Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Brookvale Manor
Centre ID:	OSV-0000325
Centre address:	Hazelhill, Ballyhaunis, Mayo.
Telephone number:	094 963 1555
Email address:	brookvalemanor@brindleyhealthcare.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Brindley Manor Federation of Nursing Homes
Provider Nominee:	Amanda Torrens
Lead inspector:	Geraldine Jolley
Support inspector(s):	Shane Grogan
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	38
Number of vacancies on the date of inspection:	19

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.

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:	To:
22 June 2016 10:00	22 June 2016 18:00

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		Compliant
Outcome 02: Safeguarding and Safety		Substantially Compliant
Outcome 03: Residents' Rights, Dignity and Consultation		Compliant
Outcome 04: Complaints procedures		Compliant
Outcome 05: Suitable Staffing		Non Compliant - Moderate
Outcome 06: Safe and Suitable Premises		Substantially Compliant
Outcome 07: Health and Safety and Risk Management		Non Compliant - Moderate

Summary of findings from this inspection

This was an unannounced inspection conducted to determine the standard of care and quality of life for people with dementia living in the centre. The inspectors focused on six outcomes that had direct impact on dementia care. The self-assessment document and relevant polices submitted prior to this inspection were reviewed. The judgments in the self assessment indicated that one outcome was fully compliant and the remainder were in substantial compliance. The findings on inspection supported these judgments.

Brookvale is a purpose-built single-storey premises, which provides residential care for 57 people. There were 38 residents accommodated at the time of the inspection and approximately 60% of people were assessed to have dementia or cognitive impairment. The centre did not have a dementia specific unit. The centre was home like, comfortably furnished and met the overall assessed needs of the residents who

lived there. There were several communal areas where residents could spend time and engage in activity or sit quietly and all areas were noted to be used well by residents throughout the day. Meal times were well organized with plenty of time allocated to ensure the dining experience was a pleasant social occasion. There were two sittings at meal times to ensure staff had adequate time to provide support to residents who needed help to eat. There were safe secure outdoor garden space for residents to use and this area was accessible from several points of the building. It was well cultivated with shrubs and flowers, provided with appropriate seating and had interesting features such as a summer house where residents could sit in the shade. The centre also had a pet rabbit that provided additional interest for residents.

During the inspection, inspectors spent a period of time observing staff interactions with residents. Inspectors used a validated observational tool, the quality of interactions schedule, or (QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in three communal areas. The observations took place in different communal areas including periods of scheduled activity. Inspectors observed that staff knew the residents well, connected with residents on a personal level and ensured that they acknowledged residents when they entered each area. Staff were familiar with residents' care needs and family background and efforts were continuously made to chat to them about daily life and local news. Instances of warm and caring interactions between staff and residents were observed during the observation periods.

Inspectors met with residents and staff members including the person in charge during the inspection. They reviewed the journey of a number of residents with dementia within the service. Inspectors also reviewed documentation such as care plans, medical records and staff training records. Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. The dementia care, health and social care needs of residents were met to an appropriate standard and the inspectors noted that residents had access to general practitioner (GP) services and to a range of allied health professionals.

The inspectors found that residents were assessed to determine the degree of their dementia and were supported to live their day to day lives in accordance with their level of capacity and independence. The person in charge had introduced a dementia specific model of care known as the Gems model to support care practice. Staff assessed residents' abilities and cognition and a gem stone rating was applied to reflect their capacity and the support they needed day to day to maximize their independence. Emphasis was placed what residents could do, their ability to participate in the activities of daily living and in social opportunities, rather than their frailty or care needs. The person in charge had attended a training course on this approach and the staff team had also received training. There was evidence that the introduction of this approach had resulted in good outcomes for residents. For example, all staff were aware of the activities that residents could undertake for themselves and could describe how they focused on residents' maintaining their independence by encouraging them to continue with these activities for as long as possible.

There were areas identified for improvement. These included a defined support structure for the person in charge, a review of the allocation of qualified nurses to ensure that an appropriate skill mix was available to meet the needs of residents and ensure appropriate supervision for all residents throughout the day, improvement to the fire signage to ensure that everyone can find their way out of the building without difficulty and a risk assessment was required for the curtains in place at fire exit doors.

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: Health and Social Care Needs

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspectors found that the nursing, medical and social care needs of residents were being met to a good standard and found that residents quality of life was enhanced by the way services were delivered. An evidenced based dementia care model known as the "Gems model" had been introduced to support and guide dementia care practice. This model was based on supporting residents to remain as independent as possible while ensuring that staff were aware of their changing cognitive abilities. A particular gem stone was used to reflect cognitive ability. For example a diamond indicated clarity and good cognition while ruby indicated a significant level of support was required. Care interventions were based on encouraging maximum participation in day to day life and residents were supported to do as much as they could for themselves. The inspectors saw that the model contributed positively to quality of life. Residents who had severe dementia and considerable memory loss were for example prompted to sing by staff starting off particular songs which the residents were able to continue as they could recall the words independently or with prompts. Residents were also supported to undertake meaningful familiar activities that they would have undertaken in the past such as folding clothes, hanging out items of washing or potting out plants. One communal room known as the "Ruby" room was allocated to residents who had significant levels of dementia. This was furnished with items that prompted memory and was used daily from 12.00 hours to 16.30 hours. The inspectors noted that six to eight residents used this room at varied times during the day. It had a continuous staff presence and staff interviewed had a good knowledge of residents needs and how to keep them engaged during the day.

There was a detailed admissions policy that staff adhered to in day to day practice. Residents who had been transferred to or from hospital had copies of their transfer information from one setting to another on file together with relevant nursing and medical assessments and instructions for care. Residents had access to medical and allied health care professionals of their choice. All residents had a general practitioner and pharmacist from practices close by to care for them. There was access to specialist medical teams and the inspectors saw evidence of some referrals made, assessments completed and recommendations made in resident records. Referrals made by nurses

were noted to contain appropriate information on the specific issues that caused problems for residents.

The general practitioner chosen by most of the residents visited the centre regularly and in response to requests from staff. There was evidence that residents had their medical needs including their medications reviewed on a three/ four monthly basis by the pharmacist, general practitioner and person in charge. The pharmacist conducted an audit of medication management practices every three months.

Residents had comprehensive assessments completed pre-admission and on admission. These were reviewed on a four monthly basis and those reviewed reflected the residents' needs. The person in charge had identified in the self assessment document that consultation with family members when care reviews were completed could be improved and work on this was in progress. The inspectors saw evidence that family members had contributed to care plans and their views on aspects of care were documented. For example, the views of a relative in relation to a resident's ongoing care was described and in another instance the views of family in relation to colour schemes for their bedroom were outlined. Care needs identified had a corresponding care plan in place reflecting the care required to meet that need.

Residents' nutritional needs were met and all high/maximum dependent residents' were supported to enjoy the social aspects of dining as well as having their nutritional needs addressed. Residents had a malnutrition risk screening tool (MUST) completed on admission. This was reviewed regularly when residents were identified as at risk of malnutrition. Residents were routinely weighed on a monthly basis and more frequently if weight fluctuated and their likes, dislikes and special diets were recorded in their nursing assessment and noted to be followed by staff. Residents who needed support to eat were noted to be assisted in a sensitive and helpful way by staff and the arrangement of two sittings at meal times ensured that staff had adequate time to spend with residents and that meal times were not rushed. Meal times were not disturbed by the administration of medication. Residents who required medication at this time had this dispensed individually by nurses before or after meals so that they could eat undisturbed. Residents with high levels of dementia who spent time in the "Ruby" room had their meals there and were noted to be appropriately assisted by staff who used varied prompts to encourage them to eat independently and intervened when necessary to provide additional help. The menu provided a varied choice of meals to residents. Food was provided in varied consistencies depending on the assessed needs of individual residents.

There was no resident receiving end of life care at the time of the inspection. Staff provided end of life care to residents with the support of the general practitioner and the palliative care team when required. End of life preferences were recorded in care records and the inspectors were told that this aspect of practice is scheduled for discussion at an appropriate time for residents and relatives as it is a topic that is not always possible to discuss on admission or at scheduled review times. documents with residents.

Judgment:
Compliant

Outcome 02: Safeguarding and Safety

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 centre was safe and secure and some residents the inspectors spoke to said that they felt safe and undisturbed. They said they valued staff who came to their assistance when they needed help and had to use the call bells.

Records reviewed showed that staff had completed training in the protection, detection and prevention of elder abuse and adult protection and staff relayed a good understanding of the policy and procedures that were in place. The policy had been identified for review during the registration inspection conducted on 25 and 26 March 2014 as it did not include how some abuse situations such as a resident to resident protection issue or a situation that involved persons external to the centre would be reported and managed. This information was not available in the policy viewed by inspectors and the requirement to revise the procedure is repeated in the action plan of this report.

There was a detailed restraint policy in place. Any restraint measures in use were notified to HIQA as required at the end of each quarter.

Residents' who displayed fluctuating behaviour patterns that required staff interventions had care plans in place to reflect the care required to manage such behaviours safely and in a way that protected residents and staff. The care plans outlined trigger factors such as the presence of infections or poor sleep patterns. Records reviewed showed that staff successfully employed a varied range of diversions to alleviate such behaviours with consequent good outcomes for residents. Behaviour support plans were in place to guide staff actions. Staff had received training on this topic. Inspectors saw that psychotropic medications were rarely used to manage behaviour changes. As described in the previous outcome on health care residents' medications were reviewed on a regular basis.

This outcome was judged to be compliant in the self-assessment, inspectors judged it as being substantially compliant due to the revision required to the adult protection policy.

Judgment:
Substantially Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents, including residents with dementia, were consulted and enabled to contribute their views on varied aspects of day to day life and the organisation of the centre. The inspectors saw that residents were included in discussions about their day to day choices and that their views were respected. For example if residents wished to go to their rooms and spend time there they could do this or if they wished to undertake an activity at a different time this was respected. Privacy was respected and staff could describe to inspectors varied ways that they ensured residents had privacy. They could receive visitors in private throughout the day, personal care was provided in a way that protected privacy and residents who needed help with meals were provided with assistance and had appropriate space around dining tables or could eat in their rooms if they wished. Inspectors observed that staff talked to residents and explained the choices available.

Communication practice between staff and residents' with dementia was noted to be effective and to accommodate impaired communication pathways. There was a policy that provided staff with information on how to communicate with residents and residents' with communication difficulties had a care plan in place reflecting their needs and the actions to be taken to reduce communication problems. Care plans described how residents communicated, who they recognised particularly family members and their capacity to recognise their surroundings. The observations completed by inspectors indicated that there were positive and meaningful contacts between staff and residents throughout the day however there were periods of the day when some residents were not supervised and did not have contact with staff. This is identified for attention under the outcome on staffing. Staff were observed to communicate with residents when entering rooms and to greet them in a friendly welcoming manner.

Inspectors were informed that resident meetings occurred in the centre and minutes of these meetings were available for review. There was evidence that issues brought up by residents had been addressed and feedback was provided to residents on changes made following their requests. Residents had access to advocacy services. The contact details for the national advocacy service was available in the centre and was also described in the statement of purpose and the residents' guide.

There was a varied activity schedule in place that took in to account the needs of residents with dementia and other residents. The activity programme was displayed. An activity coordinator and a social care facilitator were employed and staff were allocated to support the activity coordinator where required. Exercise activity, films, music sessions and trips out were among the activities organised each week. At the time of the inspection many residents said they were enjoying the football in the evenings.

Residents also enjoyed activities in the garden and told inspectors that they liked being outside when the weather was dry and also said they enjoyed watching the activities of the centre's pet rabbit. The inspectors saw that residents used the garden independently and could go in and out as they wished.

Residents that the inspectors talked to during the inspection said that they were "well cared for and happy" and described the staff as "kind, good company and always there when we need them". One resident said that staff "sort out problems for me". Residents were complimentary about their day to day life experiences and described having good food and being able to go to town now and again as positive aspects of life. Residents also said they enjoyed a wide range of activities and confirmed that they felt safe and attributed this to the staff team.

There were communication aids in use. The inspectors saw that some residents' rooms had been identified with photographs or emblems that had meaning for residents. For example some rooms had pictures of favourite flowers that the resident had chosen, some had photographs to depict hobbies such as music and gardening or occupations such as farming. Other rooms had three dimensional symbols such as paper flowers so that residents could see their room from a distance.

This outcome was judged to be substantially compliant in the self-assessment, inspectors judged it as compliant.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a system in place to enable residents or anyone acting on their behalf to make a complaint. A complaints policy which met the regulatory requirements was in place. A copy was on display in the centre and the arrangements were described in the residents guide.

Residents told inspectors that they would complain to the person in charge or any of the staff team. A review of the complaints recorded showed that they were all dealt with by the designated complaints officer. There was a complaints record and this was maintained in the computer programme for care documentation but was seperate to care plans as required by legislation. The outcome of the complaint and the resolution to the satisfaction of the complainant where this could be determined was recorded. There

was an appeals process and a summary of the complaints procedure was described in the residents guide.

Judgment:
Compliant

Outcome 05: Suitable Staffing

Theme:
Workforce

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

Findings:
The inspectors reviewed staffing levels and discussed the staff allocation with the person in charge and other members of the staff team. They described how they allocated workloads and determined staffing requirements. The inspectors found that there were some improvements required to the nurse allocations particularly during the day. For example, on the day of inspection the person in charge was the only nurse on duty. While the resident group was stable and there were no significant illness problems, the person in charge also has this role in another of the organisation's centres and when on duty in this centre had management as well as clinical duties to undertake. The support nurse to cover absences of the person in charge was also scheduled for duty part time. Inspectors found that appropriate and consistent cover was required to support the role of person in charge. Subsequent to the inspection, the provider supplied a staff organisation chart that outlined senior nurse support for the person in charge to be available on a consistent basis.

The inspectors spoke with a number of staff and found that they were knowledgeable about residents' individual needs, fire procedures and the system for reporting suspicions or allegations of abuse. Staff told the inspector that they were well supported, worked together as a team and placed a high priority on ensuring that residents were comfortable and happy in the centre.
As described throughout this report the centre accommodated residents who have dementia care needs. The inspectors found that training on managing behaviours associated with dementia, nutrition and the new dementia model Gems had been completed by the majority of staff and was scheduled to continue. Residents were noted to be supervised in the majority of areas during the inspection, however, the building is large and some communal areas did not have a staff presence for periods during the morning and afternoon. It is acknowledged that a second nurse was due to be on duty but was off unexpectedly. The inspectors found that nursing staff allocations should be regularly reviewed to ensure that staff deployment is appropriate to the needs of residents.

The inspector was provided with details of the training that had been provided to staff during 2014/2015/2016. Training had been provided on a range of topics that included: Elder abuse and the protection of vulnerable people, Fire safety, Moving and handling, Hand hygiene and infection control, End of life care, Nutrition, Dementia and the Gems Dementia care model. Residents and staff were observed to have good cordial relationships and residents said that staff were good company and kept them up to date with local news and events. They also said that staff remembered their routines and the ways they liked their personal care to be carried out. The inspectors observed that call-bells were answered promptly, staff were available to assist residents and there was appropriate supervision in the dining rooms at meal times. The inspectors found that staff were well informed and could describe their roles and responsibilities well. A review of staff files showed that these files were in compliance with Schedule 2 of the regulations.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was judged to be substantially compliant in the self-assessment and inspectors judged it as substantially compliant. The location, design and layout of the centre was suitable for its stated purpose and was in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspectors reviewed all premises areas as residents with dementia were accommodated throughout the centre. Hallways were wide and unobstructed and there was a variety of communal areas where residents could spend time during the day.

Aspects of the premises had been adapted to meet the needs of residents with dementia. There were a number of dementia friendly design features throughout that included spaces for residents to walk around freely, good lighting, contrast in colours used for floors, walls and handrails and signage to assist way finding for everybody. While good efforts had been made to identify residents rooms in a meaningful way there were some areas where signage could be improved, for example, indicators to the location of the communal areas, to reception and exits to the garden could be clearer to assist residents. The inspectors were told that appropriate signage was being reviewed to address accessibility around the centre. There was a communal area that had been furnished and equipped specifically to meet the needs of residents with dementia. This room had interesting features that prompted memory and reminiscence activity. There

was a mural of a traditional fire place, a supply of turf, a washing line and varied art and craft materials which were used throughout the day by residents. There were some tactile objects in proximity to residents and a supply of musical equipment and song books was also available. There was also a well equipped sensory room that was used by some residents when they wished to sit quietly for periods of the day.

The centre was clean, tidy, well lit and well heated. Bedroom accommodation for residents is available in single or double rooms. All rooms had ensuite facilities that contained a shower, wash hand basin and toilet. Residents' were encouraged to personalise their bedrooms and inspectors saw that most residents had photographs and personal items on display. The communal areas were decorated in a comfortable home like way where residents could relax. The main dining room was large and had plenty of space between tables to enable residents to sit in comfort and to accommodate specialist mobility equipment and specialist chairs. Residents had access to equipment required to meet their needs and inspectors saw that equipment such as pressure relieving mattresses, high-low beds and hoists had been serviced within the past year. The corridors had handrails in place, bathrooms and toilets had grab rails in place and non slip floor covering was used throughout the centre.

Residents could access the enclosed garden independently from several areas. Many residents were noted to enjoy this area throughout the day and to walk around at varied times alone and accompanied by staff.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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:
A risk management policy was in place and the policy covered the identification, management and control of a range of risks. Policies on hazards such as accidents/incidents, fire safety, moving and handling, the management of hygiene and laundry were available. A review of the risk management procedure showed that it did not contain control measures to address all the named risks required by regulation 26(1)-Risk Management namely self harm. There were separate procedures to address the majority of risk situations and some such as the policy on challenging behaviours and restraint adressed aspects that could relate to self harm however a clear policy to guide and inform staff on how to identify and address self harm was not available. The absence of measures to address self harm were identified in the registration inspection

completed in 2014.

Incidents and accidents were recorded and procedures were put in place to minimise the risk of reoccurrence. For example falls assessments and prevention measures were put in place to prevent falls and to reduce the risk of injury consequent to falls. The inspectors noted that accidents and incidents were described well and that observations were undertaken to identify deterioration in health following falls sustained by residents.

On walking around the premises the inspectors noted that there were systems in place to assist in controlling/minimising risks associated with the environment. The health and safety of residents, visitors and staff was promoted but some improvements were required. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of a fire. Fire training was attended by all staff and fire drills were also completed at varied intervals. Emergency equipment such as fire extinguishers and lighting was provided and was serviced regularly on a contract basis. A record of all fire alarm tests carried out at the designated centre was available in a fire safety folder. Fire exits were checked daily to ensure exits were unobstructed.
The inspectors noted the following areas that required improvement:
• the fire signage required improvement as it was not clear what route should be followed to the nearest exit in some areas of the centre.
• the area where oxygen was stored needed to be identified as it is a flammable substance
• a risk assessment was required to ensure the curtains over the fire exit doors that were drawn at night did not present an obstruction
• material stored in the summer house in the garden needed to be removed as this was used as a smoking area
• accumulated dust at the rear of machines in the laundry required removal.

Contracts were in place for the disposal of waste, as well as measures to control and prevent infection. There are arrangements in place for the segregation and disposal of waste, including clinical waste. Hand washing/ sanitising facilities are readily accessible to staff and were noted to be used regularly when staff moved around the building.

Staff were observed to undertake moving and handling manoeuvres safely. A moving and handling assessment was available for each resident in the care records reviewed. There were hoists and mobility equipment available to assist staff when helping residents mobilise. The layout of the centre contributed to maintaining residents safety as hallways were wide and had handrails on both sides to support residents when walking around.

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:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate Action Plan

Provider's response to inspection report[1]

Centre name:	Brookvale Manor
Centre ID:	OSV-0000325
Date of inspection:	22/06/2016
Date of response:	23/08/2016

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: Safeguarding and Safety
Theme: Safe care and support **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** The adult protection policy required revision to guide staff in situations where allegations or suspicions of abuse involved others such as residents or persons outside the centre. **1. Action Required:** Under Regulation 08(1) you are required to: Take all reasonable measures to protect

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

residents from abuse.

Please state the actions you have taken or are planning to take:
We are currently in the process of adapting the national policy on safeguarding of vulnerable adults which will address all situations. Training in this policy is scheduled for September

Proposed Timescale: 30/09/2016

Outcome 05: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The allocation of nurses required review to ensure that appropriate cover and support was available to ensure the person in charge could carry out her responsibilities effectively.

2. Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
See page 11 of the report 'Subsequent to the inspection, the provider supplied a staff organisation chart that outlined senior nurse support for the person in charge to be available on a consistent basis'

Proposed Timescale: 22/06/2016

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Signage could be improved to guide residents effectively around the centre and to maximise their independence

3. Action Required:
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

Please state the actions you have taken or are planning to take:
Our Signage is Currently under review and for discussion at the next residents meeting. Improvements if required will include indicators to the location of the communal areas, to reception and exits to the garden.

Proposed Timescale: 30/09/2016

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All risk areas including self harm as described in regulation 26(1) were not described in the risk management policy.,

4. Action Required:
Under Regulation 26(1) you are required to: Ensure that the risk management policy set out in Schedule 5 includes all requirements of Regulation 26(1)

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

Proposed Timescale: 23/08/2016

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire signage required improvement as it was not clear what route should be followed to the nearest exit in some areas of the centre.
The area where oxygen was stored needed to be identified as it is a flammable substance.
A risk assessment was required to ensure the curtains over the fire exit doors that were drawn at night did not present an obstruction
Material stored in the summer house in the garden needed to be removed as this was used as a smoking area
Accumulated dust at the rear of machines in the laundry required removal.

5. Action Required:
Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

1. Fire signage is currently being improved to ensure identification of the route to be followed to the nearest exit.
2. Signage is now in place to identify the area/area's where oxygen is stored.
3. A risk assessment has been completed to ensure the curtains over the fire exit doors that are drawn at night do not present an obstruction.
4. Material stored in the summer house was removed on the day of inspection. A risk assessment and monitoring record is now in place to ensure this area is kept clear from obstructions.
5. Fluff to the rear of the dryer was removed and is being monitored to prevent recurrance.

Items 2-5 are completed

Proposed Timescale: 05/09/2016