspector found that staff reflected on end-of-life care and were familiar with the complexities and challenges that presented at this time for residents, family members and staff.

Care records indicated that residents and family members as appropriate were given an opportunity to discuss end of life wishes and the way they hoped care would be provided when their health deteriorated and they approached end of life. Care plans examined conveyed that residents' wishes had been recorded and the information provided for staff included in one instance the prayers that should be said, the arrangements for burial and where personal documents were kept. In another example a resident had indicated her wishes to staff and had also ensured that family members were aware of her intentions.

Staff confirmed that residents and families were given a choice as to place of death including a single room and families were encouraged and supported to remain with their loved ones as long as they wished. There were designated facilities available for family members and these facilities were being enhanced by the addition of another room with sleeping accommodation. Staff including care staff had received training in end of life care and further training was planned. There was a good working relationship established with the local palliative care team and residents' doctors and nursing staff could make referrals for advice and consultation.

The inspector was satisfied that end of life care was planned where possible and that the arrangements in place were adequate to address the holistic care of residents and included aspects such as:

- the recognition of progressive and irreversible deterioration
- adequate and appropriate goals of care
- communications and discussions with the resident where possible

**Judgement:**

Compliant

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

*Residents are consulted with and participate in the organisation of the centre. Each residents 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.*

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

A comprehensive range of policies governed practice in relation to promoting and protecting residents' rights, dignity and consultation and the inspector was satisfied that they were substantially implemented in practice.

The inspector saw that the provider and the person in charge were visible, accessible and known to residents who described seeing them regularly and having regular conversations with them. A relative of a highly dependent resident told the inspector that staff were knowledgeable and competent and were flexible about daily routines in line with the resident's needs and abilities. The inspector observed that residents were comfortable with staff and noted that contacts were positive with staff always greeting and acknowledging residents when they met.

Residents' rooms were personalised with photographs, ornaments, books and plants. There was adequate space for personal possessions and place to secure items of value. Residents had daily access to a variety of papers and staff discussed the news with more dependent residents. Local clergy of different denominations visited the centre as requested and mass was said in the centre each week. The complaints procedure and information describing advocacy services were prominently displayed on the notice board. Resident's birthdays were announced in the regular newsletter and celebrated in accordance with residents' wishes.

Each care plan seen was individualised to the resident and contained a strong biographical component that sought details of daily routines, likes and dislikes, hobbies and interests and there was evidence that this information was used to inform the care plan and the provision of meaningful activity and engagement. There were four staff dedicated to the delivery of therapeutic and social activity for residents. The inspector talked to one member of the activity team about how activities were organised. There were regular Sonas sessions with up to 48 residents involved in this activity each week. (This is a therapeutic communication activity primarily for older people with dementia that focuses on sensory stimulation and is delivered through individual and group activity). The schedule of activities was displayed and each month the programme varied. Resident's participation was based on choice but also on an individual assessment. The inspector was told that residents were encouraged to attend events in the local community and recently had been out to see a play in the local theatre. The activity staff were exploring with residents what activities they would attend as part of the Bealtaine Arts festival held annually in May.

The inspector noted that visitors came and went throughout the day. There was no apparent restriction on visiting and none was reported and choice as to the place of visiting was seen to be offered.

**Judgement:**

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.*

**Theme:**

Workforce

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

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

**Findings:**

The provider was substantially compliant in relation to the recruitment and management of staff and had satisfactorily addressed the actions from the last inspection which was to ensure that declarations of physical and mental fitness were available for all staff.

A planned and actual staff roster was maintained and the provider and person in charge confirmed that changes to the planned roster were made only by the person in charge or the nurse in charge. The roster was planned in advance. Based on observations, a review of the staff roster, the inspection findings and feedback from residents the inspector was satisfied that the numbers and skill mix of staff were adequate to meet the needs of the residents and were consistently maintained by the provider.

There was an ongoing programme of staff training. Carers interviewed said they had achieved the Further Education and Training Awards Certification (FETAC). Many were hoping to extend their skills and achieve other qualifications.

The deputy to the person in charge had retired and while clinical nurse managers took charge in the evenings and at weekends. A designated deputy with appropriate authority to take responsibility in the absence of the person in charge needs to be appointed to ensure the effective management and governance of the centre.

**Judgement:**

Non Compliant - Minor

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

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

***Report Compiled by:***

Geraldine Jolley  
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>	Laurel Lodge Nursing Home
<b>Centre ID:</b>	ORG-0000057
<b>Date of inspection:</b>	22/04/2014
<b>Date of response:</b>	17/06/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 07: 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:

There were moving and handling assessments for all residents. However, where specialist equipment such as hoists were needed the type of hoist to be used had not been outlined.

#### Action Required:

Under Regulation 31 (4) (a) you are required to: Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

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

Wherever a hoist has been assessed as required, the type of hoist, type of sling and

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



size of sling have been detailed on a form for that specific purpose.

**Proposed Timescale:** 27/06/2014

### **Outcome 11: Health and Social Care Needs**

**Theme:**

Effective Care and Support

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

Some assessments such as moving and handling had not been updated to reflect residents changing needs as described in the dependency rating scales.

**Action Required:**

Under Regulation 6 (3) (a) you are required to: Put in place suitable and sufficient care to maintain each residents welfare and wellbeing, having regard to the nature and extent of each residents dependency and needs.

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

All assessment are reviewed at a maximum three month interval but sooner if there is a change in condition, this is the existing policy but has been audited to ensure compliance and will continue to be audited.

**Proposed Timescale:** 27/06/2014

**Theme:**

Effective Care and Support

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

While wound care problems had been effectively addressed there was an absence of measurements outlining the extent of the wound in some instances.

**Action Required:**

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

All wound photographs will now also include a measuring device such as a ruler or mapping chart.

**Proposed Timescale:** 09/06/2014

### **Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

A designated deputy to take responsibility for the centre in the absence of the person in charge needed to be appointed.

**Action Required:**

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

A designated deputy has been appointed to take charge in the absence of the Person In Charge.

**Proposed Timescale:** 02/06/2014