

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Aras Mhuire Nursing Facility
<b>Centre ID:</b>	OSV-0000114
<b>Centre address:</b>	Beechgrove, Drogheda, Louth.
<b>Telephone number:</b>	041 984 2222
<b>Email address:</b>	nursemanager@arasmhuire.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Aras Mhuire Limited
<b>Provider Nominee:</b>	Sr. Doreen McEvoy
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	28
<b>Number of vacancies on the date of inspection:</b>	2

## **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 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: 23 July 2015 09:00 To: 23 July 2015 17:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

**Summary of findings from this inspection**

The purpose of this inspection was to monitor ongoing regulatory compliance. This inspection was unannounced and took place over one day.

The person in charge, staff team and residents facilitated the inspection process and the person in charge attended feedback at the end of the inspection.

The centre is registered to accommodate a maximum of 30 residents. On the day of the inspection there were 28 residents in the centre.

As part of the inspection the inspector met and spoke with residents, relatives/visitors, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, clinical and operational audits, policies and procedures and supporting documentation.

Incidents notified to the Authority since the last inspection were followed up on at this inspection.

The person in charge responsible for the governance, operational management and administration of services and resources, demonstrated sufficient knowledge and response, and was keen to meet regulatory requirements. Staff were knowledgeable regarding resident's needs, likes and dislikes, and residents were complimentary of staff and expressed satisfaction with the care and services provided.

The environment was clean, warm, and well maintained. The atmosphere was calm and welcoming.

Overall, and while appropriate actions were taken by the person in charge in response to matters raised by the inspector during the inspection, improvements were required in relation to risk management, fire safety precautions, medication management, staff training and care planning arrangements as outlined in the body of the report and in the action plan at the end for response.

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

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

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Reviews and changes in relation to the designated centre were updated within the statement of purpose since the last inspection and communicated to the Authority accordingly.

The written statement of purpose described the service and facilities that are provided in the centre. The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Staff were familiar with the statement of purpose and function.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

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

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

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

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge worked on a full time basis and had a deputy to assume responsibility of the designated centre in her absence.

The person in charge was supported by the person nominated on behalf of the provider.

The person in charge demonstrated sufficient knowledge and implementation of the legislation requirements and was aware of her statutory responsibilities and was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. The person in charge demonstrated that she was committed to improving outcomes for the resident group.

Residents and relatives were familiar with the person in charge and were complimentary of her and the staff team.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

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

**Findings:**

Measures to protect residents being harmed or suffering abuse were in place.

A policy on, and procedures for the prevention, detection and response to abuse was in place.

Care staff had received training in adult protection and safeguarding residents to protect them from harm and abuse, and could describe actions required in response to safeguarding concerns, however, other support staff working in the centre had not received training in adult protection and safeguarding, which is included in the outcome 18 action plan.

Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. There were no active incidents, allegations, or suspicions of abuse under investigation. Staff were confident that residents and relatives would disclose abuse or concerns.

Residents who communicated to and with the inspector said they felt safe and able to report any concerns.

There were adequate systems in place to safeguard residents' money and personal property.

Efforts were being made to identify and alleviate the underlying causes of some residents' behaviour that was challenging and arrangements were in place to inform and support staff practice.

Where restraint was used attempts were made to ensure practice and measures in use were in line with the national policy on restraint. There was evidence that alternative measures had been used or tested prior to measures in use at the time of the inspection.

**Judgment:**

Substantially Compliant

***Outcome 08: Health and Safety and Risk Management  
The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

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

**Findings:**

Inspectors found that the health and safety of residents, visitors and staff was promoted in this centre.

The centre had policies and procedures relating to health and safety.

A current health and safety statement was available and risk management procedures were in place supported by a policy to include items set out in regulation 26(1).

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property.

Suitable procedures and arrangements were found in relation to the prevention and control of healthcare associated infections. However, the over stock of items within the sluice room and a provision of wooden shelving that was chipped in parts required

review.

Audits of resident dependency, incidents, falls, wounds, pressure ulcers, behaviour, weight and restraint use were maintained to monitor resident ongoing or changing needs, and to mitigate identified risk and an overall reduction of likely incidents and events.

Reasonable measures were in place to prevent accidents in the centre and within the grounds. Health and safety audits were maintained and recorded. However, the inspector found that repeated incidents of a resident gone missing had not been notified to the Chief Inspector as required and while arrangements were put in place to mitigate the risk they were not sufficiently robust as a system of checking the mechanical device applied to the resident as a control measure and used to alert staff when the resident may exit the building had not been put in place to ensure it as fully functioning for its intended purpose. As a result, more than one incident of an unexplained absence had occurred. In addition, a simulated missing person drill had not been carried out with staff to ensure measures and actions were in place to control the identified risk and ensure adequate arrangements were in place for investigating and learning from serious incidents/adverse events involving residents.

Staff were trained in moving and handling of residents, infection control and fire safety. Further dates for mandatory training were scheduled to include recently employed staff and as refresher courses.

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced appropriately and serviced on a regular basis. Means of escape and fire exits were unobstructed and emergency exits were clearly identified. Clarity in relation to means of escape via the garden gates were addressed by the person in charge during the inspection and to be followed up in simulated fire evacuation drills as all staff were not familiar with the fire evacuation procedure from these areas. Each resident had a personal emergency evacuation plan, and staff were knowledgeable regarding emergency procedures to be adopted in the event of a fire alarm activation.

**Judgment:**

Non Compliant - Moderate

***Outcome 09: Medication Management***

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

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.



**Findings:**

There were written operational policies relating to Medication management in relation to practices and procedures associated with the ordering, prescribing, and administration of medicines to residents.

However, the storage and handling of medicines, including controlled drugs, required improvement to ensure they were safe and in accordance with current guidelines and legislation. The inspector was able to enter the staff office while unattended as the door was unlocked and observed the cupboard door to the storage press where controlled medication was stored to be unlocked. The inspector also observed a nurse dispensing medication from the medication trolley in the staff office and later bringing it to a resident elsewhere in the centre.

Some medication administration practices and records were not maintained in accordance with professional standards, legislation and guidance documents. The inspector noted that the nurse wore a red garment with do not disturb written on while administering medication to residents at lunch time, however, the nurse was carrying the portable phone and responded to incoming calls during this time.

The medication administration sheet was not available to confirm prescribed medications had been provided/administered as required following a change in prescription by the GP the previous day. Other gaps in medication administration records maintained were to confirm the administration of other prescription medication such as eye ointment and nutritional supplements as prescribed.

A system was in place for reviewing and monitoring medication management and practices. Medication prescriptions and stock audits were carried out by a pharmacist and management team, and medication reviews undertaken included communication to, with and from the GP.

**Judgment:**

Non Compliant - Moderate

***Outcome 10: Notification of Incidents***

***A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

A record of incidents occurring in the designated centre was maintained, however, where required, not all incidents had been notified to the Chief Inspector as required.

Incidents of unexplained absence and use of a restrictive mechanical device had not

been reported as required.

**Judgment:**

Non Compliant - Moderate

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

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**

Effective care and support

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

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

**Findings:**

Residents' health care needs were met through timely access to GP services and appropriate treatment and therapies. Arrangements were in place to facilitate residents with appropriate access to medical and healthcare services when required. Improved arrangements and access to allied health care professionals and services was confirmed by the person in charge following the previous inspection in relation to seating assessments.

Residents and staff were complimentary of the current healthcare arrangements, service provision and changes made since the last inspection.

Residents had reasonable access to allied health care services. The care and services delivered encouraged health promotion, response and early detection of ill health facilitating residents to avail of appropriate health and social care.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was maintained and shared between providers and services.

In the main, assessments and clinical care accorded with evidence based practice. Residents had been assessed to identify their individual needs and choices. Each resident had care plans in place. While improvements since the previous inspection were noted, some gaps were found in the care planning documentation that were discussed with and outlined to the person in charge.

The use of restraint was in line with the national policy guidelines. Consultation with residents and representatives was evident, to demonstrate/acknowledge understanding that measures were used that may impinge freedom of residents movement such as bedrails. However, as referenced in outcome 10, the classification process and use of a

restrictive mechanical device had not been considered or adequately managed and checked to ensure optimal functioning for its intended purpose.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. Staff interacted well with residents while facilitating engagement in meaningful activities within the centre. Residents were in the main satisfied with activities provided.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

The premises and grounds were well maintained, bright and clean, with suitable furniture, fittings and heating.

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way.

All accommodation is all at ground floor level and wheel chair accessible throughout. There are 30 bedrooms of single occupancy with full en-suite facilities. Equipment, aids and appliances including hand rails were in place to support and promote the full capabilities of residents. Support equipment such as call bells, lighting, remote control and adjustable height beds and modified chairs were available to residents, where required. Safe and suitable flooring, furnishing and fittings were found throughout.

The inspector found that the recently completed extension providing an open planned day/dining area was the focus of many residents daily routine/location.

Residents had access to a safe and enclosed outdoor areas and gardens.

There was appropriate equipment for use by residents or staff which was maintained in good working order. Service records were available to demonstrate equipment was maintained in good working order. Staff were trained to use equipment and equipment was observed to be used appropriately, and stored safely and securely.

A maintenance system was in place and a maintenance staff member was seen working in the centre during this inspection. Staff told the inspector that maintenance support was available as required. Residents bedrooms were personalised, and could accommodate furniture and equipment to support their preferences and needs/choices.

**Judgment:**

Compliant

***Outcome 13: Complaints procedures***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Policies and procedures were in place for the management of complaints. A record of all complaints, investigations, responses and outcomes was maintained. The inspector was informed by the person in charge that the complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon.

There were no active complaints being investigated at the time of inspection. The person in charge was the nominated complaints officer and an appeals procedure was in place.

The complaints procedure was displayed at the entrance to the centre.

A system to monitor complaints was in place which provides an opportunity for learning and improvement.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**  
Workforce

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

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

**Findings:**

Staff actual and planned rosters were available reflecting the staffing provision and arrangements in place. Staff were seen supporting, assisting or supervising residents in an appropriate manner according to their role and responsibilities.

Residents told the inspectors they felt supported by staff who were available to them as required.

The inspector was satisfied that the number and skill mix of staff on duty and available to residents during the inspection was sufficient to resident numbers and dependency levels/needs.

A record of staff training was maintained to demonstrate the provision and facilitation of mandatory and relevant training of staff. An ongoing training program was planned and available for 2015. While mandatory training, facilitation and education relevant to the resident group had been provided; not all rostered staff had attended relevant training as detailed in outcomes 7 and 8, or following adverse events involving residents as detailed in outcome 8.

Staff policies and recruitment procedures were in place and arrangements to comply with the requirements of the regulations were described by the person in charge as highlighted on the last inspection.

**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:***

Sonia McCague  
Inspector of Social Services  
Regulation Directorate

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



**Provider's response to inspection report<sup>1</sup>**

<b>Centre name:</b>	Aras Mhuire Nursing Facility
<b>Centre ID:</b>	OSV-0000114
<b>Date of inspection:</b>	23/07/2015
<b>Date of response:</b>	03/11/2015

**Requirements**

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

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

**Outcome 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:**

Arrangements to mitigate the identified risk of an unexplained absence of a resident were insufficient.

A system of checking the mechanical device applied to a resident as a control measure

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

and used to alert staff when the resident may exit the building had not been managed to ensure it as fully functioning for its intended purpose.

More than one incident of an unexplained absence had occurred and a simulated missing person drill had not been carried out with staff to ensure measures and actions were in place to control the identified risk.

**1. Action Required:**

Under Regulation 26(1)(c)(ii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.

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

Create a new Register for recording daily checks, in relation to Resident's safety and security.

Missing Person Policy reviewed and updated. Simulated Missing Person Drills, and acknowledgement of this policy to be signed by all staff.

**Proposed Timescale:** 03/11/2015

**Theme:**

Safe care and support

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

Adequate arrangements had not been put in place for investigating and learning from serious incidents/adverse events involving residents.

**2. Action Required:**

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

Root Cause Analysis will be performed by P.I.C. on all serious incidents, and presented at our Risk Management meetings.

**Proposed Timescale:** 03/11/2015

**Theme:**

Safe care and support

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

The over stock of items within the sluice room and a provision of wooden shelving that was chipped in parts required review.

**3. Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Stock removed, shelf replaced.

**Proposed Timescale:** 03/11/2015

**Theme:**

Safe care and support

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

All staff were not familiar with the fire evacuation procedure from all parts of the building to the assemble points.

**4. Action Required:**

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

Review Fire Evacuation Policy. Ensure all Staff are familiar with this policy, through increased education and drills, same negotiated with our Fire Officer.

**Proposed Timescale:** 03/11/2015

**Outcome 09: Medication Management**

**Theme:**

Safe care and support

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

The storage and handling of medicines, including controlled drugs, required improvement to ensure they were safe and in accordance with current guidelines and legislation.

**5. Action Required:**

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

All Nursing Staff, reminded, of ensuring security in Nursing Office, and key pad recoded.

Controlled Drug Storage Procedures/Policy reviewed and updated all Nursing Staff sign Acknowledgment of this.



**Proposed Timescale:** 03/11/2015

**Theme:**

Safe care and support

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

Some medication administration practices and records were not maintained in accordance with professional standards, legislation and guidance documents.

**6. Action Required:**

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

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

All Nurse's will complete H.S.E. on line Training in Safe Medication Practice.

**Proposed Timescale:** 03/11/2015

**Outcome 10: Notification of Incidents**

**Theme:**

Safe care and support

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

Incidents of unexplained absence and use of a restrictive mechanical device had not been reported as required.

**7. Action Required:**

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

NFO5 Notification's to be returned as above.

Wander alarm bracelet reported in quarterly notifications.

**Proposed Timescale:** 03/11/2015

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

**Theme:**

Effective care and support

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

Some gaps were found in the care planning documentation.

**8. Action Required:**

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Care Plans will be reviewed and updated as required under regulation 05(4) and 05(3).

**Proposed Timescale:** 03/11/2015

**Theme:**

Effective care and support

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

The classification process and use of a restrictive mechanical device had not been considered or adequately managed and checked to ensure optimal functioning for its intended purpose.

**9. Action Required:**

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Security Register developed and wander alarm bracelet to be checked and recorded on a daily basis.

**Proposed Timescale:** 03/11/2015

**Outcome 18: Suitable Staffing**

**Theme:**

Workforce

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

All staff had not attended relevant training in safeguarding, fire safety with simulated fire evacuation procedures and missing persons drills.

**10. 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:**

The Training Matrix has been reviewed. All mandatory training will be addressed throughout 2016 including simulated drills and procedures.

**Proposed Timescale:** 03/11/2015