

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Castlebridge Manor Nursing Home
Centre ID:	OSV-0005826
Centre address:	Ballyboggan Lawn, Castlebridge, Wexford.
Telephone number:	087 254 3768
Email address:	info@castlebridgenursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Castlebridge Manor Private Clinic Limited
Lead inspector:	Liz Foley
Support inspector(s):	Leanne Crowe
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	69

About Dementia Care Thematic Inspections

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

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

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was Monitoring 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:
02 April 2019 09:15	02 April 2019 17:30
02 April 2019 09:30	02 April 2019 17:00

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

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

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. The provider self-assessment which scores the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland, was submitted in advance of the inspection. The table above sets out the judgments on the provider's self assessment and the inspectors' findings.

Inspectors focused on the experience of residents with dementia and tracked the journey of a sample of these residents. Inspectors met with residents, family members and staff during the inspection. They observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Documentation such as care plans, medical records and staff training records and policies were reviewed.

On the day of the inspection, just over 27% of residents had a dementia and 15% had a formal diagnosis of dementia. Residents with dementia enjoyed a good quality of life in the centre. They were consulted with about their care and about the organisation of the service. There was access to safe outdoor areas and meaningful activities were being developed in line with the needs of the residents. Residents who spoke with the inspectors expressed their satisfaction with living in the centre. Social activities were provided over seven days.

Staffing levels were found to be sufficient to meet the needs of the residents. The centre had opened in December 2018 and was not yet operating at full capacity. There was ongoing review of staffing levels in line with occupancy levels. Improvements were required to ensure that all staff had received mandatory training. Staff were observed interacting with residents in a kind, patient and meaningful manner throughout the inspection. Staff took opportunities to sit and engage with residents at various times throughout the inspection.

Residents' healthcare needs were met to a high standard and their health and wellbeing was optimised. Inspectors found that some care plans had gaps, however for the most part care plans were person centered. Staff were knowledgeable of residents' needs and preferences. Residents' privacy and dignity was respected.

Some residents exhibited behavioural or psychological symptoms of dementia(BPSD) which is sometimes referred to as responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was a proactive and person-centered approach to managing these behaviours resulting in a reduction in episodes of responsive behaviours which impacted positively on these residents' quality of life.

A restraint-free environment was promoted within the centre. Approximately 8% of residents were using a form of restraint. Good practices were observed regarding assessments of residents and trialing alternatives before applying a restrictive practice. Safety checks were in place for restrictive devices and these were in line with the national guidelines. Complaints were well managed in the centre. Residents and family members told inspectors they knew how to make a complaint if warranted.

The location, layout and design of the premises were found to meet the residents' individual and collective needs in a comfortable way. Residents' bedrooms were personalised and they had access to a secure outdoor area, as well as a variety of communal rooms. The registered provider had identified the need for more dementia friendly signage and was working to address this..

These issues are discussed further in the body of the report and the actions required are included in the action plan at the end.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

This was the centre's first inspection by the Authority.

Findings:

This outcome sets out the inspection findings in relation to residents' healthcare, nursing assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. On the day of the inspection, there were 27% of residents in the centre with a confirmed or suspected diagnosis of dementia. Inspectors focused on the experience of residents with dementia and tracked the journey of a sample of these residents. Aspects of care such as nutrition, medicines management and end-of-life care were reviewed in relation to other residents with dementia.

The wellbeing and welfare of residents with dementia was maintained by a high standard of evidence based nursing care and appropriate medical and healthcare. Residents had the option of retaining their own GP and if this was not possible there was a choice of GPs attending the centre. There was access to allied health services by referral and the centre had recently recruited a physiotherapist who visited weekly. Residents had person-centered care plans developed to meet their assessed needs. However, some care plans required updating to ensure the current plan was consistently recorded and detailed enough to guide care. Care plans were generally person-centred and detailed enough to guide care, however social care plans did not capture the detail gained by the activities assessments that were completed for each resident.

Prospective residents and/or their families, where possible, were encouraged to visit the centre before deciding to live there. The person in charge carried out an assessment on all residents prior to admission. This gave prospective residents and their families information about the centre and also ensured that the service could adequately meet their needs.

Inspectors found that the medical and nursing needs of residents with dementia were met to a good standard. Care plans were maintained in an electronic format. A comprehensive nursing assessment was completed within 48 hours of admission, this informed a plan of care which was individual to each resident's assessed needs. Nursing assessments included biographical, health and social care information which was assessed using validated tools. Standard nursing assessments included the resident's

risk of malnutrition, falls, level of cognitive impairment, skin integrity and their mobility needs, among others. Staff who spoke with inspectors were knowledgeable regarding each resident's care preferences.

Residents with dementia had their healthcare needs met through timely access to medical treatment and allied health services as appropriate. Residents who lacked the capacity to make informed decisions about their health needs were supported in the decision-making process by the inclusion of the residents' next of kin or care representative, GP and independent advocate as appropriate. Psychiatry of old age was easily accessible through GP referral and regular follow up was maintained by the community psychiatric nurse from this team. Health screening including retinal, bowel and breast screening was made available to residents as appropriate.

Staff provided end-of-life care to residents with the support of their general practitioner and the community palliative care team. Each resident met with their GP and the senior nurse to discuss and plan their end of life care. This meeting addressed resuscitation and individuals' preferences for where and how they would like to receive care at their end of life. These care plans were detailed, person-centred and had planned review dates. Residents' spiritual needs were met to a good standard. Local clergy visited the centre regularly and funeral services could be facilitated at the centre in line with the wishes of the residents and their families.

The nutrition and hydration needs of residents with dementia were met to a good standard. Residents with dementia were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were monitored on a monthly basis to identify unintentional weight loss or gain at an early stage. A small number of residents with dementia experienced unintentional weight loss. Nutritional support plans were in place. These included regular reviews by a dietician, speech and language therapist and regular weight and intake monitoring. Improvements were required to ensure the recommendations of the dietician were adequately communicated to the care team to ensure residents receive recommended therapeutic diets. Residents with dementia who required modified consistency diets and thickened fluids, received the correct diet and their modified meals were presented in an appetizing way. Inspectors observed some residents receiving discreet person-centred care in the dining room however, some interactions were task orientated. Improvements were required to ensure the dining experience was person-centered and enjoyed by all. Tables were nicely set with condiments and flowers. Crockery was in bright contrasting colors to the table cloth; this enabled people with dementia who had visual/perceptual difficulties to easily identify their plate of food. Residents enjoyed a choice of home cooked meals and snacks which were readily available.

Accidents and incidents were well managed and residents were regularly assessed for risks, including falls, malnutrition, absconson and pressure sores. These risk assessments informed proactive care and residents had access to a physiotherapist if indicated. There was a low incidence of falls resulting in serious injury to a resident. Incidents were investigated and documented and care plans were updated to reflect any changes to the residents' care as a result of re-assessment following an accident or a fall. There were good falls management practices in place and assistive equipment was available to residents to minimise the risk of falling. Residents were routinely assessed

for head injury following a fall. Residents were supported to maintain their independence through ongoing physical activation and positive risk taking, that incorporated safety strategies to minimise the impact of any identified risk.

There were good medication management practices observed. Centre specific policies and procedures supported and reflected the day-to-day operational aspects of safe medication practices. Medication prescription and administration kardexes were maintained in electronic format. Medicines were stored safely in the centre and medication fridge temperatures were recorded daily. Procedures were in place for return of unused or out-of-date medicines to the pharmacy.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

This was the centre's first inspection by the Authority.

Findings:

There were measures and procedures in place to ensure the prevention, detection and response to abuse of residents. Staff had attended safeguarding training and training dates were scheduled for some new staff to attend. The person in charge confirmed that all new staff read the Safeguarding Policy as part of their induction programme. Staff on duty were familiar with the signs of abuse and aware of their responsibility to report any suspicions of abuse. Staff told inspectors there were no barriers to reporting suspected abuse.

Some residents exhibited behavioural or psychological symptoms of dementia(BPSD), which is also called responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). These residents were supported by a person-centred and approach to managing these behaviours. Behavioural assessment forms were completed and informed an holistic approach to managing residents' responsive behaviours. Behavioural support care plans were very detailed and informed staff of the triggers and de-escalation techniques to use to safely care for the resident. All staff had received training in managing behaviours that challenge and staff were currently completing further on-line accredited dementia training.

A restraint-free environment was promoted within the centre and the restrictive practices were at a minimum, with approximately 8% of residents using a form of restraint. All forms of restraint were risk assessed and documented in the restraint register. Alternative non-restrictive equipment such as low low beds, crash mats and

mobility sensors were used to support vulnerable residents. The centre was secured by key coded door access, this code was available to residents who were safe to move freely outside of the centre. There was open access to a central courtyard from several communal rooms on the ground floor, as well as some residents' bedrooms.

The nursing home did not act as a pension agent for any resident in the centre. A lockable unit was available to each resident in their bedroom for securing their personal possessions. A small number of residents also placed small amounts of money for their day-to-day expenses with the centre for safekeeping. This money was held securely and all transactions were transparent and signed by the resident where possible. A sample of records relating to this process was reviewed by the inspectors and found to be correct.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

This was the centre's first inspection by the Authority.

Findings:

The centre was homely in its design and layout and the overall ethos of the service upheld the individual rights, dignity and respect for each resident. Efforts were made to involve all residents, including those with dementia, in the organisation of the centre. The centre's activity programme was under development at the time of the inspection, but was found to meet the interests and capabilities of the residents that were being accommodated on that day.

An assessment of each resident upon admission included an evaluation of the resident's social and emotional wellbeing. A personalised 'Key to Me' document was also completed in consultation with the resident and/or their representative. Inspectors reviewed a sample of these documents and found that while they were detailed, they didn't consistently inform the residents' social care plans. An action relating to this is featured under Outcome 1.

An activities co-ordinator had commenced work in the centre on the week of the inspection, and was rostered to five days per week. The activities and described plans to develop a varied activity programme that met residents' interests, preferences and capabilities. Prior to this, care staff were responsible for providing activities on a daily basis, and records indicated that these did occur. An activity room on the ground floor contained large cupboards filled with items for activity purposes. The co-ordinator spoke about their plans to utilise this equipment, as well as outings to local areas of interest.

A large schedule was displayed in the sitting room on the ground floor, and the planned activities were featured in both written and pictorial form. On the day of the inspection a rosary, exercise, hand massages, reminiscence therapy and one-to-one activities were scheduled to take place. The activities co-ordinator also held an informal meeting with residents to introduce themselves. Inspectors observed a number of activities throughout the day and found that residents were supported to engage in a person-centred manner. Inspectors also noted that during the inspection, all staff optimised opportunities to engage with residents and provide positive connective interactions. Staff took time to sit and talk with residents, and there appeared to be a friendly rapport between residents and staff. Residents spoke positively about all staff ensuring that they get to know residents, including the management team. In addition, a large poster displayed pictures of staff with their names to support residents to identify them.

As part of the inspection, inspectors observed the quality of interactions between staff and residents using a validated observational tool to rate and record the quality of interactions between staff and residents at five minute intervals in the sitting rooms and the dining-room area. The scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care, 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The scores reflect the effect of the interactions on the majority of residents. The overall quality of the interactions were found to be positive and person-centred.

A hairdresser attended the centre on a weekly basis at the time of the inspection, and the person in charge stated that visits may increase in line with residents' needs.

Residents could independently access the centre's secure courtyards and contained trees, shrubbery and suitable shading.

The person in charge planned to conduct residents' meetings on a monthly basis. The most recent meeting took place in February 2019, and was attended by 7 of the 10 residents living in the centre at that time. The person in charge explained that they visited the residents who chose not to attend the meeting to ensure that they were given an opportunity to contribute feedback regarding the service. Records of the meeting indicated that items like food and activities were discussed. There was evidence that the management team worked to address any actions identified.

Communication care plans were in place for residents and were sufficiently detailed to guide care provision.

Newspapers were delivered to the centre on a daily basis, and included national and local editions.

While each bedroom was wired for televisions, residents could choose whether they would like one installed or removed at any time. Wireless internet was available throughout the centre, and a residents had access to a phone to take or make calls in private.

While opening visiting was in place, a protected mealtimes initiative had been introduced to support residents. Inspectors noted that, in particular, a person-centred approach had

been taken regarding one resident's mealtimes.

Residents were facilitated to exercise their civil, political and religious rights. Residents were supported to practice their respective faiths. The centre could facilitate religious services in the centre following a resident's passing, as well as removals. The person in charge described arrangements in place to facilitate voting in future elections.

Arrangements were in place to support residents to avail of advocacy services, if required.

Judgment:

Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

This was the centre's first inspection by the Authority.

Findings:

Systems were in place to ensure that the complaints or concerns of residents with dementia or their representatives were accessible and responded to appropriately. There was evidence that complaints were taken seriously and feedback was welcomed.

The complaints procedure was displayed in the centre and in the residents' guide, which was accessible to each resident. The person in charge was the nominated complaints officer for the centre. The inspectors found that residents with dementia and/or their families knew how to make a complaint. The centre had recorded one concern since opening; this was documented separately to the resident's care plan. The concern reviewed was found to have been appropriately managed with the outcome communicated to the complainant and the level of satisfaction recorded.

A person other than the complaints officer was assigned to review the process to ensure complaints were appropriately managed in line with the centre's policy. Advocacy services were available to assist residents with making a complaint if necessary.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:

The centre opened in 2018 and, at the time of the inspection, was admitting residents in line with its admission schedule. While it was not at full capacity at the time of the inspection, inspectors found that there were appropriate staff numbers to meet the assessed needs of residents. There was also evidence that staffing levels were being revised in line with the centre's increasing population. For example, an activity co-ordinator had commenced employment in the centre during the week of the inspection.

The staff team on the day of the inspection consisted of the registered provider representative (RPR), the person in charge, nurses, health care assistants, an activity co-ordinator, administration, maintenance, catering, household and laundry staff.

An induction process for newly recruited staff was in place, which included supervision of practice by senior staff.

A sample of staff files were reviewed and these were found to contain all of the information required by Schedule 2 of the regulations, including evidence of An Garda Síochána vetting. All staff nurses had up-to-date professional registration with An Bord Altranais agus Cnáimhseachais na hÉireann.

A training schedule was in place for staff, which incorporated mandatory training as well as other forms of professional development such as infection control, nutrition, continence care and falls prevention. Prior to the centre opening staff had received relevant training to ensure they were competent to meet the needs of prospective residents. Staff spoken with during the course of the inspection had completed mandatory training and were knowledgeable of this training. However suitable arrangements were not in place to ensure that all staff had timely access to mandatory training. Inspectors found that a small number of staff who had been recruited since the centre opened were lacking a form of mandatory training in fire safety, moving and handling practices or the prevention, detection and response to abuse. Training dates were scheduled to ensure that outstanding staff would be trained within three weeks of the inspection.

A planned and actual staff rota was in place, with changes clearly indicated. The roster reviewed by inspectors reflected the staff on-duty on the day of inspection.

There were no volunteers operating in the centre at the time of the inspection.

Judgment:

Non Compliant - Moderate

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

Effective care and support

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

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that the design and layout of the centre was suitable for its stated purpose. It was comfortable, decorated and well maintained to a high standard. As there was a small proportion of residents with dementia living in the centre on the day of the inspection, inspectors determined that the premises met the current individual and collective needs of residents on the day of the inspection.

This is a purpose built centre spread over two floors with access to the first floor via a passenger lift and stairs. The centre has 4 units comprising a total of 77 single and 9 shared bedrooms. All bedrooms had ensuite shower rooms and enjoyed views of landscaped gardens or of the two internal courtyards. Some residents on the ground floor had direct access from their bedrooms to these courtyards. Bedrooms were spacious and bright and each contained a large wardrobe, two arm chairs, a beside table, chest of drawers and a beside locker. A lockable drawer was in place in each bedroom to allow residents to store personal items securely. Thumb turn locks on each door supported residents' privacy. A number of colour schemes were used to decorate bedrooms in an individual manner, and residents had also brought personal effects from home to further personalise their rooms. Residents' names were placed on some doors to help them identify their rooms.

A variety of communal spaces were available across the two floors including dining rooms, sitting rooms, a lounge, a hair salon, an activity room, a family room and a number of day rooms. Inspectors also noted that furniture in these rooms was arranged in small groups to support engagement between residents. Antique items such as china and cabinets were placed throughout the centre to make the centre more homely. Large floor to ceiling windows in the sitting room on the ground floor looked out onto two large internal courtyards. These courtyards contained flowers and shrubbery and a fountain and shaded areas were available in both.

Colour had been used to good effect to support residents with dementia, but could be optimised with further work. Grab rails and toilet seats throughout the building were a contrasting colour to assist residents to identify them. Doors to restricted areas, such as sluice rooms and cleaning rooms, were painted the same colour as the surrounding

walls in order to camouflage them. Signage was currently displayed outside the centre's units and communal toilets, and the registered provider representative advised that further signage had been ordered. However, inspectors noted that identical colour schemes were used throughout the corridors and flooring of the two units on each floor. While this had not impacted on the residents accommodated in the centre at the time of the inspection; using additional colour, landmarks or signage to provide visual cues throughout the centre may support residents' needs in the future.

Clocks were hung on walls directly across from residents' beds, to help orientate them to the time of day.

Corridors were wide, contained handrails on either side and were clear of any obstacles, which supported active residents to walk unimpeded. Furniture was placed in strategic areas along corridors to allow residents to take rests if needed.

Suitable adaptations and other supportive equipment were provided for residents including hoists and assistive chairs. There was sufficient storage space for residents' equipment on each floor.

A functioning call bell system was in place throughout the centre.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

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

Report Compiled by:

Liz Foley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Castlebridge Manor Nursing Home
Centre ID:	OSV-0005826
Date of inspection:	02/04/2019
Date of response:	08/05/2019

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

A care plan contained conflicting information and a BPSD care plan was unclear for one resident. Social care plans did not reflect the person-centred care provided, nor did they consistently incorporate the detailed assessments that had been carried out by staff.

1. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the

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

assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

The Report notes at the outset that... 'residents with dementia enjoyed a good quality of life at the centre'. '27% of residents had a dementia...'

The Report notes at the outset that... 'residents with dementia enjoyed a good quality of life at the centre'. '27% of residents had a dementia...'

Re Outcome 1,

- As a result of the two care plans highlighted a full review of care plans has been undertaken to ensure there is no ambiguity in the plans, including clarity in relation to BPSD

- Focus and internal audit control has been implemented by the PIC / Senior Nursing team to ensure that the 'person centred care provided' and the 'detailed assessments that had been carried out by staff' are consistently incorporated in the care plans

Proposed Timescale: 22/04/2019

Outcome 05: Suitable Staffing

Theme:

Workforce

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

Suitable arrangements were not in place to ensure that all staff had timely access to mandatory training. Inspectors found that a small number of staff were lacking a form of mandatory training in fire safety, moving and handling practices or the prevention, detection and response to abuse.

2. Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Re; Outcome 2,

The centre has and continues to use a professional consultant training service in relation to all aspects of fire safety.

The 'small number of staff' outstanding the training, along with some prospective new employees were provided a complete training session on the 12th April – which had been arranged prior to the date of the inspection

With regards to, .. 'moving and handling practices or the prevention, detection and

response to abuse',.. we previously employed external qualified trainers to conduct this training / certification.

Two of our staff nurses have completed certified courses and are now qualified to provide the necessary training and certification to our staff as needed.

This will ensure that staff are properly trained in a timely manner to the future.

Re, Training for the staff identified

12/4/2019 - Fire and Safety training - Completed

18/4/2019 - Safeguarding training - Completed

20/5/2019 - MAPA training - Scheduled

22/5/2019 - Manual Handling training - Scheduled

29/5/2019 - ditto - Scheduled

Proposed Timescale: 29/05/2019