

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Shalom Nursing Home
Centre ID:	OSV-0000094
Centre address:	Presentation Convent, Kilcock, Kildare.
Telephone number:	01 628 7285 / 01 628 7018
Email address:	ecarroll@shalomnh.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Presentation Sisters North East Province
Provider Nominee:	Éilis Carroll
Lead inspector:	Leone Ewings
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	31
Number of vacancies on the date of inspection:	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: 30 June 2016 10:30 To: 30 June 2016 18:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 14: End of Life Care	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

The inspector found that two of the three action plans from the last inspection on 16 and 17 September 2014, had been addressed by the provider. One action plan was not addressed relating to the risk management policy.

Residents spoken with expressed satisfaction with all aspects of care and services provided. Those spoken with on inspection praised the staff and confirmed that they enjoyed the quality of life and service provision at the centre.

The centre was found to be in full compliance with 6 of the 10 outcomes inspected against. Three outcomes were substantially compliant, governance, health and social care needs, and records. One moderate non-compliance was found in health and safety and risk management.

The action plans at the end of this report reflect the improvements required. Three actions are the responsibility of the provider and two actions are the responsibility of the person in charge.

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:

A detailed statement of purpose was in place and it accurately detailed the aims, objective and ethos of the service. The information was fully in line with Schedule 1 requirements. This was document kept under review by the provider.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspector confirmed that the lines of responsibility and accountability were clear, and sufficient resources were in place to manage service provision.

The systems in place for managing complaints and feedback from residents and relatives was robust. The annual reports for 2014 and 2015 were reviewed by the inspector. Information relating to the quality and safety of care at the designated centre had been

completed and informed planning. Further to a review of these reports the inspector found they were largely reflective of ongoing work and governance of the service, however, formal inputs from residents did not inform the quality and safety reviews for 2015 in line with legislative requirements. The provider confirmed that surveys and methods of obtaining feedback were being planned for 2016.

The person in charge was on leave at the time of this inspection. The director of services discussed the cover for the person in charge. She confirmed that a deputy manager was available, and she was found to be engaged in overseeing the management of the service. The provider confirmed that she was knowledgeable with the required skills and experience to operate the service.

The staffing rosters given to inspector confirmed that skill mix of staff on duty. Further to a review of records and discussion with the management team the inspector found that management meetings took place once a month, and staff meetings took place regularly. Staff spoken to confirmed that on some occasions the evening time can be busy, but arrangements for staff to work additional hours were in place, and monitored on a daily basis. This information was consistent with the review of staff rosters, and following discussion with the provider and staff.

Staff working on the day of the inspection confirmed that they had a good knowledge of residents and the centre. Staff confirmed to the inspector that they were well supported by management.

Judgment:
Substantially 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 person in charge had worked at the centre in this role and had not changed since the time of the last inspection, she was deemed to have the required knowledge and experience to hold the post of person in charge. She was supported in her role by a deputy nurse, and the provider. She was not on duty at the time of this inspection, as she was on planned leave. There was written evidence of monthly audit completed by the person in charge of care plans and medication management.

Judgment:
Compliant

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

Theme:

Governance, Leadership and Management

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

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

Findings:

The non-compliance relating to the disposal of handover records held by staff, and storage of residents' records in a confidential way had been fully addressed by the provider. The inspector found that nurses and care staff were now implementing revised and satisfactory systems.

Records of the fire drills which took place at the centre did not contain full details of the fire drill, or an evaluation of staff training in this area.

Judgment:

Substantially Compliant

Outcome 07: Safeguarding and Safety

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that systems were in place to protect residents being harmed or suffering abuse. There was a policy to guide staff and they received appropriate training in adult protection. Care and communication was observed to be person-centred and in

an environment which promoted residents' rights.

The centre was guided by policies on the protection of vulnerable adults in place and policies. The inspector found there was regular staff training in the protection of vulnerable adults, and the records confirmed that this was up to date. Staff spoken to by the inspector were knowledgeable of the types of abuse and the reporting arrangements in place.

The nurse in charge and management team was aware of the requirement to notify any allegation suspected, or confirmed of abuse to the Authority. The inspector spoke to a number of residents who confirmed that they felt safe and secure in the centre.

A policy on the management of responsive behaviours that guided practice was in place. A sample of resident records of residents who presented with responsive behaviours was reviewed by the inspector with the person in charge. Supportive care plans were developed and in place to inform staff and guide practice. All care plans were updated following specialist input and review where required. The inspector found evidenced based tools were utilised to monitor behaviours where required. Staff were familiar with the residents and understood their behaviours, what triggered them and implemented the least restrictive interventions as outlined in the written care plan. Evidence of multi-disciplinary review included any use of prescribed medication where indicated.

The policy, practice and assessment forms reviewed reflected practice in line with national policy, as outlined in Towards a Restraint Free Environment in Nursing Homes (2011). The person in charge ensured that a detailed risk assessment took place and the least restrictive intervention was in use. Alternatives had been trialled prior to the use of any bed rails. For example, use of low-low beds and crash mats.

Judgment:

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):

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

Findings:

The inspector found that the provider had not fully reviewed the risk management policy since the time of the last inspection. Overall health and safety and risk management was well managed, however, areas for improvement related to safety statement, policy and records were evidenced on this inspection.

Risk controls relating to fire safety were noted to be implemented at the centre. The inspector viewed the fire training records and found that staff had received up-to-date mandatory fire safety training and this was confirmed by the provider and records reviewed. The inspector reviewed the systems in place and staff knowledge and staff on duty were interviewed and documents examined including signs and fire instructions. Adequate precautions against the risk of fire and arrangements for the safe evacuation of persons from all parts of the centre were in place. The records confirmed that the fire equipment had been serviced. The inspector saw that all means of escape were unobstructed during the inspection. Staff confirmed to the inspector satisfactory knowledge of fire safety policy and actions to take in the event of a fire. The fire safety policy and procedures were fully implemented in relation to the management of the fire safety at the premises. All staff on duty were trained in fire safety management. Smoke detectors and fire blankets were in place. However, some improvements were required relating to following aspects of fire safety; the records of the most recent fire drills were reviewed the inspector noted that the records did not contain full details of the fire drill, or an evaluation of the effectiveness of staff training in this area. The provider was asked to review this and update records to include this information.

Means of escape from the building over three floors were fully maintained, and the fire evacuation procedures. The building and plans displayed near the main entrance and fire instructions were in place throughout the building. Staff and records confirmed that training in fire safety and evacuation procedures had been provided, and fire safety was well managed. Staff on duty were familiar with the evacuation procedures; including what actions to take in the event of a fire or evacuation.

There was a system in place to ensure that the health and safety of residents, visitors and staff is promoted and protected. However, a detailed up-to-date safety statement or risk register was not found to be in place, which related to the health and safety of residents, visitors and staff. The inspector found the written safety statement had been comprehensively updated at the time of the last inspection, but required review in line with relevant health and safety legislation and standards. Evidence of environmental audit was reviewed and formed part of the overall building maintenance plans.

Overall, the centre was clean,hygienic and well maintained. The inspector found that there were measures in place to control and prevent infection. Training had been provided to all staff, and they had access to supplies of gloves, disposable aprons, and alcohol hand gels which were available throughout the centre. Staff training records confirmed that all staff had completed up-to-date moving and handling training and hand washing updates.

The inspector read the risk management policy dated May 2014 which was developed in line with the regulations and guided practice. They included the policies on violence and aggression, assault, self-harm. Policy did not include details to guide and inform staff in terms of accidental injuries to residents and staff. However, the inspector found that some arrangements were in place for investigating and learning from incidents. For example slips, trips and falls and overall the number and nature of incidents was found to be low. Staff response was timely in terms of prevention, and management of any slips trips and falls. For example, there was planned activity, health promotion and access to physiotherapy was facilitated at the centre. However, examples of post

accident review recommendations following incidents were not being fully implemented and the inspector noted additional storage on the floor of a bath-room which was a potential hazard to residents.

Residents' outings and access to gardens was promoted and their rights to access outdoor space was being fully respected. Level access to a courtyard garden from a communal day room was in place and utilised by residents. An audit programme of the environment which was over seen by the person in charge and provider was in place, and the person in charge and director of services had full oversight of actions to mitigate risks identified. The person in charge had reported a small number of serious incidents as required by the regulations in a timely manner.

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:

The inspector confirmed that residents were protected by the centre's policies and procedures for medication management. Individualised assessments were undertaken and supports in place for each resident. An updated medication management system had been implemented since the last inspection. Medicines were now supplied to the centre by a retail pharmacy business in a monitored dosage system. Medicines were observed to be stored securely in the centre in a medication trolley or within locked storage cupboards. Secure fridges were available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis.

Controlled drugs were also stored securely within a locked cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shifts.

The inspector observed nursing staff safely administering medicines to residents. The nurse on duty knew all the residents well, and was familiar with the residents' individual medication requirements. Medication administration practices were found to adhere to current professional guidelines. The inspector reviewed a number of the prescription and administration sheets and identified that practices did conform to appropriate medication management practice. The current medication policy informed and guided staff.

Medication management audits were conducted within the centre as part of the quality

and clinical governance system in place. Staff confirmed that pharmacists from the pharmacy who supplied medicines to the centre was also facilitated to visit the centre and meet their obligations to residents as required by the Pharmaceutical Society of Ireland. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines.

The last medication monitoring and review audit took place during June 2016. All nursing staff had completed mandatory training in relation to medication management.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

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

Theme:
Effective care and support

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

No actions were required from the previous inspection.

Findings:

Each resident's wellbeing and welfare was maintained by a good standard of evidence-based nursing care. The inspector found that there was a nursing and social care system in place to promote each resident's care and quality of life. There was access to medical and allied health care, including the option of retaining the resident's own General Practitioner (GP). The admission and discharge policy informed and guided good practice. Residents confirmed that their health and social care needs were well met, and independence and wellness was promoted by all staff. However, improvement were required relating to the assessment and care planning records used to document care in the residents' records. The records reviewed by the inspector did not consistently evidence the involvement of residents or their relatives in the assessment and care planning process.

There was a range of validated risk assessments fully implemented to assist the nursing staff in developing a person centred care plan based on residents assessed needs. Resident's assessed needs include their physical, psychological, spiritual needs and their social interests and their preferences. For example, the inspector reviewed the pre-admission and admission details of the last resident admitted and these were found to inform a safe transfer and admission to the centre inclusive of medication reconciliation. The inspector evidenced that there was a good system in place for ensuring residents healthcare needs would continue to be met. For example, falls' prevention and management, pain management, wound care and nutritional risk assessments. The

inspector reviewed policies and found that they were evidence based and would guide and inform practice. Care plans were reviewed four monthly, and kept under review by the person in charge. However, this did not consistently take place following a change in the residents' condition. For example, following a fall or change in health care need. Any changes in the resident's condition were found to be noted and recorded by nurses in the nursing narrative, but this did not subsequently register as a need to review the current nursing care plan in place to reflect the changing health care needs.

All residents had a pressure ulcer risk assessment completed on admission. The inspector found that there were robust systems in place to minimise the risk of residents getting a pressure ulcer, for example enough staff on duty to assist the residents to change position regularly, and to manage any assessed continence care needs. There was an adequate supply of alternating pressure relieving mattresses and availability of pressure relieving cushions. For example, one resident had been referred for specialised seating assessment in order to provide a comfortable suitable seating system. An evidenced based policy on nutrition and hydration was in place and guided practice. Evidence of monitoring of weight loss or gain was noted in residents' records by the inspector, and staff facilitated access to dietitian and speech and language where required.

Residents had regular access a General Practitioner and doctor-on-call services were in place in the evening time and over the weekend. Referrals were facilitated including chiropody and dental, optical and audiology services are provided locally and on-site where required. The physiotherapist was available and additional services could be availed of in the centre.

Specialist psychiatry and access to specialist medicine for the elderly was availed of when required on a referral process. Palliative care specialities were available on a referral basis.

Activity and choice of pastimes for residents was fully facilitated and choices respected. Residents gave positive feedback to the inspector about the quality of their daily lives and supports in place to maintain their independence. The residents' right to refuse to be involved with any form of planned activity was also fully respected. The inspector was informed that the hairdresser was available to them regularly. There were a number of activities in place including religious services which residents enjoyed in place. Residents informed the inspector that they could also be involved with crafts, bingo, knitting, music therapy, walks and going to visit relatives and other activities. Resident involvement with planning activities within and outside the centre was sought and facilitated by staff.

Judgment:
Substantially 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.

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The non-compliance relating to the residents' wishes relating to end of life care had been fully addressed by the provider. The inspector found that nurses and care staff were now implementing revised and satisfactory systems including the use of 'Think Ahead' documentation and assessed care needs in the residents' care plans. Six staff members had attended an education day on 'spirituality in end of life' since the time of the last inspection. In addition a visual symbol was placed on each residents' record to indicate the residents' wishes. All staff were reminded at the time of handover and this area was kept under review.</p>
<p>Judgment: Compliant</p>

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.

<p>Theme: Workforce</p>

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A review of the staffing roster confirmed that there were appropriate staff numbers and skill mix to meet the needs of residents on the day of the inspection. The inspector also reviewed the actual and planned rota and found that there was enough staff on duty seven days per week to meet the specific needs of residents outlined in the statement of purpose while taking into account the size and layout of the centre.</p> <p>The inspector found that staff had up-to-date mandatory training. Staff also have access to other education and training supports to meet the needs of residents as outlined the statement of purpose. Staff had received a broad range of training suitable to meet the assessed needs of residents, including dementia care, activities and risk management. Staff interviewed were clear on fire safety, safeguarding and moving and handling</p>

procedures.

The inspector confirmed that all staff were vetted working at the centre. A human resources staff member was involved in undertaking vetting procedures for all staff. All relevant members of staff have an up-to-date registration with the relevant professional body. Eleven registered nurses were employed at the time of the inspection, inclusive of the person in charge her deputy and five whole time equivalent nursing staff.

The inspector observed staff interacting with the residents staff in a professional and respectful manner.

The staffing is based on the dependency of the residents, layout of the premises and the range of needs as stated in the statement of purpose. The premises are laid out over three floors, with accommodation, social and recreational areas on all floors. On the day of the inspection the assessed dependency levels for residents (inclusive of one resident on holiday leave) was given to the inspector as follows:

Maximum dependency - 4
High dependency- 7
Medium dependency -15
Low dependency - 6

The assessed dependency levels of the residents at the centre had not decreased or increased significantly since the last inspection. The inspector found that satisfactory arrangements were in place to cover unanticipated leave.

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:

Leone Ewings
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:	Shalom Nursing Home
Centre ID:	OSV-0000094
Date of inspection:	30/06/2016
Date of response:	29/07/2016

Requirements

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

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

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Formal inputs from residents did not inform the quality and safety, and quality of life review for 2015.

1. Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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

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

Quality Survey has been designed in consultation with the Residents Committee and the survey will be conducted in September 2016

The findings will be included in 2016 Quality and Safety review and plans for 2017

Proposed Timescale: 30/09/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Records of the fire drills which took place at the centre did not contain full details of the fire drill, length of time, or an evaluation of staff training in this area.

2. Action Required:

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

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

Fire Drill documentation has been amended to record full details, length of time and evaluation.

Proposed Timescale: 25/06/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

The policy on risk management did not include all the requirements of the regulations in terms of arrangements for identification, recording, investigation and learning from incidents or events involving residents. The safety statement required updating.

3. 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:

Risk Management Policy has been updated 25.7.16

Review and update of Safety Statement will be completed 12.8.16

Proposed Timescale: Risk Management Policy 25.7.16
Safety Statement 12.8.16

Proposed Timescale: 12/08/2016

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:

Care plan review did not consistently take place following a change in the resident's condition.

4. 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:

We will ensure that all care plans are reviewed and updated in response to any change in care needs and/or review by GP or Multi-disciplinary Team.

All changes documented in daily narrative notes will be concurrently reflected in care plans.

Falls audit has been amended to monitor policy compliance.

Proposed Timescale: 01/08/2016

Theme:

Effective care and support

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

The records reviewed by the inspector did not consistently evidence the involvement of the residents or their relatives in the assessment and care planning process.

5. Action Required:

Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent of that resident or where the person-in-charge considers it appropriate, to his or her family.

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

All residents are encouraged to take part in the development and review of their individual care plans. Where appropriate a named advocate is also involved. Residents have been made aware that individual care plans are available should they wish to review them at any time.

We will ensure that resident involvement is recorded at appropriate intervals

Proposed Timescale: 01/08/2016